



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4709 Name Francis Wade Corps R.C.

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Francis Wade</u> |
| 2. What is your full Address? | 2. <u>Arundale</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Conductor</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, Francis Wade 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.

a-25th - 4-18 Francis Wade SIGNATURE OF RECRUIT.
Geo W Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Francis Wade 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 25th day of Apr 1918
Signature of Attesting Officer Geo W Barty Mjol

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.
Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Francis Wade
 Apparent age _____ years _____ months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Wade
Avondale | 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 L'epot	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>25-4-18</u>									
Joined at <u>St. John's</u> on <u>April, 25-1918</u>									
<u>Discharged June 29/19</u>									
<u>Embarked St. John's train to Halifax, N.S. 11-6-20.</u>									
<u>Embarked for Boston 26-10-1918</u>									
<u>Disembarked France 26-10-18</u>									
<u>Joined Battle in the field 3-11-18</u>									
<u>Transferred from Rouen, 22-4-19. Arrived Amherst 23-11-1919</u>									
<u>Left for demobilization 22-5-19.</u>									
<u>Demobilization St. John's 29-6-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-6-1919</u> [date of discharge] <u>1</u> years <u>66</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 4709

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 29-6-19.

m4709 Bte. Francis Wade.

C.R. 4709

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 19th, 1919.

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

4709 Pts. Francis Wade.

C.R. 4709

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

4709, Pte. F. Wade.

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

RZ "Corsican"

C.R. 4709

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4709 Pte. F. Wade.

C.R. 4709

Extract from Nominal Roll Re-inforcement Draft No. 56 Embarked Folkestone,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazelton Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.F.F.

4709 Pte. Wade, F.J.

C.R. 4709

Extract from Daily Orders Part II Unit The Royal 22nd.
Regt. by Lt. Col. F.G. Watkins, D.S.O. Commencing 2nd Dec.
5-11-25.

The following joined the Unit. 5-11-25.

4709 Pte. F. Wade.

3 000-

C.R. 4709

Extract from Daily Orders part 1, from Unit The Royal
Hfld. Regt. St. John's, dated June 14, 1918

#4709 Pte. F. Wade.

Embarked for Overseas with Regt June 11th, 1918.

C.R. 4709

Extract from Daily Orders part 11. from Unit The Royal Wfld.
Regt. St. John's, dated April 26, 1918.

#4709 Pte. Francis J. Wade.

Attested for General Service with the Royal Wfld. Regt.
from 25/8/18.

J Wade

C.R.

4709

1810

Medical Report on an Invalid.

Station Hazelton D. Camp
 Date 30-4-19

1. Unit Royal Newfoundland
 2. Regimental No. 4709
 3. Rank Plt
 4. Name Wade Frank
 5. Age last birthday 23
 6. Enlisted { on Apr 25/18
 at St Johns

7. Former Trade or Occupation } Railroad man
 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).

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

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.

na.

He complains of no disability

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.

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?

na.

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

na.

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?

na.

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.

na.

Repatriation

20. Do you recommend—

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

W. Proemier. *Capt R.A. Mc*
Officer in medical charge of case.

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

Station *Langley D. Camp*

Officer in charge of Hospital.

Date *30-4-19*

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

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

No. 2150/89

From:

NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER IN CHARGE, P. /80.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1. Commanding.
1st Bn Ryl Nfld Regt.
B.E.F.

18th January 1919

22-2-1919

4709. Pte F.J. Wade

With reference to the following telegram from the Ministry of Militia, / / (548)

"Pay to-4709. Wade.

£7.5.11.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O.i/c Records

Handwritten signature and scribbles

4709 Pte F.J. Wade
This man wishes this amount retained to the credit of his account please.

F.A. Mathias
LIEUT. COL.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.



1107/168/P&A

2nd.Bn.R.Newfoundland Regt.
Hazeley Down Camp,
Winchester.

18th. May,

9

4709 Pte.F.J.Wade.

548

Pay to 4709 Wade - £7:5:11

7:5:11

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4709	LtC	Wade J.	£250	J. Wade

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

Date

July 1/18

J. Wade

Wade F.

2709

Ray D. H.

June 29, 1919

#4709 Pte. Francis Wade,

Avondale, C.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & O. i/c Records.

25373

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 26th. 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 *Frank Wade*..... 2. Surname.....
- 3. Rank *Pte*..... 4. Regtl. No. *4709*.....
- 5. Address in full to which future payments of gratuity are to be forwarded *Asondale, B. B.*.....
- 6. Date of enlistment in the Regiment *Apr. 25/18*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- 8. Relationship of such dependents.....
- 9. Address in full of such dependents.....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
- 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 *From Apr. 25/18 to June 13/19*..... 1. 2.

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

No!

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

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

No

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

No

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

No

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

No

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

19. Are you now serving in the Regt.?

No

If not give? - (a) date of discharge

June 13/19
Temporary

(b) Reason for discharge
Revolutions

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, Belgium + Germany - from Oct. 26/18 to Sept. 1919

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.

No

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

Signature of Applicant:

Frank J. Wada

Place of Residence:

Doon Dale C.B.

Declared before me at:

St. John's, Nfld.

This

13th, day of *June* 19...*19*.

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

John McCarty

Date paid	Amount paid	War Service	Net amount due
	Soldier. Dependent	Class 1	280
Certified correct.			Paymaster

Faint, illegible text, possibly a stamp or header.

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June 29, 1919

#4709 Pt .Francis Wade,
Svondale, C.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No 2282.

Yours truly

Captain,
Paymaster & C.i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4709 Rank Pte Name Wade, Frances
 Intended place of residence... Arundale

2. Occupation Conductor
 Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of..... **DEMOBILIZATION.**

Eligible for War Service Gratuity

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

Place JUN 13 1919
 Date ST. JOHN'S *Jr. Mess Lieut*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date JUN 13 1919
ST. JOHN'S
F. Wade
 Signature of soldier
Amie Houston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date JUN 23 1919
ST. JOHN'S
F. Wade
 Signature of soldier
James O'Sullivan
 Signature of witness SP1.

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No of days on Military
 Discharged from service 15-6-19 plus 14 days Service 431

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 15 1919
R.H. Last Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld
 Date June 29/1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

APPB 2029/2482

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4709 Rank Plt Name Wade Francis J
 Date of Enlistment 25-11-18 Address Arundale District St John's
 Occupation Conductor Classification for Discharge E1 Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 P. O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
W Wade

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied 100 lbs weight

Date 13-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R.1770 to his home at Arundale and Release Certificate No. 2732 issued.

Date 13-6-19 *J.A. Shrewliff*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-6-19

Date 13-6-19 *J. H. [unclear]*
Depot Paymaster.

Discharged approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 13-6-19 *J.A. Shrewliff*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 15 1919 *R.H. [unclear]*
O. C. Discharge Depot.

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

Civil Re-establishment Committee



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

To resume former occupation

Frank J. Wade
Signature of Man.

J. J. Howell
Signature of the Vocational Officer or his Representative.

Reg. No.

4709

Place

St Johns

Date

13-5-19

191

The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *12.6.19*

Regimental No *4709*

Name *Wade Francis J* Rank *Pte*

Address *Avondale*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board {

R.H. Lat
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

J.W. Burden
M.O. Depot

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

MEDICAL HISTORY

Surname Wade OF Christian Name Francis J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Avondale, B. B. County Wfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Wfld.</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>22</u> years — days		years	days
Trade or Occupation	<u>conductor</u>			
Height	<u>5</u> feet <u>5</u> inches		feet	inches
Weight	<u>139</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>One</u>		
	Number			
When Vaccinated	<u>2 weeks ago</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Wfld.</u> on <u>25</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	<u>The Royal Wfld. Regt.</u>	Corps.	
	Regtl. No.	<u>4709</u>	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)	on _____ day of _____ 191____	on _____ day of _____ 191____		
(Rank)				

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4709 Rank _____

Name Wade A _____

Warned for demobilization on

JUN 13 1919

Medical Report on an Invalid.

Station Hazley, Devon
 Date 30/4/19

- | | |
|--|--|
| <p>1. Unit <u>Royal Nfld</u></p> <p>2. Regimental No. <u>4709</u></p> <p>3. Rank <u>plc</u></p> <p>4. Name <u>Wade Frank</u></p> <p>5. Age last birthday <u>23</u></p> <p>6. Enlisted { on <u>apl 25/18</u>
 at <u>St John's</u></p> | <p>7. Former Trade or Occupation } <u>Railroadman</u></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).

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.

h i e
 h i e
 h i e
 h i e

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.

}
 h a

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 complains of no disability

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?

h a

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

h 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?

h 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.

h a

Repatriation

20. Do you recommend—

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

Sgd W F Provencher *Capt Palmer*
Res. Officer in medical charge of case.

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

Station *Hazely Bourne*
 Date *30/11/19*

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.

Casualty Form - Active Service.

Regiment or Corps... *ROYAL NEWFOUNDLAND REG.*

Rank *Pte.* Surname *Wade* Christian Name *Francis*

Religion Age on Enlistment *22* years months

RFCB

Enlisted (a) *25/4/18* Terms of Service (a) **DURATION** Service reckons from (a) *2/4/18*

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

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate

Occupation *Railway Conductor No. 11, Esplanade* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...		<i>26 OCT 1918</i>	
		Disembarked...		<i>31 OCT 1918</i>	
		Joined B. station			<i>B 23 24/1/15</i>
		<i>Appointed Coy Cook 14/1/15</i>			
		<i>Arrived in UK</i>		<i>13/1/19</i>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoelng-Smith, &c (17591) Wt. W 1887-P 1124, 1,000,000. 6/18. D & S. Form B. 103. (E. 1915)

next of kin Father, *Michael Wade Roundale, Afield*



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Wade, Francis J*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4709.*

Intended address *Stondale C.D.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Richard*

Christian name of Mother *Ellen*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Stondale C.D. 6-2-1896*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full)

Frank Wade

(Rank)

Station

Date

11/6/19

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

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date

REID NEWFOUNDLAND COMPANY.
RAILWAY AND STEAMSHIP LINES.

6865

Brookdale Station

Oct 9th

1919

to Pay Master

Royal Nfld. Regt

Dear Sir:

I am writing you this letter to
 Enquire about the final payment of
 My Gratuity Allowance now as discharged
 from the Royal Nfld. Regt June 29/19. My
 grad was pte and my No. 4709. I received
 4 payments 3 payments of seventy dollars
 each and the final payment of twenty
 eight dollars and some odd pence
 I am under the impression that I should
 have received the total of two hundred
 and eighty dollars.

REID NEWFOUNDLAND COMPANY.
RAILWAY AND STEAMSHIP LINES.

F Station,

.....19

Please look. This matter sep. paid.
Let me know if I was not short
Paid on final payment

Yours truly

Frank J. Wade

June 29 to pay	70 ⁰⁰
July 29.	70 ⁰⁰
Kit difference	391
Aug 29 to pay	70 ⁰⁰
overpaid amt	37 ⁸⁰
Sept 29 to pay	<u>28 29</u>
	<u>280.00</u>

A

May 9th. 1919

H.J. Wade,
Amondale.

Dear Sir:

With reference to your letter of
May 1st. I beg to state that I have cabled £10.3.6
being the equivalent of \$50.00, less the cost of
message, to 4709, Pte. Frank Wade.

Yours truly,

Lieut.
For Paymaster.

6866

October 18, 1919

F.J. Wade,
R.H.Co.,
Avondale.

Dear Sir:

4709
With reference to your letter
of 9/10/19, your War Service Gratuity is com-
puted as follows:

Over paid allotment	37.80
Kit deficiencies	3.91
June 29.	70.00
July "	70.00
Aug. "	70.00
Sept.	28.29
	<u>\$28 0.00</u>

Yours truly,

Lieut.
Per Paymaster

Receipt for Army Book 64

No. 4709 Name J. Wade

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

Date August 13, 20

Name J. Wade

Place Armed

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

[Handwritten mark]

C.R. 4709

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE. *Jan 9th 1920*
PLACE. *St. Andrew*

NO. *4709* NAME. *W. Wade*

1887



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Signature

Date

Address

P.T.O.

SEP 28 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

Francis J. Wade

in respect of his service as No. 4709 Rank Pte.

Name F. J. Wade Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received October 1st 1921

Signature Francis J. Wade.

Date October 1st.

Address Arundale.

[P.T.O.]

The Royal Newfoundland Regiment 4709

DEMOBILIZATION OF

Reg. No. 4709 Rank Plt. Name Wade Francis J.
 Date of Enlistment 25-11-18 Address Abundance District St. John's
 Occupation Conductor Classification for Discharge E Medical Category F.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

B 176	B 288	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 J. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
no trade

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 60.00
- (b) Clothing Supplied 1 mweath

Date 13-6-19 O i/c. Re-clothing

The Royal Newfoundland Regiment #709

DEMobilIZATION OF

Reg. No. 4709 Rank Plt Name Wade Francis J.

Date of Enlistment 25-1-18 Address Avondale District St. John's

Occupation Conductor Classification for Discharge F Medical Category Hi

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 138	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 178b	B 103	ME 2		" 6
B 178c	B 120	M 93		

Date 12-6-19 J. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 13-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1790 to his home at Greenhall and Release Certificate No. 1733 issued.

Date 13-6-19 Demobilization Officer J.P. Shaw left

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 19-6-19

Date 13-6-19 Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P38	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 63		

2 Form B

Date 13-6-19 O. C. Discharge Depot. J.P. Shaw left

APPROVED.

Documents as above forwarded to—
Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 O. C. Discharge Depot. R.H. J. G.H.

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

Date June 24/19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B.1770 to his home at Arundale and Release Certificate No. 2735 issued.

Date 13-6-19 *J.A. Shaw Capt*
Demobilization Officer

Pay and Allowances: The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 13-1-19

Date 13-1-19 Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Iss.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 13-6-19 *J.A. Shaw Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 *R.H. Jett Capt*
O. C. Discharge Depot.

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

Date June 24/19 *James H. [Signature]*

Reg. No. *4709* Rank *Pfc* Name *Wade F.*

Attested Address *Avondale*

Allotment Allottee

Date of Allotment.... Returned from Overseas *29-5-59*

Returned on S.S. *Cocean* Cause *Discharge*

12.6.59
15.6.59

ASSED TO DEMOBILIZATION OFFIC

DISCHARGE APPROVED ON DEMOBILISATION.