



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No 3599 Name Roman Walter Coffe

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Roman Walter Coffe
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 12 Months
5. What is your Trade or Calling? 5. Subaltern
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Roman Walter Coffe 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.

614-4-17 Roman Walter Coffe SIGNATURE OF RECRUIT.
Harold Mackenzie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Roman Walter Coffe do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 14 day of April 1915.

Signature of Attesting Officer [Signature]

† 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 [Rank] if enlisted by special authority, such will be attached to the original attestation.

Date 1915 } Approving Officer.
Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Roman Walters
 Apparent age 18 years — months. Height 6 feet — inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Walters
2 B | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3599 Name Norman Walter Corps Rifle

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Norman Walter</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Trade</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, Norman Walter, 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.

Norman Walter SIGNATURE OF RECRUIT.
Walter Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Walter, 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 14 day of April 1917.
Signature of Attesting Officer J. J. Grady, Capt.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Rifle Company.
If enlisted by special authority, such will be attached to the original attestation.
Date.....1917
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: vis:—(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 Norman Walter

Apparent age 18 years - months. Height 6 feet - inches

Chest Measurement { Girth when fully expanded 38 inches
Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Walter
2 B. Hampneys | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-4-17</u>									
Joined at <u>St John</u> on <u>April 14th 17</u>									
<u>Embarked at St John 26/1919.</u>									
<u>Embarked for O.S. 10-5-1918. Disembarked France 15-5-1918</u>									
<u>Joined Battalion in the field 17-5-18. Rejoined 14-10-18. 1st Lt 55.</u>									
<u>New Step. Boulogne 15-10-18. Transferred to Coy. Camp 10-10-18. Dis from 4/14 Step. 9-12-18. Rejoined for transport to 18-12-18. Home to Winchester 18-12-18</u>									
<u>6 Mts for demobilization 30-1-1919. Arrived Southampton 7-2-1919</u>									
<u>Demobilization St John 26-4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 26-4-1919 [date of discharge] 2 years 13 days

" " " Pensions " [" "] " " " "



DEPARTMENT OF MILITIA **C.R. 3599**

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

JUNE 5th. 1919.

RECEIVED FROM THE DEPT. OF MILITIA.
ONE PACKAGE.

CONTAINING SOME EFFECTS BELONGING TO #3599 PTE. N. WALTERS.

SIGNED *Mr Joseph Walters*

DATE. *10*.....

C.R.

3599

**Extract from Daily Orders part II,
Depot St. John's dated April 29th. 1919.**

✓ The discharge of the undernoted on
demobilization has been CONFIRMED by
Officer i/c Records on 26-4-19.

3599 Pte. Norman Walters

No. 119

Received from

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office }
Stamp }



A REGISTERED POSTAL PACKET

Addressed—

Joseph Waller
Chempney

Received a Registered Postal Packet addressed as above...



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3599 Name Norman Walter Hoff

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Norman Walter Hoff</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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, Norman Walter Hoff 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.

614-4-17 Norman Walter Hoff SIGNATURE OF RECRUIT.
H. G. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Walter Hoff 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 14 day of April 1917.

Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1917

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.
 vis:—(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 Roman Walter
 Apparent age 18 years — months. Height 6 feet — inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Walters
Champany | Relationship Father
J.B. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

3599



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3599 Name Norman Walter Corps 60th

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Norman Walter
- 2. What is your full Address? 2. St. John's
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years — Months
- 5. What is your Trade or Calling? 5. Subaltern
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service? } 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
- II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } II. Yes

I, Norman Walter 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.

Norman Walter SIGNATURE OF RECRUIT.
Harold ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Walter do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this 14 day of April 1917
Signature of Attesting Officer J. J. O'Grady

†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 Norman Walter
 Apparent age 18 years - months. Height 6 feet - inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Walter
215 | Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-4-17</u>									
Joined at <u>St John</u> on <u>April 14th 17</u>									
<u>Embarked at St John 26/1/19</u>									
<u>Embarked for B.E.F. 10-5-1918</u>									
<u>Joined Battalion in the field 17-5-18</u>									
<u>Wounded 14-10-18</u>									
<u>Admitted 55</u>									
<u>Went to Boulogne 15-10-18</u>									
<u>Transferred to Egypt 20-10-18</u>									
<u>Dis from 4th Hosp. 9-12-18</u>									
<u>Went to Winchester 18-12-18</u>									
<u>6 mths for demobilization 30-1-1919</u>									
<u>Arrived Southampton 4-2-1919</u>									
<u>Demobilization at St John 26-4-19</u>									
Total Service forfeited as above _____									
Total Service towards Engagement to <u>26-4-1919</u> (date of discharge) <u>2</u> years <u>13</u> days									
" " " Pensions " " " " " " " " " " " "									



DEPARTMENT OF MILITIA **C.R. 3599**

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

JUNE 5th. 1919.

RECEIVED FROM THE DEPT. OF MILITIA.
ONE PACKAGE.

CONTAINING SOME EFFECTS BELONGING TO #3599 PTE. N. WALTERS.

SIGNED *Mr Joseph Walters*

DATE. *10*.....

C.R. 3599

**Extract from Daily Orders part II,
Depot St. John's dated April 29th.1919.**

The discharge of the undernoted on
demobilization has been CONFIRMED by
Officer i/c Records on 26-4-19.

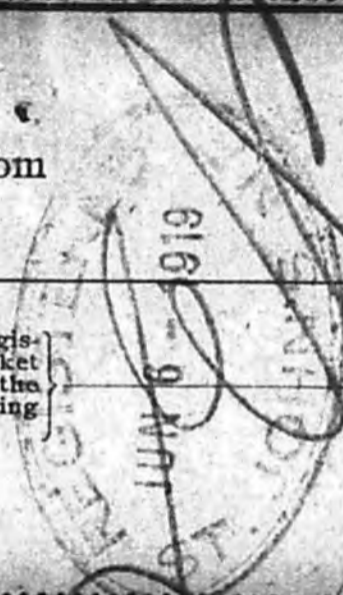
3599 Pte. Norman Walters

No. 119

Received from

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office }
Stamp }



A REGISTERED POSTAL PACKET

Addressed—

Joseph Wallin
Champneys

Received a Registered Postal Packet addressed as above...


No. of Paper 1456

PERSONAL EFFECTS.

Name Walters N

C.R. 3599 Rank Private

Regiment ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
<p>1 Cotton bag containing:- personal effects.</p>		
	<p>Final Disposal</p>	
<p><i>OK</i></p>		

Remarks:- Casualty Advice:- Repatriated 30-1-19
Next of Kin:- Father:- Joseph Walters,
Champroy's, T.B.

C.R. 3599

June 5th. 1919.

Joseph Walters, Esq.,
Champney's East.

Dear Sir:-

I am forwarding by Registered mail to-day one
package containing the personal effects of your son
#3599 Pte. Norman Walters.

Kindly sign the attached receipt and return to
this Office at your earliest convenience.

Yours faithfully,

Casualty Officer. Lieut.

FAH/BC.

C.R. 3599

Extract of Daily Orders Part II The Newfoundland Regiment.
Depot St. John's dated April 14th/19.

The discharge of the undernoted on Demobilization has been
APPROVED by O.C. Discharge Depot on noted date.

#3599, Pte. Norman Walters.

12/4/19.

C.R. 3599

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 11-2-19.

The Undernoted returned from Overseas and reported to

Depot. 7-2-19.

Repatriated on A.F. B179.

3599 Pte. Norman Walters.

C.R. 3599

Extract from Medical Roll of the Royal N. S. Mgt.
No. 3599, J. S. Curriam, Jan. 30th, 1919.

3599 Walters.

C.R. 3599

Extract from Casualties received from Pay & Record office,
London, Dec. 9th, 1919.

3599 Pte. N. Walters.

Was discharged from 4th London General Hospital 9-12-18
Granted furlough to 18-12-18 Classified 1 Duty.

C.R. 3599

Extract from Daily Orders part II, Depot Winchester
dated 20-12-18 by Lieut. Col. B.J. Barton, D.S.O. Officer
Commanding 2nd., Battalion.

The undernoted having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Co. from 18-12-18.

3599 Pte. W. Walters.

C.R. 3599

Extract from War Office List No. C. 1732 dated 111. 18.

#3599 Pte. N. Walters.

Wounded 14. 10. 18.

BC.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions; by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct 26th, 1928**
To **Joseph Walters, Champney's T.B.**

Regret to inform you that Record Office, London,
officially reports **No. 3599, Private Norman Walters now**
at Bowling Brook Hospital, London

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia. Minister of Militia.

FOR TYPEWRITER

GR 3599

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct 25th, 1918

To Joseph Walters, Champneys T.B.

Regret to inform you that Record Office, London,
officially reports No. 3599. Private Norman Walters
at 55th General Hospital Aubengue Oct 05th suffering from
G.S.W. head slight.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Bennett

Minister of Militia.

Chge Dept of Militia.

FOR TYPEWRITER

C.R. 3599

Extract from Casualties received from Pay & Record Office,
London, Oct. 25th, 1918.

Admitted to Bolingbroke Hosp. Wandsworth Common, 20/10/18.

3599 Ste. N. Walters.

G.S.W. ~~Head~~ Head.

C.R. 3599

Extract from War Office List No. H. A. 50281, dated Oct. 24th. 1918

#3599 Pte. M. Walters.

G.S.W., HEAD SLIGHT.

BC.

ADM. 55 GEN. H. BOULOGNE BASE 15th 20CT. 1918.

C.R. 3599

Extract of Nominal Roll of Draft to B.E.F. embarked
Southampton 10-5-18

8

#3599 Pte. N.Walters.

C.R. 3599

Extract from Nominal Roll. embarked St. John's for Overseas 19-5-17.

3599 PTE. N. WALEERS.

C.R. 3599

Extract from Daily Orders Part II Unit The Royal Hfld.
Regt., St. John's, April 14th, 1917

3599 Pte. Norman Walters.

Attached to the Strength from April 14th, 1917.

H. Walters.

C.R.

3599

~~Handwritten signature~~

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade }
 2. Regtl. No. *3599* 3. Rank *Pte* 7a. If the soldier claims previous service in }
 4. Name *Walters* (a) Former Regts. or Corps ; }
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *Oct 14th 1918.*
12. Place of origin of disability. *Ypres.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *14th Oct. 1918. G.S.W. back of neck wound healed. no disability*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service.. .. . | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |

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

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

15. What is his present condition? *Small scar inferior portion left ear. Also scar on neck*

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

process. no pain on pressure on right side of neck. Slightly inferior end of mastoid process scar, 1/2 inch long. point of exit of shrapnel no pain on pressure no disability

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

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

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

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Revaluated
J. J. [Signature]

ROYAL NEWFOUNDLAND REG.

Station *Angely Down Camp*

Medical Officer in charge of case.

Date *8 Jan 1919*

* 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.



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 Norman Waters
aged 18 years conducted at Headquarters
Date: April 14 1917 Recruiting Officer:

NO OF TEST

FINDING

1 no
2 no
3 no
4 no
5 no
6 no
7 no
8 no
9 no
10 "
11 "
12 "
13 "
14 "
15 "
16 "
17 "
18 "
19 6/9 st. 6/12 left.
20 "
21 "
22 "
23 "
24 "
25 "
26 "
27 "
28 "
29 "
30 "
31 "
32 "

2599

33 no
34 6ft.
35 135 lbs.
36 34-28
37 \$24 per month
38 Father Joseph Champney L.B
39 no

JH

Signature of Medical Examiner:.....

J. W. Burden



4/ 1ST. NEWFOUNDLAND REGIMENT 5

ALLOTMENTS

I, Norman Walters, Regl. No. 3599

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2953	Father	Joseph Walters	Chambrays Coast I.B.	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Thas R. Ayeleapt.
Officer Commanding
4. Company
P. J. Jones
May 16 1917

(Sig.) Norman Walters
(Rank) Pl

No 3990



4/ 1ST. NEWFOUNDLAND REGIMENT 5

ALLOTMENTS

I, *Norman Walters*, Regl. No. *3599*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *Sixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins *June 1st 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2133</i>	<i>Father</i>	<i>Joseph J. Walters</i>	<i>Champneys tent I.B.</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *Frank R. Appleby*
Officer Commanding
F. Company

(Sig.) *Norman Walters*
(Rank) *Pl*

P. J. Johns
May 16 1917

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. Date Dec 9 - 1918

- * (1) To the Officer i/c Records
- * (2) The ~~Officer Commanding~~ } Newfoundland.
- * (3) The ~~Paymaster~~ } 58 Victoria St Station.

* Strike out that which is inapplicable.

Regimental No. 3599

Rank and Name Pte Walters N.

Regiment or Corps 1 R Newfoundland

has been granted a furlough from Admitted to Npr sick
Conway France. Returned

His address while on leave will be before for furlough &
disposal please

I consider he is fit for

* Strike out that which is inapplicable.

- * I. DUTY.
- * II. ~~COMMAND DUTY~~
- * III. ~~EMPLOYMENT.~~

Officer in charge W. H. ... Hospital.

Admitted to hospital 20/10/18 Station.

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

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

NEWFOUNDLAND CONTINGENT

N.F.P./45.

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

Please remit to Pte A. Walters

1st Royal A.F.L.D. Regt

the sum of 1/- pounds 10 shillings (£ 1, 10.)

on account of any balance that may be due to me.

Regtl No. 3,999 Rank Pte

Name A. Walters

Approved Harvie
Officer i/c.,

Bolingbroke Hosp.
Dated at 29th Nov

1918

**F&P BOLINGBROKE
HOSPITAL
INCORPORATED**

Hospital.

FILE
BRANCH
INITIALS
R.P.A.

*Receipt 9935
1-10-0
12/11/18*

Handwritten signature and large checkmark

Bolingbroke Hospital (Incorporated).

Wandsworth Common, S.W. 11.

29 Oct. 1918

This is to certify
that no. 3599 Mr Norman
Walters Newfoundland
Contingent, is a patient
in this hospital, and
wishes to draw £3
of his credit balance
by pass

O.K. £ 3-0-0

29/10/18

W.R.

Received of 9/100
Norman

Secretary, Sept

FILE	BRANCH
	INITIALS P.D.A.
	For BOLINGBROK HOSPITAL INCORPORATED.

N. Walters 3599

Walters, L

3599

Ray sept.

ST. JOHN'S, APR 10 19

Royal Newfoundland Regiment.

Billeting Account,

To Pte. N. Walters

Billeting Soldiers as undermentioned

from Feb 8th /19 to April 12th /19

~~A. C. S.~~

3599 - Pte. N. Walters 65 90

ACCOUNT	
NO. 15524	<u>B & M</u>
LED. 1919	<u>ew.</u>
PAY LEVY	
CHAS. 1919	

Certified correct for \$ 65

A. Alderson
R.C.J. for Billeting Officer.
A. Walters

April 25, 1919

#3599 Pte. Norman Walters,
Champney's, B. Co.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2104."

Yours truly

Paymaster & O.i/c Records

Capt.

Apr 25/19
Apr 26/19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3599 Rank Plt Name Walters Norman
 Intended place of residence Champs Trinity

2. Occupation Fisherman
 Classification of soldier F Medical Category A

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 ST. JOHN'S
 Date APR. 10 1919 *H. Mess Lieut.*
 for 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 my connection.

Place and date ST. JOHN'S
APR. 10 1919
A. Walters
 Signature of soldier
M. L. Lester Lt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{not} in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
10. 4-19.
A. Walters
 Signature of soldier
James B. Severn
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-4-17 No of days on Military
 Discharged from service 12-4-19 plus 14 days Service 743

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
APR 12 1919 *R. H. Last Capt*
 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
April 26/1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

H. B. 3079/2104

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9.11.19

Regimental No. 3599

Name Norman Watters

Address Champion's 118.

Present Medical Category Ai

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

Members of Board {

R.H. Jait Capt
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Swinden
M. O. Depot

The Royal Newfoundland Regiment

Reg. No. 35-99 Rank Plt Name Walters, Norman
 Date of Enlistment 11-4-17 Address Chapman's District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A II
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	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 9-4-19

H. Walters
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

H. Walters

Particulars passed to Vocational Officer for information and action.

Date 11-4-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #600

(b) Clothing Supplied J.A. Crawford

Date 10-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1276* to his home at *Chambers* and Release Certificate No. *2080* issued.

Date *10-4-19*
J.A. Crawford
 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 *26-4-19*

Date *10-4-19*
J.A. Crawford
 Depot Paymaster.

Discharge approved for *12-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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 103	ME 2		" 6
B 179c	B 120	M 93		

Date *10-4-19*
J.A. Crawford
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 12 1919

Date
R.H. Sait Capt.
 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:

Resume former employment.

M. Walker

Signature of Man.

Reg. No. *3699*

D. C. Mattheus
Signature of the Vocational Officer or his Representative.

Place

S. John's

Date

April 10th

191*9*

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:

Resume former employment.

M. Walker

Signature of Man.

Reg. No. *3699*

D. C. Matthews

Signature of the Vocational Officer or his Representative.

Place

S. John's

Date

April 10th

191*9*

3

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

MEDICAL HISTORY

OF

Surname Walters

Christian Name Norman

Table I.—GENERAL TABLE.

Birthplace:—Parish Champrays County Trinity Bay

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>14th</u> day of <u>April</u> 1917 at <u>Headquarters</u>		on _____ day of _____ 191	
Declared Age	<u>18</u> years — days		years days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>6</u> feet — inches		feet inches	
Weight	<u>135</u> lbs.		lbs.	
Chest Measurement	Grith when fully expanded ... <u>38</u> inches		inches	
	Range of Expansion ... <u>4</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>4/9</u>	R.E.—V=	
	L.E.—V=	<u>4/12</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>W.S. Procmier</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u> on <u>14th</u> day of <u>April</u> 1917		at _____ on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1st</u>	<u>3599</u>		
Transferred to	<u>2nd Regt.</u> <u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
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.



MILITARY HOSPITAL
HAZELEY DOWN
Bolingbroke
Wand. Common S.P.A.
Sectional

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.
	Day	Month	Year	Day	Month	Year			
	25								
	12	2	18	26	MAR	1918	Mumps.	29	Recovered. Discharged to duty
	20	10	18	9	12	18	G.S.W. back of neck (Heel)	50	Wounded Oct 14 1918. Wound healed in camp. Dis. To 58 Victoria Street

H. K. [Signature] Capt. R.A.M.C.

H. S. [Signature]
CAPTAIN, R.A.M.C. (T.),
Registrar, 6th London General Hospital

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

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

1. Unit and Corps. *Royal New Zealand*.....
2. Regtl. No. *3599* 3. Rank. *Pte*.....
4. Name *WALTERS*.....
(Surname) (Christian Names)
5. Age last birthday...*20*.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)
- (b) Date of Discharge ;
(c) Cause of Discharge.

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *14th Oct '18 G. S. W. neck.*
12. Place of origin of disability. *Ypres.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *14th Oct '18 G. S. W. back of neck. not healed. no disability*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | ..... |
| (ii.) Previous active service | No | ..... |
| (iii.) Climate in pre-war service | No | ..... |
| (iv.) Ordinary military service before the war | No | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | No | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N. A.

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

15. What is his present condition? *Small scar inferior portion left ear also scar on neck about level mastoid process. no pain on pressure on rt. side of neck slightly inferior end to rt. of occipital process scar 1/2 in long. point of exit of shrap. no pain on pressure, no disability*

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— *Re-paludation*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Prother
 ROYAL HINDUSTANI REG

Station *Kanahpur Camp*
 Date *8/18/19*

Medical Officer in charge of case.

* 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.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—
- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i) Service during the present war .. .. . | ..... | ..... |
| (ii.) Previous active service .. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | ..... | ..... |
- Give details:

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

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



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 *Walter. Lozman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2099.*

Intended address *Champion St. T. N.*

Height on discharge *6.* Feet *0"*

Color of hair on discharge *Dark*

Complexion *Dark.*

Color of eyes *Blue.*

Descriptive Marks *scar. Head. (Back)*

Figure on discharge *Free.*

Christian name of Father *Joseph.*

Christian name of Mother *Honor.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Champion St. T. N., 20.9. 1899.*

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)

Station *St John's* *Walter*

Date *1.4. 19.*

(Rank) *Pl*

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.



Station

Date

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland

Rank Pte Surname Walters Christian Name Norman

Religion C of E Age on Enlistment 18 years 8 1/2 months

Enlisted (a) 14-4-17 Terms of Service (a) Duration Service reckons from (a) 14-4-17

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

Re-engaged (.....)

Qualification (b)

or Corps Trade and rate

Occupation Fisherman Signature of Officer J. M. Emerson



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 <u>10 MAY 1918</u>			
		Disembarked <u>13 MAY 1918</u>			
		ARRIVED D.L.B.D. <u>joined port 175-11</u>			
		<u>Wounded in action</u>			
		<u>55 Genl Hq No 100000</u>			
		<u>England ex 55 Genl Hq</u>			
		<u>100000</u>			
		<u>For Officer i/c No 1 Infantry Section</u>			
		<u>3rd Echelon. General Headquarters</u>			

[Handwritten initials]

Stops 1143038
20/10/18 213083

✓
DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Norman* 2. Surname *Walters.*
3. Rank *Pte.* 4. Regtl. No. *3599.*
5. Address in full to which future payments of gratuity are to be forwarded..... *Champaneis Post S. B.*
6. Date of enlistment in the Regiment..... *Apr. 14/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No.*
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?..... *No.*
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. 14/17 to Apr. 12/19 —* 12

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.

Clothing allowance back pay 96.02
Board allowance 65.90

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

Apr. 12/19

(b) Reason for discharge

Demobilization

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 - May 20/18 to Oct. 19/18 - Wounded in Belgium Oct. 14/18

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.

A. Walters

Signature of Applicant:

Place of Residence:

Declared before me at:

This

6th

day of

May 1917...

*Champaign East, T. B.
R. John's, Nfld.*

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

John McGearty

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependant.	<i>5 mes</i>	<i>200 00</i>
.....
.....
Certified correct.			Registrar	<i>2</i>

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet 1

Regiment of 1st Newfoundland

Signature of O. C. Company Frank Lloyd Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3599</u>	Age on	<u>18</u> years - months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	Period of	<u>14.4.17</u>	<u>Cap. C.</u>	
Joined	Date		with Colours <u>13</u> years.	Place of Birth	
Joined	Date	with Reserve <u>36.5</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
	<u>Apr 21-17</u>	<u>Pte.</u>		<u>Absent from 6:30 am parade, left watch until 9 pm</u>		<u>3 days C.B.</u>	<u>22/17</u>	<u>Capt. Robertson</u>	<u>BB</u>
	<u>Apr 22-17</u>			<u>5 mins late on 8:15 am parade</u>	<u>Serjeant Powell</u>				
<u>Greenburn School</u>	<u>20.11.17</u>			<u>Failing to comply with an order</u>	<u>Camp Maitre</u>	<u>2 days C.B.</u>	<u>1/2/17</u>	<u>Serjeant Burdett</u>	<u>2-3</u>
<u>Hayley Down Camp</u>	<u>11/2/18</u>	<u>Pte.</u>		<u>Failing to comply with an order.</u>	<u>Sgt. White</u>	<u>4 days C.B.</u>	<u>12/2/18</u>	<u>Lieut. G. Emerson</u>	
<u>Discharged St. John's, 26/19</u>									

To be carried over

Army Form B. 121.

Δ 3599

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3599 Rank Plt Name Walters, Norman
 Date of Enlistment 14-4-17 Address Chambray's District Sainty
 Occupation Postman Classification for Discharge F Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	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 103	ME 2		" 6
B 179c	B 120	M 93		

Date 9-4-19

 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

N. Walters

Particulars passed to Vocational Officer for information and action.

Date 11-4-19

 O. C. Discharge Depot.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
- (b) Clothing Supplied [Signature]

Date 10-4-19
 O i/c. Re-clothing.

Reg. No. *3599* Rank *Pte.* Name *Walter Norman*
Attested Address *Chapman St. B.*
Allotment Allottee
Date of Allotment Returned from Overseas *7-2-19*
Returned on S.S. *Losman* Cause *Discharge*

APR 9 1919 PASSED TO DEMOBILIZATION OFFICER

12.4.19

DISCHARGE APPROVED ON DEMOBILISATION.