

### FIRST NEWFOUNDLAND REGIMENT

#### ATTESTATION OF

No. 2549 Name Alexander boaltes Corps	
Questions to be put to the Recruit before Enlistment.	
I. What is your name? I. Alestander Wallet	
2. Wrat is your full Address?	
3. Are you a British Subject? 3. Mes.	
4. What is your age?	
5. What is your Trade or Calling? 5. Lisker man	
6. Are you Married? 6 6.	
7. Have you'ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?	N.
7. Have you'ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? }  8. Are you willing to be vaccinated or re-vaccinated?  9. Are you willing to be enlisted for General Ser-	
9. Are you willing to be enlisted for General Ser-	
10. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?	•••
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11	
made by me to the above questions are true, and that I am wilding to fulfil the engagements made.  4. 4. 1816  4. 4. 1816  5. 1816  6. 181	
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  I do make oath, that I will be faithful bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in cound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity again enemies, according to the conditions of my service.	luty
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 quest he would be liable to be punished as provided in the Army Act.	lons
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 daily entered to, and the said recruit has made and signed the declaration and taken the oath before me at the control on this.  191  Signature of Attesting Officer	mb
†CERTIFICATE OF APPROVING OFFICER.	
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the	re-
quired 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	
Place	ficer.
† 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.	

## DESCRIPTIVE REPORT ON ENLISTMENET Applicable to all ranks. To correspond with entries on the Medical History Sheet.

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### FIRST NEWFOUNDLAND REGIMENT

#### ATTESTATION OF

No. 2549 Name Alexander Walter Corps	
Questions to be put to the Recruit before Enlistment	
I. What is your name? I below and the walls	
2. Wrat is your full Address?	
3. Are you a British Subject? 3. Yles.	
4. What is your age?	
5. What is your Trade or Calling? 5. Alsher man	
6. Are you Married? 6	
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.	
8. Are you willing to be vaccinated or re-vac-	
9. Are you willing to be enlisted for General Ser- yice?	•
stand its meaning, and who gave it to you?}	
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?	
made by me to the above questions are true, and that I am withing to fulfil the engagements made.  4. 4. 1816  About Control Signature of Witness.	
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  I	7
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	1
on this. No. day of	6
†CERTIFICATE OF APPROVING OFFICER.	
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-	
quired forms appear to have been complied with. I accordingly approve, and appoint him to the:	
Date	
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.	

### DESCRIPTIVE REPORT ON ENLISTMENET Applicable to all ranks. To correspond with entries on the Medical History Sheet.

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Extract from Roll, of Officers H. C.O's and men Discharged from the Royal Newfoundland Regiment.

2549 Pte. Walters Alex. 256/1/17 Med. Unfit.

C.K. 2549

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

#2549 Pte.Alexander Walters, discharged Jan. 24th 1917 Medically unfitl

C.R. 2549

Extract from Dd ly Orders Part 11 Unit The Reyal Rela. Regt., St. John's, Jon. 11th, 1917.

2549 Ptr. A. Walters.

Discharged from Jan. 11th, 1917 as Med. Unfit.

C.R. 2549

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, Jan. 9th, 1917.

2549 Pte. A. Walters.

This man rather returned by S.S. "Scotian" and attached to the Strength from Jan.6th, 1917.

C.R. 2549

Extract from Regioni hell hebrated of John's for Oversens, per 0.2. Middlen, July 18,1916.

2549 Pte. Walters A.

## C.F 25-49

Alexander Walters was attested for General Service with the NEWFOUNDIAND RECIMENT ON April 18th 1916 Regimental No. 2549 was alloted to Ptes A. Walters.

AUTHOR ITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

Laters. 2549 P4 80

## Proceedings on Discharge

Army Form B. 268.

Se VICTORIA ST.

LONDON, S. W.

JAN 2 1917

(When forwarded for confirmation the documents named on page 4 should make the

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)  Corps  Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Entities and the Torocal Force, &c. or to General Staff of the Army, it should be a stated.)  Date of discharge  Place of discharge  Place of discharge  Description at the time the Staff of the Army, it should be a stated.  Age years months periodic manual not staff of the Army, it should be a staff o	The name must agree strictly with that on enlistment, unless changed subsequently by authority.)  Corps  Battalion, Battery, Company, Depôt, &c. (If attached to the Regular Establishment of the Special Reserve or performance of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be the Staff of the Staff of the Army, it should be	lase
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	Initials of Commanding Office	fficer



#### 2/1st NEWFOUNDLAND REGIMENT.

the Walter alex
No. 2549 is unlikely to be fit for Service with the
Expeditionary Force formonths, on account of
Inflamation of Mid lar ( Workle) With Suppuration
•

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

1 (one fourth) 110. AVR. 21/12/16

I|C. 2|1st Newfoundland Regt.

Report an Invalid Station Hace Course to Dated 4 21. 12.16 1. Unit 2/1 newfoundland Rgs 5. Age last birthday 38 6. Enlisted on 15 4 3 14/11
at 11 goles 4.9 7.6 Regimental No. 2549 3. Rank Private 7. Former Trade { Fielerman 4. Name WALTERS ALEX. 8. Disability. 26 Inflammation of mid ear (Doable) 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. July 1916 10. Place of origin of disability. Ayr Scotland Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing Patient has Lad a dielarge from lars since July 1916 the has been very deaf and. Consequently of to use, being work admitted to ayo County Hosp. 6-11.16 D hiclarged lkHad an operation at the ayor lounty Hosp for mastoid. He 6. 12.16 was very little inproved when Anchorged from Lospital (a) Give your opinion as to the causation of the disability. Unknown

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

not so Caused

18. What is his present condition?

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

He is Mry deaf & quite mable to Atend parade in Consequence There is profuse discharge from both law. an operation on the Rt Martard was performed but no improvment of Condition resulted. The man is also keatily defective and in quile weless so a soldies.

14.	If	the	disability	is	an	injury,	Was	it
	ca	used	10 21 27 27					

(a) In action?

not application

- (b) On field service? hot applicable
- (c) On duty?

not applicable (d) Off duty? not applicable

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

If so—(a) When?

not applicable

- (b) Where? not applicable

not applicable

- 16. Was an operation performed? If so, yes montoid operation what?
- If not, was an operation advised and declined?

not applicable

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?

not applicable

- 19. Do you recommend
  - (a) Discharge as permanently unfit,

Discharge as permanent unfet.

(b) Charge to England?

(Wohnster)

Officer in medical charge of case.

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

Date Dee 1 1916

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.

#### Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (c) active expressions.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).

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

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

- (a) State whether the disability is the result of (i.) active service, (ii.) elimate, or (iii.) ordinary military service.
  - (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- 21. Has the disability been aggravated by
  - (a) Intemperance?
  - (b) Misconduct ?
  - (c) Any of the conditions mentioned in Question 20, and if so which?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- To be stated in months
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate it at \$\frac{1}{4}\$, \$\frac{1}{4}\$, \$\frac{1}{4}\$, \$\frac{1}{4}\$.
- 24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an approved Society under the National Insurance Act?
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend
  - (a) Discharge as permanently unfit,
  - (b) Change to England?

Signatures:—		
		President
Station		<u> </u>
Date		Members.
Approved.		
Station		
Date	Administrative Med	lical Officer.

Transfer {			carring Co,	ps or Station w	nere inva	oraca.j	
	Date_			<u>:-</u> -	Convey	ance	
or	Station			Name	Vessel_		-
Complete Contraction	Date			of ]	Office	rin )	
ation (	Port			(Market	medical	charge	,
		orier remarks o	n case during	transit, and state on	transfer for	final disposal.	
REAL OF ST							
D. 4	, (Da	te					
Re-transfer		pital or }				Officer in m	edical charge.
		(At State	ion or Hos	pital where fina	lly dispos	sed of.)	
Station and	ર						
Hospital Arrived fro				D-4	No. of the		
	l If u			Dat	е		
If admitted	treat			Disease		How finally	Date of
Date	From	То				disposed of	Discharge, &c.
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to corps, to	station	, or to der	oot. In c	discharge and uses of dischargestions 22, 23 and	e from th	e service it s	hould be stated
		•					•
Date of final	Medica	1)					
Date of final Board, or	Medica decision	1}			Admir	istrative Me	dies! Officer
Date of final Board, or	Medica decision	1}			Admir	nis <b>tra</b> tive Me	dical Officer.

To be used only for Special Reserve Recruits, and for Special Reserve Regular Army.

London, 8.W.

MEDICAL HISTORY

SE, VICTORIA ST.
LONDON, S.W.

JAN 2 1917

Surname Walters

Christian Name

#### Table I.—GENERAL TABLE.

Birthplace: Parish		Count	У	
	SPECIAL R	ESERVE.	REGULAI	RARMY
	on /8 day of	pano 1914	on day of	191
Examined,	at Qr Ive	319	At	
Declared Age	1.	> moi days	years	days
Trade or Occupation	Listen		<b>1</b>	
Height	8' feet	84 inches	feet	inches
		5' o lbs.	(1)	lbs.
Weight		inches		inches
Chest Girth when fully expanded  Measure- ment Range of expansion		3½ inches		inches
Physical Development				
	Right	Left	Right	Left
Vaccination Marks Arm				
When Vaccinated			R.E.—V==	
Vision }	R.EV=6/9 L.EV=6/2		LEOPY BENT TO	10:
	(a) .		(a) Const	20
(a) Marks indicating congenital peculi-	( <b>w</b> )		On Myou	no
arities or previous disease	74		Modern No	
			Dated 2.	17
A CONTRACTOR OF THE PARTY OF TH	(b)		(a)	
(b) Slight defects but not sufficient to Cause Rejection				
$\cdot$ .				
Approved by (Signature)	Rammett. mayn at 8º Johns	exison		
(Rank)	Main	Medical Officer.		Medical Officer.
	ac orbers			
Enlisted	1.6	shil with	at .	. 101
	on /6 day of A	Regtl. No.	on day-of	Regtl. No.
Joined on Enlistment	ph 0			
Joined on Enlistment	Hew. Kieg.	2549		
Transferred to				
Became non-effective by	•			e gas services
Decame non-succeive by				
	on day of	191	on day o	of 191
(Signature)				
· (Rank)				[р.т.о.
			Marchaelle Carlos Calledon	

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

	1000						Table 24 City is distincted	1		
Name of Hospital		Admitte Hospit	d to	Dis	charged Hospita	from	Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of sphills, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of lospital, transfers, dc., will be given in the special sphills case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year		Hospital	of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	
ayr County Hosp:	5	9	16	15	9	16	Deafness Vc.	J.	Pain our Bherston d: hodis charge Deafress; leter pain spreading our de lead, hotemp. sionword free from Pain: Deay Ab Eide Rodreal Tractorit,	H. H. Whom Can
applanty Hap.	6.	.//	16.	6-	12	16	Suffer mix las.		Rodreal marton,	4.0 4 Trap of Raises Om. R. Commer R.
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						New York				
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										[P.T.O.]
										TOO BE STORE THE THE THE THE TANK OF THE T

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

Date	Brief Details, and Signature
11/7/16	1st Inoculation 40
21. 7. 16	SA Sicilia TAB. per NAT J. 4. S. W. J. 4.
	GARLES AND THE STATE OF THE STA

#### 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
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2008					
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			Park augustan and		
		and the same of th			

Nº 2645





### NEWFOUNDLAND REGIMENT

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		r notification by me, and in simila Dollars and Company the undermentioned Person or Per	Cents, per diem, 1	Allotment rom my P
of iden		duction of the relative Identity		
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each pers
55	Sister	Rosie Edmunds	Burnt Islds	
			west boat	
			entropy of the second of the s	
			V. 102	
		4.78.7		
		\$ 1925		
	0			
	96			
			and the second	
			Total Allotment, \$	

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(Sig.) Alexanders Walter (Rank) Ste Witnes He I mile
(Rank) Sta

#### HEWPOUNDLAND CONTINGENT

(Substituting A.F. 0, 1825) STATELENT OF ACCOUNT OF NO. 2549 Pt. O. Walling Embarked peg S.S. Kesting From - Ilangow. (Dates inclusive) Date 13.1016 Draft No. Classification (See Procedure). Pay Book Col. Pay Book Col. Particulars days Date Particulars cays Forfeited Pay 1 Pay 28 60 1680 Allotmonts Field Allowance 10 Other Allowances Total Stoppages 2/6 680 Total Pay & Allces 13 4/5 Fires 30 80 Clothing A: me & Accoutrements Bal. Cr. Last Period 16 Barrack Damages 17 Hospital Stoppages 170 Miscellaneous Stoppages Casual Payments 19 1st Payment 21 2nd 3rd Final 24 Balance Dr. Last Period due by Paymaster Bal., due to Paymast ir QUADLAND CONTING

58 VICTORIA ST. LONDON, S.W.

Pay Dept

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Nº 2645



# 3 1st. NEWFOUNDLAND REGIMENT

**ALLOTMENTS** 

Identity Certificate No.	Whether Wife, Child other Relative or Friend	MAR (III IUII)	Address	AMOUNT (each person
55	Sister	Rosie Edmunds	Burnt Islds West boat	6
			· · · · · · · · · · · · · · · · · · ·	
			* Total Allotment, \$	
Sig.)	signed by the Offi required payments Charl.		Company, signed by the Volum to the Paymaster as authority  Alexanders  by  this withus	to make th

NEWFOUNDLAND CONTINGENT (Substituting A.F. 0.1825). N.F.P./36. STATEMENT of ACCOUNT of No. 2549. The. a. Walkers Embarked per S.S. Veolian From 25/11/16 To 22.12.16 (Dates inclusive). Company. From Glascow Date 23/ Classification (See Procedure). #. Draft No. Pay Pay Date Book PARTICULARS Rate Dys Date Book PARTICULARS Rate Dys Col. Col. Forfeited Pay Pay 100 28 60 28 1680 Allotments Field Allowance 10 Other Allowances 16 80 11/12 Total Stoppages 4/5 Total @ 4.86 2/3 13 Fines Balance Credit Last Period Clothing & Necessaries 14 OTHER OREDITS: 15 Arms & Accoutrements Ration Allowance, Barrack Damages -16 //17 to //17 % Hospital Stoppages 17 178 Miscellaneous Stoppages Casual Payments 19

Lacecoure aly

1st Payment

Balance Debit Last Period

Due by Paymaster

2nd

3rd Final

20

22

24

SA VICTORIA ST.
LONDON, S.W.
2 JAN. 191

CERTIFIED CORRECT.

Balance Due to Paymaster

27

Sgd. Mobius on Luis
0.0. " Company.

## Department of Militia

<u> 10</u>	St. John's	, Nfld., March 8/19 19
Received of		
DEPARTMENT	OF MILITIA	A, Medical Dept. (Pensions),
the sum of One Dolla	ar (\$1.00)	, in payment for services
rendered in connection w	rith the boarding	ng of 2549 Pte. A. Walters
at Port-au-Basque	on Feby.	<u>14th</u> 1919
Cheque No549	(Signature)	Win Grant

aprif Million of Milli July 1/17 (Jost) I am writing to Food out The reason why I did not get any Disharge Badge or a Ricce of a mon Riband. I consisted april 18 1/1916 and was Discharged January ory Why am so not Intitled to one of It Either the bodge or the Ribard Tlease send and be me know and oblige yours truly Abrander Walters no 25.49



### Ist NEWFOUNDLAND REGIMENT

#### VOUCHER

In Ac	ct. w	ith	Pte. A	. Walters, First Newfoundland Regiment.		ner No. 27009
Reg'l	Alc	No	Na	ame		olio No.
Date		Req'n No.	Invoice No.	Particulars.		Amount.
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						÷15 00
	Sheet		74.	AXIIN		ey YMASTER
				RECEIPT		No.
3	Reci	eived	from	the 1st. NEWFOUNDLAND RE		1917.
<b>.</b>	Lfte	, <u>,,,,,,</u>				Dollars
and		anuerj	, 124	Cents in Pa		
\$ 15.	00			[518.]	merk	•

7

Pte.Alex. Walters.

Burnt Islands,

Port aux Basques.

Dear Sir, -

I enclose herewith Certificate of Discharge, dated January 24th 1917, and slep Character certificate.

Yours very truly.

2ad.Lieut.& D/Paymaster.

certified true exp

Army Form B. 179.

#### Medical Report on Invalid. an

-R E E II-11	
Station Male Louis My 1920100 9	
Date 21. 12 - 12.	
Station Race Course My Scotland  Date 21. 12. 12.  Date 21. 12. 12.  Date 21. 12. 12.  S. Age last birthday 58  Regimental No. 2549  6 Enlisted on 15 12 3 et - 1/2	1. Up
. Regimental No. 2344  6. Enlisted on 15 346	2. Ke
Rank Private (at 1) Johns W.	3. Ra
Regimental No. 2549  Rank Private  Rank Private  Name WALTERS ALEX  7. Former Trade or Occupation { Finderman.	4. Na
8. Disability.	
26. Inflammation of midea ( Souble)	
26. Inflammation of midea (Souble)	
Statement of Case.	
Note.—The answers to the following questions are to be filled in by the Officer in medical harge of the case. In answering them he will carefully discriminate between the man's unsupported atoments 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. July /1916 10. Place of origin of disability. Ayr Icotland

admitted to ays County Hosp. Wicharged 6-12-16

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing from Carn time July 1916 on the case.

The has been very deaf and being the fact that the bearing the has been very deaf and the thosp. unable to do day work. He had an operation at the ay County Ampital for mastrid disease: He was very little improved when discharged from hospital

- (a) Give your opinion as to the causation of the disability.
  - (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

ballaows

hot so Caneed

18. 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 very deaf & quite hack to attend parade to Conseque Here is a profuse discharge from both law as operation on the At Masterd Was performed but no improvment of Condition Usualted . The Than is also mentally defective and is quite lesters as a soldie.

14.	If	the	disability	is	an	injury.	Was	it
	ca	used				Market A	No. of the last	en.

- not application (a) In action?
- (b) On field service? Hot approbable
- not applicable
- not applicable (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

Not applicable If so—(a) When?

- not applicable (b) Where?
- not applicable

16. Was an operation performed? If so, 45 Masterid O perotion not applicable

If not, was an operation advised and declined?

Not applicable

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

19. Do.you recommend

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

hischarge as fermane + wefet

not applicably in hispital

Mulmston

Officer in medical charge of case. have satisfied myself of the general accuracy of this report, and concur therewith,

Date De 212 1916

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.

#### Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).

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

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

lu

uo

yes

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

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

Ordinary hildary Service Exposure

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct ?

(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent?

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

To be stated in months

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

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

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

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

26. Do the Board recommend

(a) Discharge as permanently unfit,

(b) Change to England?

discharge

Signatures:

Members.

President.

Approved OR OF MEDICAL Station

Station

Date.

JAN 12 1917 Date

> No. F82 NEWFOUNDLAND

Administrative Medical Officer. Mayor

		((	On leaving Corp	ps or S	Itation	where	e inva	lided.)			,
Transfer }	Date_					100	onveya	ince		17	
or	Station				Nam	e V	essel_				
Jimoark- {	Date Port				of		S. F. S.	charge			
Court Respon		Brief rem	arks on case during	transit, s	and state	on tra	nsfer for	final disposal.			
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Re-transfer	$\operatorname{red} \left\{ egin{array}{l} \operatorname{Ds} \\ \operatorname{Hos} \end{array}  ight.$	pital or )			_		_	Om :		1 11	
	( B	tation 5						Officer in r	necica	I cna	rge.
		(At	Station or Hos	pital w	here fi	nally	dispos	sed of.)			
Station and Hospital	}										
Arrived fro	m		State 1		D	ate_		i karin Karana			
If admitted		nder ment		D:				How finally		Date	of
Date	From	То		Disease					Di	scharg	e, &c.
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										10000	
Detailed state to corps, to	station	i, or to	o condition on depôt. In c answers to qu	ases of	discha	rge f	rom th	ne service it	shoul	an in d be s	valid, stated
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Date of final Board, or	Medica	al)						.10			
Board, or	decision	a )				- 1000	Admi	nis <b>trat</b> ive M	edical	Offic	or
									00.00	O.M.C	···
11 3	The	Hon	Hos tr fir direction direction	Date	Disa	Kank	Reg	Station		ы	
736.) 1 Forms B. 179.	origina	How finally disposed of	Hospital or Station transferred to for final disposal  Date of final disposal		Disability ,	5 4	Regimental No.			(ED	
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8	nyaria			21.12.12	1		2	ice bane by	INVALID.	EPO	Army Form B. 179.
c. 9/1	bly to			V.	8	,	2.	2.0	Ģ	BT	B. 1
6. C	AGOOD I				1	2		Ac m. s. x. 2 h		MEDICAL REPORT ON	79.
(4736.) W. 8530/2774. 500m. 9/15. C. P., Led. Forms B. 178. 84.	The original R-port is invariably to accompany the				Ä	4		18		AN	
·	8			ı	¥.3			1			

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

#### MEDICAL HISTORY of

Surname Walter	•	Christia	n Name_	alex		3.00
	TABLE I	.—GENEI	RAL TAB	LE.		
Birthplace Parish			Coun	ty		
	(on	IS A day	of af	ril	19	1 6
Examined	at	St	John	· 4.3	4.0.	
Declared Age		33.	_years	27	· deys.	
Trade or Occupation		J.	islerm	an,		
Height		. 5	feet	84	inches.	
Weight				150	1bs.	
Chest Girth when fully Expanded				39	inches.	
Measurement Range of Expansion				3章	inches.	
Physical Development					The Property	
(Arm .			Right		Lets	
Vaccination Marks Number	4.					
When Vaccinated	61 <u> </u>	Transfer to				
	(R.E.—V=	4/9				
Vision	L.E.—V=	= 4/9			7.00	
(a) Marks indicating congenital peculiarities or previous disease	{(a)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	•			
	1					
(b) Slight defects but not sufficient to cause rejec-	(b)					
tion	(		The Ide	9		
Approved by (Signature)		Lans	nt !	Wires		
. (Rank)			majo	-		
6					Medical Office	r.
	at_	112	this:		- S.	
Enlisted			. 116	ril	196	
	on_/8	ALL ROAD SECTION		<i>u</i>	<b>发生的发展的现在分词</b>	16
Joined on Enlistment	1	the S	ps.	- Rat	Regtl. No.	
	\	navjo	rundla.	ang a	1549	
Transferred to	1		•		ν,	
Became non-effective by		A. A. A. B.				
- Commo non-circonite by			· · · · · · · · · · · · · · · · · · ·			
		To the last				
(Signature)	on	day o	f		19	1
(Rank)						
(B 99129.) W. 15297/M127. 500sr.	1/16 T.B.A.		Form B. F	18 *	D m (	

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

	Name of Hospital	201.01	1	d to Hospital Discharged from Hospital			Direction in	Disease		Remarks bearing on the canse, 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
	1, 10	Day	Month	Year	Day	Month	Year		of days in Hospital	be given in the special syphilis case sheet.	or another Officer
yr	County Hors	5-	9	16	15		16	Deafress		Pain overAtmactors to discharge Deafrers Rt. later pain spreading ortride	
yr	County Hay.	6	//	K	4	n	16	Supp of midler Seafres		lead to temp.	H the ikan xth
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				100							

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		
11. 7. 16	18+ 2	ioculation	. r.		
21.7.16	15.30	cilia 1	raccinati	HAW	)
16.8-16	Succe	esful	Vaccinati	on AT	the.
	•				
					,
		<b>1</b>			
		·			
			ervice Table.	1 33386	1
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
				-	
			•		
				100000	



# 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.

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. iIc 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 Alexandr. Walks.	
Regiment from which discharged 1st. Newfoundland	
Regimental number 2549.	
Intended address Borns Slaved. Bounds On in Boog	je
Height on discharge S Feet 8 2	
Color of hair on discharge Brown.	
Complexion fair.	
Color of eyes brown.	
Figure on discharge	
Christian name of Father Colorle	
Christian name of Mother Edisk	
Wife's maiden name in full	
Date and place of marriage	
Christian names of children	
Place and date of soldier's birth.	
Nature and locality of civil employment required Burn Bland. 2. 185	7
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) Abrauch & Watto	
Hamman Wohn M Date Jone 8/17 (Rank) The	
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.	
Two Borden Leist	
Co Norden Reut	

Station & John H

Date face . 8/17

Medical Officer i|c Hospital.

## NEWFOUNDLAND.

#### CLAIM FOR PENSION

PENSION NO.41

EUROPEAN WAR.

paymo	
	my on the same of the
Name in full	I hereby solemnly declare that my name is Weaander Wil
	P / Michigan Reg.) B Co K & 2
ll in rank and force	a (rank) or let 23
	and that I am entitled to a Pension from the Copyny of Newformaland
in place giving full	79:14
stol address	I am residing at (Street and number)
	Town of Dis Dufts The Vale
	and request my next pension cheque be sent to this address.
1	Shed Oll 11
	SIGNATURE or mark of Pensioner.
	Witness T. Julieaus A.
	It is only during the months January and July that the following certificate MUST be completed.
	MUST be completed.  This is to certify that the foregoing declaration and signature (or mark) were
	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this
	MUST be completed.  This is to certify that the foregoing declaration and signature (or mark) were
	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this
be signed by a Police, agistrate or Notary abile, or Justice of the	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 1947, and I believe
agistrate or Notary	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 1947, and I believe him to be the person he represents himself to be
agistrate or Notary	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 1947, and I believe
agistrate or Notary	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 1947, and I believe him to be the person he represents himself to be
agistrate or Notary	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19/7, and I believe him to be the person he represents himself to be  Rank or position.
agistrate or Notary	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 1917, and I believe him to be the person he represents himself to be  Signature.
agistrate or Notary	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19/7, and I believe him to be the person he represents himself to be  Rank or position.
agistrate or Notary ublic, or Justice of the cace, or Clergyman,	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19/7, and I believe him to be the person he represents himself to be  Rank or position.  Postal Address.
	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19/7, and I believe him to be the person he represents himself to be  Rank or position.  Postal Address.
agistrate or Notary ublic, or Justice of the acc, or Clergyman,	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19/7, and I believe him to be the person he represents himself to be  Rank or position.  Postal Address.
agistrate or Notary ablic, or Justice of the acc. or Clergyman,	MUST be completed.  This is to tertify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this day of 19/7, and I believe him to be the person he represents himself to be  Rank or position.  Postal Address.

## NEWFOUNDLAND.

## CLAIM FOR PENSION - EUROPEAN WAR.

PENSION No.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

	on of your persion will be delayed.	
Name in full	I hereby solemnly declare that my name is Walters	
Fill in rank and force	a (rank) Private (1st. Nfld. Reg.)	and that I w
	and that I am entitled to a Pension from the Colony of	f Newfoundland
ill in place giving full postal address	I am residing at (Street and number) Burn	tollands
	Turges District	
	and request my next pension cheque be sent to this ad	ldress.
D C	Witness Modowley 2/ht SIGN	NATURE or mark of Pensione
	It is only during the months January and July MUST be completed.	
	This is to tertify that the foregoing declaration and by the above named pensioner in my presence the	
	day of	
	him to be the person he represents himself to be	ne de l'anne de l'anne de la company de la c
Magistrate or Notary Public, or Justice of the Peace, or Clergyman,		
		Signature.
		Rank or position.
		Postal Address.
		Postal Address.
dd any Remarks		
•		

## 2/1st NEWFOUNDLAND REGIMENT.

Pte Walters alex
No. 2549 is unlikely to be fit for Service with the
Expeditionary Force for months, on account of
Inflamation of mid lan
Inflamation of Fried las (Double) with suppuration.
** •
I recommend that he be posted to the Depôt at St. John's,
Newfoundland.
(ove fourth)  [Capt. R.A.M.C. M.O.,  I C. 2 1st Newfoundland Regt.
I C. 2 1st Newfoundland Regt.
AYR. 21/12/16

Collid of Arms John Squadron Troop I

Regime 49 Popularity	t Sons Ltd., Printers, Old Pailey, B.C.   Form B, 12   2124 1000m 6/18ss 92 56   B, 12   22   24 1000m 6/18ss 92 56   B, 12   24   25   25   25   26   26   26   26   26   26   26   26			Age on 33 years 2 months  Religion  Religion					
lace	Date of Offence	Rank	Cases of Drunk- concss.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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								A SALE BUTCH	
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	•	•							
									*
				To be carried over					





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

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

	that test.
Examin	nation of Alexander Walters.
aged	93 you conducted at CLB
Date:	aple 18 /4 Recruiting Officer:
NO OF TEST	FINDING
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9	1/2.
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28	K.
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32	10 atophis Testiles
33	7h
34	582
35 36	150 35 3/39
37	Posts mili
38	Sister Mrs. John Edward Burnt Sld.
39	no one
=10	Signature of Medical Examiner: Welliam Bollesto

at Channel 90 7 - - - 1916 a montgomerie Englishant Mentoundlank Regiment The Beaner alexander Walters is a Recruit host anxious for active hervice He is reputed to be the greatest traveller on this Coast stowing as a Rean and Cheapel withal. We world be an ingly Enstower behind a dayonet with the esterny in front Whis Capabilities will may prosess. There imperfections he My melters is rejected in Si John it is his intention to proceed to Counter Homes buly I Reputate the Stipendian Magrittale

" Ased in Connection with lamp, 11.7. 1914 Examination of Mexander Malters

aged 33. ps. Consucted at Fortawy Basques
Date: April Recruiting Officer;

Linding no Lest no no No 4 no no 6 no 7 Yes Mes 9 Sight for lolours good Speech normal. Physique good 10 11 Spine and legs straight. ho deformity 12 13 Leeth fair. good teeth meet & can mastredte Throat normal. Tousils not enlarged 14 15to discharge from rars. Chest large, Capacions and well formed 14 Heart and langs sound 17 no tendency to heart or lung disease Sight-fairly good 18 19 Fingers and hands well formed 20 Talins normal 21  $\nu$ albow + wrist faints normal Shoulder faints mobile 23 teet and aukles strong and well formed 24 Spine and hip joints surbile 25 No Narieose, flat-foot or hammer-toes 26 No hemorrhoids or fistela 27 281 Hearing good.

Lest ... Fuiding 29 Mo physical weakness or deformity right arm notist .... Heft drue strong cano well borned. "
No herria or any abdominal weakness 31 no Naricocele. Testicles and penis dwarfed 10 33 5ft. 8/ muches 34 35 150 Ws may 37/2; min 33. 36 37 Sister, Rosanna Edmonds. 39 39 no one.

D'Hrant 24. D. Med: Examiner 1925.



Fold Here

## ON MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia, ST. JOHN'S. Nfld.

Fold Here

Saldress.

The accompanying Victory Hodel and/or British War Med
is/are forwarded herewith to
Alexander Walters
in respect of his service as No. 2549 Rank Pto
Name A. Walters Royal Nfld. Regt.
Receipt of the same should be acknowledged hereon.
Received British War Tredal
Signature Alexander Walters
Date October 22 nd/1921

Address Burnt Islands . Hr.

Squadfon, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

1st new four land W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. B. 121. Regiment of Signature of O. C. Company [6:8] Wa017/2124 1000m 6/15ss 93 56 Good Conduct Badges, Service Pay or Proficiency Pay Regimental Number and Name Place and Date 58. VICTORIA ST LONDON, S.W. Date Joined Period of Joined Names of REMARKS Date of OFFENCE Punishment awa Place Witnesses Offence edically Unfit 24 121 To be carried over