



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2549 Name Alexander Walters Corps

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Alexander Walters</u>        |
| 2. What is your full Address? .....  | 2. <u>Burnt Island</u>             |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>33</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</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 .....<br>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>                     |

FOR THE DURATION OF THE WAR

I, Alexander Walters 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.

S. Apr. 18/16 Alexander Walters SIGNATURE OF RECRUIT.  
A. D. W. Bridge Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alexander Walters 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. Johns on this 15 day of Apr. 1916

A. D. W. Bridge Signature of Attesting Officer 2nd 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 ..... 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 Alexander Walters  
 Apparent age 33 years 2 months. Height 5 feet 8 1/2 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks.....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Jabez Edmonds  
Burnt Islands | Relationship Sister

### 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 <u>18-7-16</u>									
Joined at <u>St John's</u> on <u>Nov 18-16</u>									
<u>Embarked St John's Station for Cork 19-7-16</u>									
<u>Inf. of Mid. Coy 10 Sept. 21-12-16</u>									
<u>Re-embarked for St. Sebastian from Glasgow</u>									
<u>Arrived Newfoundland 6-1-17</u>									
<u>Discharged Medically 24-1-17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 24-1-17 [date of discharge] — years 282 days  
 " " " Pension " [ " " ] " " " "





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2549 Name Alexander Walters Corps

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Alexander Walters</u> .....        |
| 2. What is your full Address? .....  | 2. <u>Buena Vista</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>33</u> Years <u>2</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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, Alexander Walters ....., 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.

S. Apr 18/16 ....., Alexander Walters SIGNATURE OF RECRUIT.

..... H. O. Bridge Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alexander Walters ....., 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 10 day of Apr 1916.

Signature of Attesting Officer H. O. Bridge, Sub. 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.....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).....





C.R. 2549

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

<u>Regt.</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
2549	Pte.	Walters Alex.	30/1/17	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 unfit



C.R.

2549

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

2549 Priv. 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 ~~was~~ returned by S.S. "Scotian" and attached  
to the Strength from Jan.6th, 1917.



C.R. 2549

Extract from National Roll authorized by John's for overseas,  
per U.S. Marine, July 18, 1916.

2549 Pte. Walters A.

C.R. 25-49

Alexander Walters was attested for General  
Service with the NEWFOUNDLAND REGIMENT ON April 18th 1916  
Regimental No. 2549 was allotted to Pte. A. Walters.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919



A. Watts.

2549

P. P. O.

11

2

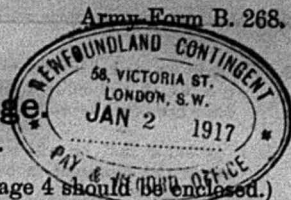
This space to be left blank for the Chelsea Number.

Blank box for Chelsea Number.

459

# Proceedings on Discharge

Army Form B. 268.



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

No.	2549	Army Rank	private
Name	Waller, Alexander.		
(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 Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge			
Place of discharge			
1.	Description at the time of discharge.		Descriptive marks.
Age	_____ years _____ months		
Height	_____ feet _____ inches		
Chest measurement	{ girth when fully expanded _____ ins.		
	{ range of expansion _____ ins.		
Complexion			
Eyes			
Hair			
Trade			
Intended place of residence			
(To be given as fully as practicable)			
(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.)			
2.	The above-named man is discharged in consequence of _____		
(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.)			
3.	Military character :—		
4.	Character awarded in accordance with King's Regulations :—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.
Army Form B. 2088 has been issued to*			

To be filled in on the soldier quitting the Colours.





2/1st NEWFOUNDLAND REGIMENT.

*Pte Walter Alex*

No. *2549* is unlikely to be fit for Service with the  
Expeditionary Force for *Six* months, on account of

*Inflammation of Mid ear*  
*(Double) with suppuration*

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

*1/4 (one fourth)*

*W. W. W. W.*  
Capt. R.A.M.C. M.O.,

I/C. 2/1st Newfoundland Regt.

AYR. *21/12/16*



original

COPY SENT TO Medical Report on an Invalid

St John's

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

Dated 2.1.17



Station Race Course Ayr Scotland

Date 21. 12. 16

- 1. Unit 2/1 Newfoundland Regt
- 2. Regimental No. 2549
- 3. Rank Private
- 4. Name WALTERS ALEX.
- 5. Age last birthday 38
- 6. Enlisted { on 15<sup>th</sup> 3.11.16  
at St John's N.S.W.
- 7. Former Trade { Fisherman  
or Occupation {

8. Disability.

26 Inflammation of mid ear (Double)  
with suppuration

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

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

Admitted to  
Ayr County Hosp.  
6.11.16

Discharged  
6.12.16

Patient has had a discharge from ears since July 1916. He has been very deaf and consequently of no use, being unable to do any work. He had an operation at the Ayr County Hosp for mastoid. He was very little improved when discharged from hospital.

- 12. (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).

Unknown

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 disability.

He is very deaf & quite unable to attend parade in consequence. There is profuse discharge from both ears. An operation on the Rt. Mastoid was performed but no improvement of condition resulted. The man is also mentally defective and is quite useless as a soldier.

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

- (a) In action? *not applicable*  
(b) On field service? *not 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*  
(c) Opinion? *not applicable*

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

*yes mastoid operation*

17. 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, or  
(b) ~~Change to England?~~

*Discharge as permanent unfit.*

*W. S. Munster*  
Capt. R.A.M.C.

Officer in medical charge of case.

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

Station *Syr*

Date *Dec 21<sup>st</sup> 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.

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

*not applicable  
patient not in hospital*



## 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 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.

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

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

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  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$ , 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, or

(b) Change to England?

Signatures:—

\_\_\_\_\_ President.

Station \_\_\_\_\_

Date \_\_\_\_\_

} Members.  
\_\_\_\_\_

Approved.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Administrative Medical Officer.



(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
Station \_\_\_\_\_ } Conveyance \_\_\_\_\_  
or Name of Vessel \_\_\_\_\_  
Embark- { Date \_\_\_\_\_  
ation { Port \_\_\_\_\_ } Officer in medical charge \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or } \_\_\_\_\_ Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } \_\_\_\_\_  
Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }  
Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station

*Face Camp by Sella*

Corps

*4<sup>th</sup> M. G. C. Regt*

Regimental No. *2549*

Rank

*Private*

Name

*Walter Alex.*

Disability *Infirmary opinion*

Date *21. 12. 16*

Hospital or Station }  
transferred to for }  
final disposal }

Date of final }  
disposal }

How finally }  
disposed of }

The original Report is invariably to accompany the  
discharge documents of Invalids.

(4735.) W. 8530/2774. 500x. 9/15. C. P. Ltd.

Forms  
B. 179  
94

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

# MEDICAL HISTORY

OF

Surname Wattens

Christian Name John

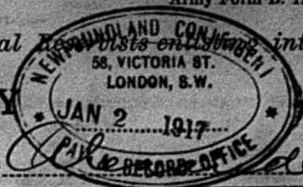


Table I.—GENERAL TABLE.

Birthplace:—Parish	SPECIAL RESERVE.		REGULAR ARMY	
	County			
Examined	on <u>18</u> day of <u>October</u> 191 <u>4</u>	at <u>St. John's</u>	on	day of 191
Declared Age	<u>33</u> years <u>2</u> mo: days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5'</u> feet <u>8 1/2</u> inches		feet	inches
Weight	<u>150</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>39</u> inches		inches
	Range of expansion..	<u>3 1/2</u> inches		inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u> L.E.—V= <u>6/9</u>		R.E.—V= <u>—</u> L.E.—V= <u>—</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		<div style="border: 1px solid black; padding: 5px;">                     COPY SENT TO                      (a) <u>Alfred L. John</u>                      No. <u>—</u>                      Dated <u>2-1-17</u>                      (b)                 </div>	
(b) Slight defects but not sufficient to Cause Rejection	(b)			
Approved by (Signature)	<u>Lammie Peterson</u>			
(Rank)	<u>Major</u> Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's</u>	on <u>16</u> day of <u>April</u> 191 <u>4</u>	at	day of 191
Joined on Enlistment	Corps. <u>Phew. Reg.</u>	Regtl. No. <u>2549</u>	Corps.	Regtl. No.
Transferred to ..				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further 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				
Asyl County Hosp.	5	9	16	15	9	16	Deafness Sc.		Pain over the throat: no discharge: Deafness <sup>1st</sup> ; later pain spreading outside head. Not temp. Disinced for pain: deaf at side Radical Mastoid.	W. H. Wilson Lt. Col. T. R. R. R. Ann. R. Conner R.
Asyl County Hosp.	6	11	16	6	12	16	Supp. of mid ear. Deafness			









NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2549 Pte. A. Walters  
6 Co'y. From 25/11/16 to 22/12/16 (Dates inclusive)

Classification (See Procedure). A

(Substituting A.F. O. 1325). N.F.P./Ka.  
 Embarked per S.S. Section  
 From Seaford  
 Date 23.12.16 Draft No. \_\_\_\_\_

Dr.	Pay Book Col.	Particulars	days	q	£	s	d	Date	Pay Book Col.	Particulars	days	q	£	s	d	Cr.
	8	Forfeited Pay							1	Pay	28	1 <sup>00</sup> / <sub>100</sub>	28			
	9	Allotments	28	'60	16	80			2	Field Allowance	28	1 <sup>10</sup> / <sub>100</sub>	280			
	10								3	Other Allowances						
	1/12	Total Stoppages £16 80			16	80			4/5	Total Pay & Allces @ 24.86 2/7			30	80	66	7
	13	Fines					3	9	0							
	14	Clothing														
	15	Arms & Accoutrements							6	Bal. Cr. Last Period					1	8
	16	Barrack Damages						4								
	17	Hospital Stoppages						4								
	17a	Miscellaneous Stoppages						2	4							
	19	Casual Payments														
	20	1st Payment														
	21	2nd "						2	10	0						
	22	3rd "														
	23	Final "						12								
	24	Balance Dr. Last Period						1	1	10						
	28	" due by Paymaster														
								7	5	6						

Newton on Day  
December 22<sup>nd</sup> 1916



CERTIFIED CORRECT.

S. Robertson Lieut O.C. Company  
 24/12/16



Wapkins Q.

2549

Ray Dept





COPY

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2549 Pte. A. Walker

(Substituting A.F. O. 1625). N.F.P./36.

6 Company. From 25/1/16 To 22.12.16 (Dates inclusive).

Embarked per S.S. Scottian

From Glasgow Date 23/12/16

DR. Classification (See Procedure). A.

Draft No. CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay	1.00	25	28	00			
	9	Allotments	60	28	16				2	Field Allowance	10		2	80			
	10								3	Other Allowances							
11/12		Total Stoppages			16	80	3	90	4/5	Total @ 4.86 2/3			30	80	6	6	7
13		Fines							6	Balance Credit Last Period					1	8	11
14		Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>							
15		Arms & Accoutrements								Ration Allowance,							
16		Barrack Damages					2	4		/ /17 to / /17							
17		Hospital Stoppages								= days @ /							
17a		Miscellaneous Stoppages															
19		Casual Payments															
20		1st Payment			2	00											
21		2nd "				12	0										
22		3rd "															
23		Final "			1	1	10										
24		Balance Debit Last Period															
28		" Due by Paymaster			7	15	6		27	Balance Due to Paymaster					7	15	6

Accounts Dept  
Dec 25<sup>th</sup> 1917.



CERTIFIED CORRECT.

Sgd. S. Robinson  
 O.C. " " Company.

# Department of Militia

St. John's, Nfld., March 8/19 19    

**Received of**

**DEPARTMENT OF MILITIA, Medical Dept. (Pensions),**

the sum of One Dollar (\$1.00), in payment for services

rendered in connection with the boarding of 2549 Pte. A. Walters  
re-boarding

at Port-au-Basque on Feb. 14th 1919

Cheque No.....549.....

Initials .....

(Signature)

*Wm Grant*



Discharge Badge

July 1/17

Burnt Islands

10567

April

J. H. Howby  
Department of Militia  
St. Johns

will send badge  
from the  
pension  
please

Dear Sir:

I am writing to find out  
the reason why I did not  
get my discharge badge or  
a piece of 2 inch Riband.  
I enlisted April 18<sup>th</sup> 1916  
and was discharged January 1917  
Why am I not entitled to  
one of either the badge  
or the Riband please send  
and let me know and  
oblige yours truly

Alexander Walter  
no 25-49





2549

February 3rd.

7.

Pte. Alex. Walters,

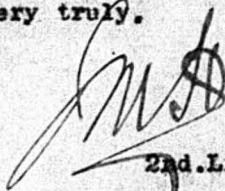
Burnt Islands,

Fort aux Basques.

Dear Sir,-

I enclose herewith Certificate of Discharge,  
dated January 24th 1917, and also Character certificate,  
No. 14.

Yours very truly,



2nd. Lieut. & D/Paymaster.

*Certified true copy  
Munster  
Capt. Rams*

Medical Report on an Invalid.

Station *Race Course Ayr Scotland*

Date *21. 12. 16.*

- 1. Unit *2/1 Newfoundland Regt.*
- 2. Regimental No. *2549*
- 3. Rank *Private*
- 4. Name *WALTERS ALEX*
- 5. Age last birthday *58*
- 6. Enlisted { on *15<sup>th</sup> Feb. /16*  
at *St Johns N.S.W.*
- 7. Former Trade or Occupation { *Fisherman*

8. Disability.

*26. Inflammation of mid-ear (Double)  
with suppuration*

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*

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

*Admitted to Ayr  
County Hosp.  
6. 11. 16*

*Discharged  
6. 12. 16*

*Patient has had a discharge from ear since July 1916. He has been very deaf and consequently of no use, being unable to do any work. He had an operation at the Ayr County Hospital for mastoid disease. He was very little improved when discharged from hospital.*

12. (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 8).

*not as 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 disability.

He is very deaf & quite unable to attend parade in consequence. There is a profuse discharge from both ears. An operation on the Rt Mastoid was performed but no improvement of condition resulted. The man is also mentally defective and is quite useless as a soldier.

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

(a) In action?

not applicable

(b) On field service?

Not 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

(c) Opinion?

not applicable

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

yes Mastoid Operation

17. 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, or

(b) ~~Change to~~ England?

Discharge as permanent unfit

not applicable patient not in hospital except

Newminster  
Capt. R.A.M.C.

Officer in medical charge of case.

Station Syr

Date Dec 21<sup>st</sup> 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.

+ 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 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, 1918).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

*Ordinary military service  
Exposure*

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

*no  
no*

22. Is the disability permanent?

*yes*

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?

*30% (12 months)*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$ , 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, or
- (b) Change to England?

*discharge*

Signatures:—

*R. Fraser*

President.

Station

Date

*Office  
Jan 10 1917*

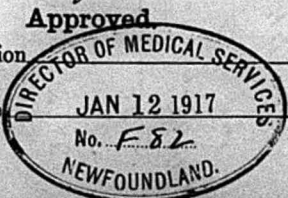
*L. Paterson major*

*J. Sinclair Capt*

Members.

Station

Date



*Cluny Macpherson*

Administrative Medical Officer. Major



(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
Station \_\_\_\_\_ } Conveyance \_\_\_\_\_  
or Name { Vessel \_\_\_\_\_  
of { Officer in }  
Embark- { Date \_\_\_\_\_  
ation { Port \_\_\_\_\_ } medical charge) \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or } \_\_\_\_\_ Officer in medical charge.  
Station }

(At Station or Hospital where finally disposed of.)

Station and } \_\_\_\_\_  
Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }  
Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station *Rec Camp Ry Scott 1*

Corps *4<sup>th</sup> M. S. L. S. Rgt*

Regimental No. *2549*

Rank *Private*

Name *Walter Alexander*

Disability *Inflammation of mind*

Date *21. 12. 16*

Hospital or Station }  
transferred to for }  
final disposal }

Date of final }  
disposal. }

How finally }  
disposed of }

The original Report is inseparably to accompany the  
discharge documents of Invalids.

(4736.) W. 8530/2774. 6000. 9/15. C. P. Ltd.

Forms  
B. 179.  
24.

*Original  
True Copy  
Walter  
Capt. R. 1916*

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Walter Christian Name Alex

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on 18<sup>th</sup> day of April 1916  
at St John's. N.Z.L.D.

Declared Age ... 33 years 2 mos. days

Trade or Occupation ... Fireman

Height ... 5 feet 6 1/2 inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded 39 inches.

{ Range of Expansion 3 1/2 inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= 4/9  
L.E.—V= 4/9

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

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

Approved by (Signature) Lanart Paterson  
(Rank) Major Medical Officer.

Enlisted ... at St John's  
on 18 day of April 1916.

Corps.	Regtl. No.
<u>1<sup>st</sup> Newfoundland Bde</u>	<u>2549</u>

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191  .

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_











## 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 *Alexander Walters*

Regiment from which discharged *1st. Newfoundland*

Regimental number *2549.*

Intended address *Burns Island. ~~Bonaville~~ Port aux Boques, etc.*

Height on discharge *5 Feet 8 1/2*

Color of hair on discharge *Brown.*

Complexion *fair.*

Color of eyes *brown.*

Figure on discharge

Christian name of Father *Charles*

Christian name of Mother *Edith*

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 *Burns Island. Feb. 2. 1854*

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) *Alexander Walters* (Rank) *Pte*

*M. J. Hammond* Station *S. J. Johnson* Date *Jan 8/17*

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.

*St. W. Borden Lewis*  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station *S. J. Johnson* Date *Jan. 8/17*

# NEWFOUNDLAND.

## CLAIM FOR PENSION

PENSION No. 41

EUROPEAN WAR.

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

Name in full I hereby solemnly declare that my name is Alexander Waller and that I was  
Fill in rank and force a (rank) Private 1st Nfld. Reg. B. Co in Reg 2549  
(R. N. R.)  
and that I am entitled to a Pension from the Colony of Newfoundland  
Fill in place giving full postal address I am residing at (Street and number) St. John's  
Town of St. John's  
and request my next pension cheque be sent to this address.  
Alexander Waller SIGNATURE or mark of Pensioner.  
Witness Mark R. Furlong

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this 14th day of July 1917, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Mark R. Furlong Signature.  
Rank or position.  
Postal Address.

Add any Remarks Edg = Waller says he is still deaf otherwise fit for service if at any time he is required R.F.

\$ \_\_\_\_\_



# NEWFOUNDLAND.

## CLAIM FOR PENSION

PENSION No. \_\_\_\_\_ EUROPEAN WAR.

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

Name in full \_\_\_\_\_ I hereby solemnly declare that my name is Alexander  
Walter and that I was  
Fill in rank and force a (rank) Private (1st. Nfld. Reg.)  
in (R. N. R.)  
and that I am entitled to a Pension from the Colony of Newfoundland  
Fill in place giving full postal address I am residing at (Street and number) Barnt Islands  
Town of Burges District  
and request my next pension cheque be sent to this address.  
Signature Alexander + Walter SIGNATURE or mark of Pensioner.  
Witness M. Bowley 2/10

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

\_\_\_\_\_  
Signature.  
\_\_\_\_\_  
Rank or position.  
\_\_\_\_\_  
Postal Address.

Add any Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

2/1st NEWFOUNDLAND REGIMENT.

*Pte Walters Alex*

No. *2549* is unlikely to be fit for Service with the  
Expeditionary Force for *Six* months, on account of

*Inflammation of mid ear  
(Double) with suppuration.*

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

*1*  
*4* *(one fourth)*

*W. M. O.*  
Capt. R.A.M.C. M.O.,

I/C. 2/1st Newfoundland Regt.

AYR. *21/12/16*







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

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

Examination of *Alexander Walters*

aged *33 yrs* conducted at *CP*

Date: *April 18 14* Recruiting Officer:

NO OF TEST FINDING

- 1 *h.*
- 2 *h.*
- 3 *h.*
- 4 *h.*
- 5 *h.*
- 6 *h.*
- 7 *h.*
- 8 *h.*
- 9 *h.*
- 10 *h.*
- 11 *h.*
- 12 *h.*
- 13 *h.*
- 14 *h.*
- 15 *h.*
- 16 *h.*
- 17 *h.*
- 18 *h.*
- 19 *6/9 Beck*
- 20 *h.*
- 21 *h.*
- 22 *h.*
- 23 *h.*
- 24 *h.*
- 25 *h.*
- 26 *h.*
- 27 *h.*
- 28 *h.*
- 29 *h.*
- 30 *h.*
- 31 *h.*
- 32 *h.*
- 33 *h.*
- 34 *5'8 1/2*
- 35 *150*
- 36 *35 1/2/39*
- 37 *Per mth.*
- 38 *Sister*
- 39 *no one*

*atrophic Testicles*

*2549*

*Mrs. Julia Edmonds Burnett Eld.*

Signature of Medical Examiner:

*William Roberts*





Magistrate's Office

at Channah N. S.  
April 13<sup>th</sup> 1916

A. Montgomery Esq.  
Captain and Adjutant  
Newfoundland Regiment  
St. John's

Dear Sir -

The Boatsman Alexander Walters is a  
Recruit - Not anxious for Active Service.  
He is reputed to be the greatest Traveller  
on this Coast strong as a Bear and Cheaper  
withal. He would be an equal Customer  
behind a Bayonet with the enemy in  
front. I trust his Capabilities will  
outweigh any other Imperfections he  
may possess.

If Walters is rejected in St. John's  
it is his intention to proceed to Canada  
and enlist there.

Yours truly,  
Reginald P. Lawrence  
Stipendiary Magistrate.

Used in connection with Camp, <sup>W. 9 (1)</sup>  
21.7.1914

Examination of Alexander Walters  
aged 33 yrs. Conducted at Port aux Basques  
Date: Apr 7<sup>th</sup>. Recruiting Officer:  
Robert S. Lymaney

No. Test	Finding
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no.
10	Sight for colours good
11	Speech normal. Physique good
12	Spine and legs straight. No deformity
13	Teeth fair. Good teeth meet & can masticate
14	Throat normal. Tonsils not enlarged
15	No discharge from ears.
16	Chest large, Capacious and well formed
17	Heart and lungs sound
18	No tendency to heart or lung disease
19	Sight fairly good
20	Fingers and hands well formed
21	Palms normal
22	Elbows & wrist-joints normal
23	Shoulder joints mobile
24	Feet and ankles strong and well formed
25	Spine and hip joints mobile
26	No varicose, flat-foot or hammer-toes
27	No hemorrhoids or fistula
28	Hearing good.

over.



- No. List      Finding
- 29      No physical weakness or deformity right arm  
30      Left arm strong and well formed.  
31      No hernia or any abdominal weakness  
32      No Varicocele. Testicles and penis dwarfed  
33      no  
34      5 ft. 8 1/2 inches  
35      150 lbs  
36      max 37 1/2; min 33.  
37      \$25<sup>00</sup> per mo.  
38      Sister, Rosanna Edmonds.  
39      no one.

W<sup>m</sup> Grant M.D.  
Med. Examiner



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



OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

Alexander Walters

in respect of his service as No. 2549 Rank Pte.

Name A. Walters Royal Nfld. Regt.  
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Alexander Walters

Date October 22<sup>nd</sup> / 1921

Address Burnt Islands. Nfld.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
[686] W-017/2124 1000m 6/1155 93 58

Forms  
B. 121.  
39.

Number of Sheet 2

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name <u>2549</u> <u>Walters A</u>		Enlistment		Trade <u>Fisherman</u>	Good Conduct Badges, Service Pay or Proficiency Pay			
Age on <u>33</u> years <u>2</u> months		Place and Date of Enlistment <u>St John</u> <u>18-4-16</u>		Religion <u>R.C.</u>				
Joined <u>depot</u> Date <u>5/9/16</u>	Period of <input type="checkbox"/> with Colours <u>282</u> days <input type="checkbox"/> with Reserve <u>3</u> years		Service in <u>Newfoundland</u>					
Joined _____ Date _____								
Joined _____ Date _____								
Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Remarks awarded	REMARKS
				<u>Medically Unfit 24/7</u>			<u>2-1-17</u>	

To be carried over