



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5282 Name Herman Bail Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Herman Bail</u> |
| 2. What is your full Address? | 2. <u>25 Heywood Ave</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>28</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Section Man Railroad</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Herman Bail 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.

Herman Bail
Joseph Pittman
SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herman Bail 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 21 day of May 1915.

Signature of Attesting Officer C. Brooks Lieut

†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.....1915

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Herman Bail
 Apparent age 21 years 3 months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Bail 25 Hayward Ave. S. Phoenix | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon 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 " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. S282 Name Herman Bail ~~Corps~~ With

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Herman Bail</u> |
| 2. What is your full Address? | 2. <u>25 Hayward Ave</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>34</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Section Man Railroad</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Herman Bail 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.

Herman Bail SIGNATURE OF RECRUIT.
Jas W. Mann Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herman Bail 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 on this 21 day of May 1918

Signature of Attesting Officer Spinks Lieut.

†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 compiled with. I accordingly approve, and appoint him to the

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

Date 1918 } Approving Officer.
Place

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

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

C.R. 5282

Extract from Telegram from Synoptical, London dated
November 13th., 1916.

#5282 Vail.

The abovementioned having embarked by the Government Transport
DC. November 13th., for St. John H. B.

DC. DOCUMENTS WITH CARTY.

C.R. 5282

Extract from Daily Orders part 11, Depot. St. John's
dated ~~Dec.~~ Nov. 30th., 1918.

The undernoted returned from Overseas and reported at
depot. 29-11-16.

#5382 Pte H. Vail.

C.R. 5282

Extract from Nominal Roll Embarked London, for Overseas
Nov.12th, 1918 Major Carty, Conducting, Officer.

BEING SENT HOME FOR DISCHARGE.

5282 Pte. H. Vail.

MM.

C.R. 5282

Extract from Daily Orders part 11, from Unit in The
Royal Wfld. Regt. St. John's, dated May 22, 1918.

#5282 Pte. Herman Vail.

Attested for General Service with the Royal Wfld. Regt.
from 21.5.18

C.R. 5282

Extract from daily Orders part 11, Depot. St. John, s
dated Dec. 9th., 1918.

5282 Pte. H. Vail

Admitted to Jensen Camp. 4-12-18.

5282

C.R!

Extract from Nominal Roll of repatriation draft No. 79 from the
Newfoundland Forestry Corps, embarked at Tilbury Dock, 18/12/18.

#5282 Pte. H. Vail.

CR 5282

Extract from Medical Board held on Monday Dec. 2nd, 1918.

5282 Pte. H. Vail.

Recommended Discharge as permanently Unfit and Admission to

JENSEN CAMP. U R G E N T.

M.M.

C.R.

5282

Extract from Daily Orders Part 11 Unit the Royal Hfld.
Regt. St. John's, Jan.³⁰ 29th, 1919.

Having been found Medically unfit is discharged from
Dec. 20, 1918.

5282 Pte. H. Vail.



C.R. 5282

DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

ROYAL RESERVE

July 7th., 1919.

Major G. T. Carty.
District Officer Commanding.

5282, Pts. Vail, H.

Sir:-

I beg to report that the marginally noted man died at Jensen Camp July 7th., 1919.

He was discharged from the Regiment December 19th., 1919.

I have the honour to be,
Sir,
Your obedient servant,

CLUNY MACPHERSON,
Major, D. M. S.,

AMB.

Per *A. W. B.*

5282

THIS IS TO CERTIFY THAT I HAVE THIS DAY RECEIVED FROM THE
DEPARTMENT OF MILITIA MEMORIAL PLAQUE IN RESPECT OF *Lt. Parv-*
ate. Demond TOGETHER WITH ACCOMPANYING MESSAGE FROM THE KING.

SIGNED. *By. Mr. George Ail*

DATE. *August. 14th. 1922*

*45 Field St.
City.*



M.F.A. 2
15282

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.
5282

ST. JOHN'S, NEWFOUNDLAND.

December 5th., 1918

From:- D. M. S.

To:- O. C. Depot.

5282, Pte. Vail, H.

Please note that the marginally noted
man entered Jensen Camp December 4th., 1918.

Cluny Macpherson

Major, D. M. S.

Copy to B. of P. Commissioners for Nfld.

To be Noted

Part II Orders
Card Index
Nominal Roll



March 18th, 1919

From Asst. Adjutant,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

5282 ex-Pte H. Vail

Enclosed you will please find letter from above noted man with reference to his discharge pay etc.

Why is this matter referred to me when I have no connection with it whatever? This man arrived here with Repatriation Draft of 28-11-18, the discharges of which were handled entirely by the Pay Office, without reference to Depot in any way for pay or allowances.. If your staff would take the trouble to look up his record they would find he was sent to you for disposal on 3-12-18, entered Jensen Camp on 4-12-18 and was discharged as medically unfit by Paymaster and Officer i/c Records on 20-12-18. Now where does my connection with the case come in?

The matron of the Camp telephoned me about a week ago saying both she and Vail had unsuccessfully tried to get some information from the Pay Office and asked me could I do anything. I told her I was unable to do anything, as the matter lay outside the Depot and that the Pay Office was the only place for Vail to go.

Will you please see that his case is attended to? In the meantime I have written advising him of my position with regard to his case and advised him to still further take up the matter with your Department.

CCD/C

COPY

JENSEN CAMP

March 12th, 1919

Capt. Duley

Dear Sir/-

Having been discharged Dec. 19th, 1918, and not received any discharge pay or clothing allowance, I would be very pleased to have my account settled and forwarded to me. I have applied to Capt. Howley and he informed me that I had to apply to you. I have been overseas and was sent back unfit for service and was discharged to that effect.

Trusting, Sir, you will look the matter up and let me have a satisfactory reply to this letter, as it is the fourth I have written and have received no satisfactory reply to date.

Hoping this will be at your entire satisfaction and hoping I shall have a favourable reply,

I remain

Your obedient servant

(sgnd) 5282 ex-Pte. H. Vail

COPY

Dec. 3rd, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5282 Pte. H. Vail
5063 " A.B. Anderson
8008 " S. Norman

The marginally noted men have been recommended for discharge as permanently unfit and admission to Jensen Camp by Medical Board held on Monday, ~~November~~ December 2nd.

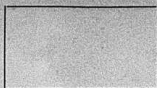
I am sending them herewith for your attention and necessary action, please, and have given them verbal instructions to report to D.M.S. after they have finished their business with you.

Copy to D.M.S.

A. Vail.

C.R. 5282

L. 10



Proceedings on Discharge.

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

No. <u>5282</u>	Army Rank <u>PLT</u>																					
Name <u>Walter Hermann</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-right: 1px solid black; vertical-align: top;"> <p>Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence { _____ (To be given as fully as practicable)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Descriptive marks.</p> </td> </tr> </table> <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>		<p>Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence { _____ (To be given as fully as practicable)</p>	<p>Descriptive marks.</p>																			
<p>Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence { _____ (To be given as fully as practicable)</p>	<p>Descriptive marks.</p>																					
<p>2. The above-named man is discharged in consequence of _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <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>																						
<p>3. Military character :— _____</p>																						
<p>4. Character awarded in accordance with King's Regulations :— _____</p> <p>_____</p> <p>_____</p>																						
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be filled in on the soldier quitting the Colours.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">COPIES SENT</th> </tr> <tr> <th>To</th> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. OF M.</td> <td><u>182.49/86</u></td> <td><u>11/18</u></td> </tr> <tr> <td>O.C. 1st. Bn.</td> <td></td> <td></td> </tr> <tr> <td>" 2ND. BN.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	COPIES SENT			To	No.	DATE	M. OF M.	<u>182.49/86</u>	<u>11/18</u>	O.C. 1st. Bn.			" 2ND. BN.								
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	To	No.	DATE																			
	M. OF M.	<u>182.49/86</u>	<u>11/18</u>																			
	O.C. 1st. Bn.																					
" 2ND. BN.																						
<p>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.</p> <p style="text-align: right;">Initials of Commanding Officer. _____</p>																						
<p>Army Form B. 208S has been issued to*</p>																						

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

MEDICAL HISTORY

Surname Bail

OF Christian Name Kernan

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	26	May 1918		191
	at	St. Johns	at	
Declared Age	21	years		days
Trade or Occupation	Section man			
Height	5	feet 3		inches
Weight	112			lbs.
Chest Measurement	34			inches
	3			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lieut. Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	21 day of May 1918	on	day of 191
	Corps.		Corps.	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt			
Transferred to	Nfld Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals 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				
Hazley Down	17	8	18	5	9	18	Mumps	19	Discharged to duty.	<i>B.S. Pirvan</i> CAPT., R.A.M.C.

[P.T.O.]

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

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

1. Unit and Corps..... *R. 1st Bn. 1st Div.*
2. Regtl. No. *5287* 3. Rank..... *Pvt*
4. Name *VAIL* *Sherman*
(Surname) (Christian Names)
5. Age last birthday..... *21 1/2*
6. Posted for duty on..... *27 May 1914* at..... *S. John's*
in category (or grade).....
7. Former Trade or Occupation } *Secton Man*
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

Debilty

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Since joining deft he was a private for one week when developed mumps and took 19 days. Then he has been in hospital and doing his best to carry on, but is considered unfit for further training.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i) Service during the present war

Yes

Yes

(ii) Previous active service

No

(iii) Climate in pre-war service

No

(iv) Ordinary military service before the war

No

(v) Serious negligence or misconduct on the man's part.

No

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

No

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

15. What is his present condition?

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

He is pale, thin emaciated and debilitated boy unweakened for previous Clavicles with supra-clavicular hollowing; ribs prominent, and chest very sparsely covered. Cordae pulmonales visible in wide area. Numerous patches of old Condensation throughout both lungs.

16. Was an operation performed? If so, when and what was its nature?

n.a.

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

n.a.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

n.a.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

n.a.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Discharge as permanently unfit for further military service. m.k. 1/1 Approved

Station *Hazley Down W. Manchester*

Medical Officer in charge of case.

Date *5.10.18*

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

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

Regtl No. 528 Rank Private Name Neil A Unit ROYAL NEWFOUNDLAND REGT. who was Transferred
 to Newfoundland on 12/11/18 Authority D O Cause Repatriation

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d	PARTICULARS	£	s	d
PERIOD: From 26/10/18 To 11/11/18	Balance Dr. from 26/10/18 to 11/11/18				Balance Cr. from 26/10/18 to 11/11/18			
	Allotment 17 days @ .604	1	10	20	Pay 17 days @ \$1.00	1	17	00
	Cash Payments: 2/11/18			12	Field Allow 17 days @ \$.10	1	17	00
	9/11/18			8		1	18	70
	Observations 31/10/18 to 27/11/18	1	2	80	Other Allowances days @ \$			
	Other Debits: Barrack Damages				Other Credits:			
	Laundry stoppages			2				
	Boots "			5				
	Barber "							
	Total Debits	1	19	00	Total Credits	1	18	70
Balance due by Paymaster				Balance due to Paymaster				
			1				1	
			3				3	
			16				16	
			10				10	

Copies sent to M/G/M
St. John's N.F.Ld. 11/11/18

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

(Place) 26/10/18 to 22/11/18 (Date) 11/11/18 (Sgd) Harold Knight 2nd Lieut.
O.C. " " Company.

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.
 Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, A.F. W. 3961C has been sent to The Regimental Paymaster,

Royal N F L Co 58 Victoria London
Hazelton
58 Victoria London

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- repatriation
- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to N F L Co

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) (Place)
- (i) Where enlisted France 21st May 1918
- (ii) Date of arrival in United Kingdom
- (iii) Port of arrival
- (iv) Ship on which arrived
- (v) Name of Shipping Line or Agent
- (vi) Names and addresses of two references who can verify the above particulars

No. 5282 Rank P L C

Name Vaill Simon
(Surname) (Christian names in full)

Unit and Corps Royal N F L Co

Authority B 179 a

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station Hazelton

Date 5-19-18 1918 O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—†If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

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

Army Form W. 3961C has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961C is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961C has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to
O.C. Discharge Centre,

The Officer i/c Records,

A.F. W. 3961c has been sent to
The Regimental Paymaster,

*Royal N FLD
Hazelwood*

*58 Victoria
London*

*58 Victoria
London*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) _____ (Place) _____
- (i) Where enlisted *N FLD*
- (ii) Date of arrival in United Kingdom *21st May 1918*
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

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

No. *282* Rank *P/Lt*

Name *Vaughan Hamon*
(Surname) (Christian names in full)

Unit and Corps *Royal N FLD*

Authority *B0179a*

Station *Hazelwood*

Date *5-11-18* 191*8* O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

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

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

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

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

Royal Artillery 58 Field Coy 58 (Artillery)

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T) of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country) _____ (Place) _____

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

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

No. _____ Rank _____

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

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

Station _____

Date _____ 191____ O.C. _____

* Insert cause other than under (e) or (b) above.

NOTE.—In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

(R.T.O.)

PART II.

Notification to the Regimental Paymaster that a Soldier is to be
 Discharged with a view to Discharge or Transfer to the Reserve
 whether in Substitution or otherwise.

The soldier named in Part I. of this Army Form is:—

* (a) **Married or a Widower** *Widower*

The following are the particulars, in order of date of birth, of children in respect
 of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the
 surname is to be inserted after the Christian name.

Christian Names (in full)	Sex	Dates of Birth
PART I.		

* (b) Unmarried or a widower } with the following dependants for
 without children } whom an allowance is being paid:—

* (c) Unmarried and without dependants

* (d) The address of his family or dependants is

Lyons Lane J.B. N. 7516

Station *Hazley Down*

Date *5-11-18* 191

Regimental Paymaster or Secretary T.F. Association.

* Strike out whichever inapplicable.

This information and that of the children is to be extracted to A.F. W3500 in cases where the soldier has been enrolled as an A.R.M.W.

PART III.

(For use when applicable.)

The Secretary
 T.F. Association.

You are requested to complete the particulars in Part II. above and forward
 the Army Form immediately to the Officer i/c Records.

Station _____

Date _____ 191

Regimental Paymaster

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name... *Vaid Hemann* Regtl. No. *528* Rank *Plt* Unit and Corps. *Regd. W. 26*
(Surname) (Christian Names)

<p>1. State the nature of the disability or disabilities from which this man is suffering</p>	<p><i>Deafness</i></p>
<p>2. What is the present condition of such disability or disabilities ?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class ? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which ?</p>	<p>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended ?</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not ? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature President.
 Station *Hazleydown*
 Date *8-10-18* } Members.

Approved.
 Station
 Date
 Officer in charge, Central Hospital.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

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

Regimental No. 2282Rank PvtName Vail HermanUnit and Corps } Regt. N. 116

(Surname)

(Christian Names)

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

- (a) The statements made by him will be checked by official records.
 (b) In answering Question 2 any special matters which in his opinion caused any unfitnes from which he may be suffering or which aggravated it should be clearly stated.

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

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

England

(b) In what capacity?

Infantry

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

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

I think that the complaint from which I suffer at the present time was in operation before I joined the army.

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

Hazeldean 9 months 19 days

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

yes

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

none

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

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

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

Fisherman

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

do

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

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

Station *Hazeldean*.....

Signed (Soldier) *Vail Harmon*.....

Date *5-17-18*.....

Signed *R. J. Woods*.....

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

Christian names
of children and
dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

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

(Signature in full) *Val Hanson*

Station *Hazley Leven*

Rank *P. Lt*

Date *5-11-18*

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
is inapplicable.

Military character _____

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

Officer i/c Records.

Station _____

Date _____ 191 _____

* Insert P., or P.(T).

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name Faul Hemson
(Surname) (Christian names in full)

Unit from which discharged Royal N F L B
Regimental Number _____ Rank on discharge _____ Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Fitter

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } Grates Lane T.B N F L B

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness Dechility

Service with Colours _____ years 180 days, of which _____ years
90 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 191__

Station Hazley Down

Date 5-11-18 Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.
NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

21635/2518/P.A.A

2/Bn. Royal Wfld. Regt.
Hazeley Down Camp,
Winchester.

30th December, 8

5284 Pte. C. Small,

11296

"Pay to 5284 Small, £3.0.0.

6.0.0.

Vail, Herman

5282

Ray Sept.



THE ROYAL NEWFOUNDLAND REGIMENT
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

..... March 18th, 1919

From Asst. Adjutant,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

5282 ex-Pte H. Vail

Enclosed you will please find letter from above noted man with reference to his discharge pay etc.

Why is this matter referred to me when I have no connection with it whatever? This man arrived here with Repatriation Draft of 28-11-18, the discharges of which were handled entirely by the Pay Office, without reference to Depot in any way for pay or allowances.. If your staff would take the trouble to look up his record they would find he was sent to you for disposal on 3-12-18, entered Jensen Camp on 4-12-18 and was discharged as medically unfit by Paymaster and Officer i/c Records on 20-12-18. Now where does my connection with the case come in?

The matron of the Camp telephoned me about a week ago saying both she and Vail had unsuccessfully tried to get some information from the Pay Office and asked me could I do anything. I told her I was unable to do anything, as the matter lay outside the Depot and that the Pay Office was the only place for Vail to go.

Will you please see that his case is attended to? In the meantime I have written advising him of my position with regard to his case and advised him to still further take up the matter with your Department.

CCD/C

A. S. Mee
Assistant Adjutant & Paymaster
Discharge Depot - Newfoundland
Captain

satisfaction and hoping I shall have a
favourable reply I Remain
your obedient servant

5282 Ex. Pte. H. Vail

Jensen Cant

Mar. 12-19

485

Capt. Dudley.

Dear Sir.

Having been discharged

Dec. 19th 1918 and not recd any discharge
pay or clothing allowance I would be very
pleased to have my account settled
and forwarded to me. I have applied to
Capt Howley and he informed me that
I had to apply to you. I have been
overseas and was sent back unfit for
service and was discharged to that effect.
Trusting Sir you will look the matter up
and let me have a satisfactory reply to
this letter as it is the fourth I have written
and have recd. no satisfactory reply to date.
Hoping this will be at your entire

COPY.

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. <u>5282</u>	Army Rank <u>Pvt</u>
Name <u>Vail Armaso</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>December 19th 1918</u>	
Place of discharge <u>St. Johns. Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>27</u> years <u>4</u> months Height <u>5</u> feet <u>3</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>pale</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Section man</u> Intended place of residence { <u>Grates Cove N.B.</u> (To be given as fully as practicable)	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer</u> <u>physically fit for war service</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>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
<small>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.</small>	
<small>Initials of Commanding Officer.</small>	
<small>Army Form B. 2088 has been issued to*</small>	

A.D. 2079/120

Medical Report on an Invalid.Station HAZELEY DOWN, WINCHESTERDate 5-11-18

1. Unit **ROYAL NEWFOUNDLAND REGIMENT**
2. Regimental No. **5282**
3. Rank **Pte.**
4. Name **VAIL, HERMON**
5. Age last birthday **21 years**
6. Enlisted { on **21/5/18**
at **St. John's**
7. Former Trade { **Section-man**
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***DEBILITY**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.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Since joining Depot, he was on parade for one week, when developed mumps. Sent to Hospital where he was for 19 days. Since then he has been on parade and doing his best to carry on, but is considered unfit for further training.

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). **Attributable to, and aggravated by, service during the present war.**
- (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.

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.

He is a pale, thin, emaciated, and debilitated boy, undeveloped for his years. Prominent clavicles, with supra-clavicular hollowings, ribs prominent, and chest very sparsely covered. Cardiac pulsation visible over wide area. Numerous patches of old consolidation throughout both lungs.

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?

N.A.

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

N.A.

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?

N.A.

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.

N.A.

20. Do you recommend—

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

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT, Capt. R.N.R.

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, 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~~ **Aggravated by**

(i.) Service during the present war; **Yes**

(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.

**Disability as stated in section 13.
Weight 109½ lbs. Temp 101.5**

Constitutional

(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?

Years

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?

Total

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

Yes

(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; ~~-----~~ **Jensen Camp. U R G E N T**

(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?

Signatures:—

(Sgd) **H. S. FRASER**

President.

Station **St. John's, Nfld.,**

J. SIN LAIR TAIT

Date **Dec. 2nd., 1918**

L. PATERSON, Major

Members.

Approved



(Sgd) **CLUNY MACPHERSON, Major**

D. M. S. NEWFOUNDLAND.

Station

Administrative Medical Officer.

Date

No.

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

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

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

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

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Wad Armond
(Surname) (Christian names in full)

Unit from which discharged Royal W.F.L.D.
 Regimental Number 5282 Rank on discharge P.T. Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for }
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
 proceeding on discharge } Gratis Cove I.B. W.F.L.D.

Name of Approved Society (if any) _____

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...	<u>Royal</u>		<u>180</u>	<u>India</u> <u>South Africa</u>		
Disallowed	<u>W.F.L.D.</u>			<u>England</u>	<u>-</u>	<u>90</u>
Service towards pension						

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

PART D. Where born (parish, town and county), and date Lower Island Cove W.F.L.D. 18-8-97

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

Christian name of father George

Christian name of mother Susannah

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

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

St. Johns 21st May 1918

Figure on discharge

Descriptive and other distinguishing marks

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

(Signature in full)

Walter Howard

Rank

PT5

Station

Hayley Wood

Date

5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para.

King's Regulations

or

Transferred to Class *

of the Reserve.

Strike out
whichever
inapplicable.

Military character

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

Officer i/c Records.

Station

Date

191

* Insert P., or P.(T).

COPY

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name Vail Armond Regl. No. 5282 Rank Pte Unit and Corps T.B.F.L.
(Surname) (Christian Names)

1. State the nature of the disability or disabilities from which this man is suffering.. ..

Disability

2. What is the present condition of such disability or disabilities?

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

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital, and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended? ..

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station Hayley Wood }
 Date 5-11-18 } Members.

Approved.

Station

.....
 Officer in charge, Central Hospital.

Date

[T.O.]

COPY

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

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

Regimental No. *571 821*.....

Rank *Pvt.*.....

Name *Vail Herman*.....
(Surname) (Christian Names)

Unit and Corps } *P. to F. I. D.*

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

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

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

<p>1. (a) In what countries have you served during this war, and for what periods?</p> <p>(b) In what capacity?</p>	<p><i>England</i></p> <p><i>Infantry</i></p>
<p>2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.</p> <p>(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)</p>	<p><i>I think that the complaint from which I suffer at the present times was in operations before I joined the army.</i></p>

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

*Haystack House
Mumps 19 days*

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

yes

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

None

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

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

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

Fisherman

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

Do.

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

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

Station *Haystack House*

Signed (Soldier) *Vail Hornum*

Date *5-11-18*

Signed *R. J. Woods*

COPY.

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

MEDICAL HISTORY of

Surname Vail Christian Name Norman

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's County W. F. L. D.

Examined ... on 21st day of May 1918
at St. John's

Declared Age ... 21 years ... days.

Trade or Occupation ... Seaman

Height ... 5 feet, 3 inches.

Weight ... 112 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... R.E.—V= 6/6
L.E.—V= 6/6

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

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

Approved by (Signature) Lamont Patterson
(Rank) Major Medical Officer.

Enlisted ... at St. John's
on 21st day of May 1918

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>The Royal Field</u>	<u>5282</u>
Transferred to ...	<u>Griff</u>	

Became non-effective by
on _____ day of _____ 1918

(Signature) _____
(Rank) _____

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hampley Board</i>	<i>17</i>	<i>8</i>	<i>18</i>	<i>5</i>	<i>9</i>	<i>18</i>	<i>Trumps</i>	<i>19</i>	<i>Discharged to duty</i>	<i>Cst. A. W. Ward</i> <i>Capt. R. A. H. H.</i>

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

Date	Brief details, and signature
22-5-18	Vacc IP.
13-6-18	Inoc IP.
27-6-18	. IP.
4-7-18	. IP
5-11-18	Boarded Hazelley Mound Camp District & Category
	Sustainability (Authority Dept Co) Letter
	J. St. P. Knight
	Capt. Royal 1st Lt. 1st Regt

Table IV.—Service Table.

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

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Services) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A Soldier's Name Walter Howard (Surname) (Christian names in full)

Unit from which discharged Signal Troop

Regimental Number 5292 Rank on discharge PLA Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Gables 105 I.B. To F.L.D.

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191____.

Station _____

Date _____ Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Jensen Bank.

Mar 3/19

To Officer (i.e) Pay & Record Dept.

4133

Dear Sir.

Having been discharged one month
and not recd. any discharge pay I should
like to have same at most convenient
time. Hoping this may meet with your
approval.

Very sincerely yours
H. Vail

Am.
Yours faithfully
Hermann
H. Vail.

Recd 19/12/18 Reg. No. 5282.

February 5th., 1919

#5282 Pfc. Herman Vail,
#25 Hayward Avenue,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 130."

Yours truly,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

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

Regtl No. 522 Rank Private Name Nail H Unit ROYAL NEWFOUNDLAND REGT who was Transferred
to Newfoundland on 12/11/18 Authority DO Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$			£			CR.	
		¢			s	d			
PERIOD: FROM 26/10/18 TO 22/11/18	Balance Dr. from 26/10/18 to 11/11/18							Balance Cr. from 26/10/18 to 11/11/18	
	Allotment 17 days @ 60¢	1	10	20	1	2	11	Pay 17 days @ \$1.00	
	Cash Payments: 2/11/18						12	6	Field Allowance 17 days @ \$1.10
	9/11/18						8	0	Other Allowances days @ \$
	Observations 3/11/18 to 27/11/18	1	2	50	1		11	6	Other Credits:
	Other Debits: Barrack Damages							6	
	laundry stoppages						2	5	
	Books "								
	Barber "								
	Total Debits		1	8	00	1	3	16	10
Balance due by Paymaster									Balance due to Paymaster
					1	3	16	10	

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

(Place) 26/10/18 to 22/11/18 1918 (Date) 11/11/18
HAZELEY BROWN CAMP O.C. F. Company.

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.
Pay & Record Office, London,

Chief Paymaster & Officer in Charge Records.

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.

Regt No. 5282 Rank Private Name Nail H. Unit ROYAL NEWFOUNDLAND REGT. who was Transferred
to Newfoundland on 12/11/18 Authority D O Cause Rehabilitation

MAIL COPY

STATEMENT OF ACCOUNT CR.

PERIOD:	PARTICULARS	£ s d					PARTICULARS	£ s d					
		£	s	d	£	s		d	£	s	d		
From 26/10/18 To 22/11/18	Balance Dr. from 26/10/18 to 11/11/18						Balance Cr. from 26/10/18 to 11/11/18						
	Allotment 17 days @ 60¢	1	10	26	1	2	Pay 17 days @ \$1.00	1	17	00			
	Cash Payments: 2/11/18					12	6	Field Alice 17 days @ \$-10	1	1	70		
	9/11/18					8	0	Other Allices days @ \$	1	18	70	1	3
	Observations 31/10/18 to 27/11/18	1	2	80	1							16	10
	Other Debits: Barrack Damages					11	6	Other Credits:					
	laundry stoppages						6						
	Boots "					2	5						
	Barber ..												
	Total Debits	1	3	00	1	3	Total Credits	1	18	70	1	3	
Balance due by Paymaster					16	10	Balance due to Paymaster					16	10
					1	3						1	3
					16	10						16	10

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

(Place) 26/10/18 to 22/11/18 1918 (Date) 11/11/18
HAZLEY DOWN CAMP N.W. & S. Co. Company.

Made up/Checked in accordance with information received in the Pay & Record Office to David S. King and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

David S. King
Chief Paymaster & Officer in Charge of Records.

Advise her that W.G. can
only be paid if she was drawing
S.A. at time of his discharge.

M

851

Dear Sir in
Answer to your questions
About my Step son Hemon
Foil No 5282 who enlisted
on May 21st 1918 he was
overseas from August to
November 1918 he was
discharged Dec 19th 1918
and died at Jensen Camp
on July 9th 1919 I received
his money from the time
he went away until he
died previously before he died
at his bedside at Jensen Camp
he told me I was to get three
months money after his death
and if it is so I would like
very much to have it

as I have five children
and I need it if I didnt
I wouldnt come to trouble
you please excuse me
for intruding

I remain yours

Mrs G Gail

Mother

W Hayward

January 12th 1920.

Mrs. G. Vail,
25 Hayward Avenue,
City.

Dear Madam:

With reference to your letter of recent date, (8151) I beg to inform you that War Service Gratuity can only be paid if you were drawing Separation Allowance on account of your son at the date of his discharge, please.

Yours truly,

Lieut.
For Paymaster

RS/.

DEPARTMENT OF MILITIA

Regimental Pay Branch

P A Y V O U C H E R

\$ 195¹⁰.....April 27th 1921
.....

R E C E I V E D from the Royal Newfoundland Regiment
 the sum of *One hundred ninety five ¹⁰/₁₀₀*..... Dollars
 on account of *W.S. Gratuity*

ACCOUNT
CH. NO. <i>5865</i>	INITIALS
INL. LEDGER	INITIALS
PAY LEDGER <i>156/2</i>	INITIALS <i>[Signature]</i>
GEN. LEDGER	INITIALS

F.C.R.

[Signature]
 Solicitor for George Wain

Geo Vail, Admr.

Est. 5282 Herman Vail

St. John's,

DEC 1 0 19

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} G. Vail

Billeting Soldiers as undermentioned

from Nov 29th /18 to Dec 4th /18

<u>5282</u>	<u>Mr. H. Vail</u>	<u>6 60</u>
<u>Wm G. Vail</u>	<u>13 8 m.</u>	
<u>Mark</u>	<u>1 62</u>	<u>EW</u>
<u>witness E. Walsh</u>		

Certified correct for \$ 6 60

R.J.

C. B. Duke A. Capt.
Billeting Officer.

ON HIS MAJESTY'S SERVICE.



MADE IN
NEWFOUNDLAND
GOODS

*Artillery Department
St John's*



G.S.O.F. (Plaque Section),

6 1/2

Royal Arsenal,

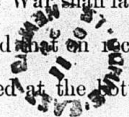
London, S.E. 18.

5282

950114

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

②



Mr George Vail

K. 1633.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundlands

Number of Sheet one

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5227</u>	Age on	<u>21</u> years	<u>Sectionman</u>		
	<u>Neil Newman</u>		months	Religion		
Joined	Date	Place and Date of Enlistment	<u>W. Soler</u>	<u>Method.</u>		
Joined	Date	Period of } with Colours <u>2 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth			
Joined	Date		<u>W. Soler</u>			
Joined	Date					

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit</u>	<u>Sydney's</u>	<u>20</u>	<u>14</u>		<u>18</u>

COPIES SENT		
To	No.	DATE
M. of M.	<u>12249/186</u>	<u>11/18</u>
O.C. 1st. Bn.		
" 2nd. Bn.		

Army Form B 121.

To be carried over

March 18th, 1919

From Asst. Adjutant,
Discharge Depot

To 5282 ex-Pte. H. Vail,
Jensen Camp

Discharge Pay and Allowances

Reference your letter of 12-3-19 concerning above noted, I have to advise you that all matters concerning the Discharge Pay and allowances of the Draft you came back with (28-11-18) has been handled direct by the Pay Office and not by the Depot. I have, therefore, written Capt. Howley a strong letter concerning your case and have asked him to give it immediate attention. No doubt you will hear from him in the course of a day or two. If you do not, I would advise you to write to him direct or if possible have a personal interview with him.

CCD/C

COPY

St John's, Nfld.

December 5th, 1918

From D.M.S., Militia Det

To O.C.Depot

5282 Pte. H. Veil

Please note that the marginally noted
man entered Jensen Camp December ~~4th~~ 1917.

(sgnd) GUNY MACPHERSON

Major D.M.S.

Copy to Bd. of Pension Commissioners for Nfld.

Reg. No. *1382* Rank. *Pte* Name *Vail. G.*

Attested Address. *25 Hayward Avenue*

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

Date of Allotment..... Returned from Overseas. *28 11 18*

Embarked for Overseas Cause. *Discharge*

21 12 18 *Spec Dis - Per - Unit - & admission to Jensen Camp.*

24 12 18 *Admitted to Jensen Camp.*

20 - 17 - 18 **DISCHARGED - MEDICALLY UNFIT**

COPY

January 27th, 1919

~~XXXX~~

Officer Commanding,
Royal Nfld. Regt.

SIR:

The undermentioned men have been discharged on the dates given as medically unfit.

Kindly note and post in D.O. Pt.II.

I have etc.

(sgd) J. M. HOWLEY,
Capt. etc.

4391	Pte.	H. Phillips	5-11-18
3173	"	A. Miller	26-11-18
5612	"	M. Walsh	14-1-19
8418	"	A.G. Hillier	14-1-19
5712	"	F. Adams	19-12-18
8064	"	S. Ivany	31-12-18
3208	"	M. F. Martret	11-1-19
8160	"	D. Powell	27-12-18
2530	"	L. Courtney	10-1-19
3690	"	J. Little	22-1-19
2439	"	A. Oxford	28-1-19
2106	"	E. Young	28-1-19
5282	"	H. Vail	20-12-18