

FIRST NEWFOUNDLAND REGIMENT ATTESTATION OF

O	uestions to be pu	t to the Recru	it he are Falis	stment	
I. What is your name? .	•	to the record	1 11	sold ga	-
1. What is your name: .		4	The state of the	And was a service of	
2. What is your full Add	ress?		Bong	unista	
3. Are you a British Sub	ject?	3	y	cid.	
4. What is your age?		4	2.44 XJars		
5. What is your Trade or	Calling?	5	Chera	Marine marine	
6. Are you Married?		6		2200	
Have you ever served in jesty's Forces, naval or				7.5.	·
8. Are you willing to be cinated?		re-vac- 	Tes	· · · · · · · · · · · · · · · · · · ·	
9. Are you willing to be vice?			Dy	25ON O	
10. Did you receive a Not stand its meaning, and	who gave it to yo	u? § 10		5. F	
11. Are you willing to serve to be signed by you if	e upon the condition you are accepted?	ns as embodied	in the roll of s	ervice 11Yes	
made by me to the above qu	S.M.	Congli	ay	ingagements madeSIGNATURE OF RECI	tuit
bear true allegiance to His M bound, honestly and faithfully all enemies, according to the	ijesty King George o defend His Majest conditions of my s	the Fifth, His H			dut;
0	ERTIFICATE OF M.	AGISTRATE OR A	TTESTING OFF	ICER.	
he would be liable to be punis	shed as provided in	me that if he ma	ade any false ans	wer to any of the above ques	tion
The above questions wer	e then read to the				
* * * * * * * * * * * * * * * * * * * *		Recruit in my p			
	understands each	Recruit in my p	t his answer to ea	ach question has been duly en	tere
I have taken care that he as replied to, and the said recon thisday of	understands each or uit has made and s	Recruit in my p	t his answer to extend taken t	. 41	tere
as replied to, and the said rec	s understands each or ruit has made and s	Recruit in my p question, and that igned the declara 191 attesting officer .	t his answer to extion and taken t	. 41	tere
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viz:—(Name).....on the (Date)

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2	(a)	*		(6)		. (c)	.,,		(d)
				Particul	ars as to C	hildren		-		
	Chri	stian Names		-				Date	and Pla	ace of Birth
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FIRST NEWFOUNDLAND REGIMENT

The second second	Questions to be	put to the Recri	uit before Enlistme	nt.
1. What is your nar	me?	· ·	sept Han	eld G. Way
2. What is your full	Address?	·······\\$	Bona	vista
3. Are you a British	Subject?	3	yes	
4. What is your age			2.4 Yours	Months
5. What is your Tra			Cleran	
6. Are you Married?		The state of the s	11	2-
7. Have you ever ser		of His Ma)		Ar.
8. Are you willing		or re-vac-) o	Tes.	•
9. Are you willing to		neral Ser-)	O Jes	A
o. Did you receive a stand its meaning,	Notice, and do you and who gave it to		{ Corps	, out
to be signed by ye	serve upon the conc ou if you are accepte	litions as embodied ed?	in the roll of servi	ce in Yes
ear true allegiance to loound, honestly and far	O TH TO BE T	rge the Fifth, His F	D ON AMMERICAN	Signature of Witness. th, that I will be faithful as and that I will, as in du h, Crown and Dignity again
in enemies, according	Jae conditions of it	ly service.		
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	s were then read to	the Possult in my		
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I have taken care to s replied to, and the same this	did recruit has made a	ach question, and that and signed the declar	ind DFFICE	4/1
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I have taken care to sreplied to, and the san thisday of I certify that this uired forms appear to	Signature †CERTIF Attestation of the abo	nch question, and that and signed the declaration	ING DEFICES. correct, and properly	ath before me at
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I have taken care to sreplied to, and the san this	Signature †CERTIF Attestation of the abe have been compiled v al authority, such will191	nch question, and that and signed the declaration	ING DEFICES. correct, and properly	ath before me at

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Particulars as to Marriage (a) Christian and Surrame of Woman to whom married, and wifisher spinster or widow. (b) Place and date of marria (c) Present eddress. (c) initials of Officer verifying entry. (d) (e) (f) (d) Particulars as to Children Christian Names Date and Place of Birth	ige.
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Particulars as to Children Christian Names Date and Place of Birth	
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Total Service forfeited as above	
Total Service forfeited as above	

DESCRIPTIVE REPORT ON ENLISTMENT



2851

on the (Date)

FIRST NEWFOUNDLAND REGIMENT

Corps Name Questions to be put to the Recruit before Enlistment I. What is your name? .. 2. What is your full Address? . .. 3. Are you a British Subject? ... 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? . . 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vac-) cinated? 9. Are you willing to be enlisted for General Ser-) vice? stand its meaning, and who gave it to you?.... 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? 9. May do solemnly declare that the abo made by me to the above questions are true, and that I am willing to fulfil the engagements made. 0) SIGNATURE OF RECRUIT. Signature of Witness OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will be faithful and 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/entgred as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 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. 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,

..re-enlisted in the (Regiment) .

vis:-(Name) .

DESC Applicable to			PORT O					
Name Joseph	5	Has	ald	4	7.	14	Ta.	/
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Girth w	hen fu	illy expand	led 3	7	incl	ies		FUTEL
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		11	A STATE OF THE STA	1995 A. Balley	A	1 /	10000	
Total Service forfeited as above.	· 	0	5 4 9	. /		0		ent at the
Total Service forfeited as above.	20-	10-1	Z [date of disc)	arge)		12	2 days	

Artract from Rell of Officers, N.C.Os. and Mon Discharged from The Boyal Newfoundland Regiment. Authority: Pay Office, St. John's.

Eo.	Mank.	1.Bitta.	MI EG .	1100000000	
-	-	***			
3851	Pto.	G.H.G. Way	Oct. 20th 1	917. Med.	Unfit.

Extract from Daily Orders Part 11 Unit The Royal Nfkd. Regt., St. John's, Oct. 22nd, 1917.

3851 Pte. J.H.G. Way.

Medically unfit discharges with effect from Oct. 20th 1917.

C.R. 3857

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

3851 Pte. G.H.G. Way

Discharged Oct. 20th 1917, Medically unfit

C.R.3851



Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt., St. John's, Sept. 18th, 1917.

3851 Pte. J.H.G. Way.

R 3851

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, June.12th, 1917.

3851 Pte. J.H.G. Way.

Attested this day, post ed F. Coy, and assagned number as shown.



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS War hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Allotment begins. Identity Certificate No. Whether Wife, Child, other Relative or Friend AMOUNT (each person) Total Allotment, \$ NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-

(OTE.—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.

Officer Clumanding
Company

(Sig.) 8.9+9. Hay
(Rank)

Form. H.F. (3)



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

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix.

Car hould be exercised that each finding be entered after the number below which corresponds to the number of the routine.

C of	calculd be exercised that each finding be entered after the number below which corresponds to the number that test.
Examin	ation of Reid Yoseph Harold I was
aged	2 Hypear Conducted at Theadquarters
Date:	may 22 /17 Recruiting Officer:
NO OF TEST	FINDING &
1	no
2	no
3	no.
4	no. [8]
5	no
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34	5/15, 10 ins.
35	136.
36	# 33,376
37	my last bus way Bonavista
38	300.00
39	A Signature of Medical Examiner. Two Burden
1	Signature of Medical Examiner:

Jane 6 may 5 41,7

Capti. J. J. Ogrady, Regimental Headquarters.

know if I can have promision to were amiliar clother while attached to the hopital; also I would attached to the hopital; also I would shaw it a great former, if you could arrange so that I could get only pay our the one if I could come to the deal get only pay our the one if I could come to the deal get only pay and the one if I could come to the deal greater on say day for it.

your respectfully, Array (Friends)

Bruisson to wear Ewdian docke refused. Pay as wend.

660

Jensen Camp. Rept. 29 417 O. C. Companies , sy res. Regiment I have the honour to request that you give the heaves book & a vay - my pay for Replember. Kindly ange book Days receipte for same . I have the know to be pi Your obesient pernant; # 3851 J. H.G. stay (Private) Chape Gum to say. 29-9-17

Way J. Hel 3851 Any wept.

Proceedings on Discharge.

No. 285/ / Arm	y Rank Private
Name Joseph State (The name must agree strictly with that on enlist	old G. Way
corps Fire & New for	undland Requient
Battalion, Battery, Company, Depôt, &c. (If attached to the Regular Establishment of the Speci Spair of the	ial Reserve or Permanent Staff of the Territorial Force, &c., or to Genera e Army, it should be so stated.)
/10/11	his Afed
Place of discharge	ctober 20 1917
9.1. 9 -	on at the time of discharge.
Age 24 years 0 month	
	ins.
ment range of expansion	<u>im.</u>
Complexion Garn Eyes Grown	
Hair black	
Trade electronan	
Intended place of Rouavita, My	ted,
(The measurements and description should be caref	tully taken on the day the man leaves his unit, but in the case of men sen place of residence should be left blank to be filled in by the Officer who
	consequence of being no longer
2. The above named man is discharged in Muyercally fit for	consequence at hew we longer war service.
2. The above named man is discharged in Muyercally fit for	
2. The above-named man is discharged in August Cally fit for . (The cause of discharge must be worded as prescriptificate. If discharged by superior authority, the No.	consequence at felling wo longer war service. The King's Regulations and be identical with that on the discharge and dain of the letter to be quoted.
2. The above-named man is discharged in August Cally fit for . (The cause of discharge must be worded as prescriptificate. If discharged by superior authority, the No.	consequence at felling wo longer war service. The King's Regulations and be identical with that on the discharge and dair of the letter to be quoted.
2. The above-named man is discharged in Muyeically fit for . (The cause of discharge must be worded as prescritificate. If discharged by superior authority, the No. (3. Military character:—	consequence at felling wo longer war service. The King's Regulations and be identical with that on the discharge and dair of the letter to be quoted.
2. The above-named man is discharged in Muyeically fit for . (The cause of discharge must be worded as prescritificate. If discharged by superior authority, the No. (3. Military character:—	consequence at felling wo longer war service. The King's Regulations and be identical with that on the discharge and dair of the letter to be quoted.
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	following number of G.C. badges (if the prior to 1st July, 1881, the number he w d he not been promoted should be stated	
Is it probable that he will before the confirmation of	be entitled to another good conduct be these proceedings?	padge
Classification for service, or p	proficiency pay	Class
, i	7.	
6. Campaigns, Medals and		
Decorations		
Certificate of education		
Certificate of education		
7. His accounts are correctly in accordance with Regul	balanced, and I have impartially in lations.	iquired into all matters brought before m
(Place)		
		ng Battn. Regimen
(Date)	Commandi	ng Baun. Regimen
8.	Certificate to be signed by the soldier or	n discharge.
I hereby acknowledge that	I have received all my pay and allow	wances (including clothing allowance), and a
	esent date, subject to the reservations of	the claims noted on the 3rd page.
just demands up to the pre	activities of project to the restriction of	and comme motor on any and before
just demands up to the pro	Wed. Vox.	9. Hay (Signature of Soldier
(Place) A this	Wed John	9. Hay (Signature of Soldier
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(Place) A falix (Date) ON 200	Wed Jos	9. Hay (Signature of Soldier
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(Place) (Date) (Obte) (Obte) (When a soldier is absent through it answeript copy should be sent for the Additional certific I hereby declare that I do of 10.	liness or any other cause, and it is not desirable a man to sign, and when returned should be attauted in the case of a soldier who takes himy own free will request to be discharged. Statement of service.	(Signature of Soldier (Signature of Witness (Signature of Witness (Signature of Witness (Signature of Witness (Signature of Soldier (Signature of Soldier
(Place) (Date) (Onte) (Illness or any other cause, and it is not desirable a man to sign, and when returned should be attaute in the case of a soldier who takes himy own free will request to be discharged by the soldier who takes himy own free will request to be discharged.	(Signature of Soldier (Signature of Witness (Signature of Witness (Signature of Witness is discharge at his own request, ged from His Majesty's Service. (Signature of Soldier ervice is completed) years days
(Date) (Date) (When a soldier is absent through it answeript copy should be sent for the Additional certific I hereby declare that I do of the Copy of	Illness or any other cause, and it is not desirable a man to sign, and when returned should be attacted in the case of a soldier who takes himy own free will request to be discharged to be disc	(Signature of Soldier (Signature of Witness (Signature of Witness (Signature of Witness is discharge at his own request, ged from His Majesty's Service. (Signature of Soldier ervice is completed) years days
Place) Date) Outer 2002 (When a soldier is absent through if anuscript copy should be sent for the control of the control o	Ilness or any other cause, and it is not desirable a man to sign, and when returned should be attacted in the case of a soldier who takes himy own free will request to be discharged to the date to which the record of soldier to the date to which the record of soldier to the date of confirmation of discharged the date of	(Signature of Soldier (Signature of Witness (Signature of Witness (Signature of Witness (Signature of Witness (Signature of Soldier (Signature of Soldier ervice is completed) years days
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(Place) (Date) (Date) (When a soldier is absent through it answeript copy should be sent for the I hereby declare that I do of the I hereby de	Illness or any other cause, and it is not desirable a man to sign, and when returned should be attented in the case of a soldier who takes himy own free will request to be discharged. Statement of service. (the date to which the record of second in the date of confirmation of discharged.)	(Signature of Soldier (Signature of Witness (Signature of Witness (Signature of Witness (Signature of Witness (Signature of Soldier (Signature of Soldier ervice is completed) years days
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RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

no Reservations!



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 Pensional 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. iIc Records together with the remainder of the man's documents.

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

Name in full Way Joseph Horaco

Regiment from which discharged 1st. Newfoundland

	Regimental number 300/
	Intended address Bonanda
	Height on discharge 5 Feet 10 in
	Color of hair on discharge Blasse
	Complexion For bare
	Color of eye Brown
	Descriptive Marks *home
	Figure on discharge medium
	Christian name of Father Buffhur
	Christian name of Mother wary
	Wife's maiden name in full
	Date and place of marriage
	Christian names of children
	Place and date of soldier's birth. Boransta Feb 2 1893
	Nature and locality of civil employment required
- CONTROL OF THE PARTY OF THE P	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) Jaks. They
	(Rank)
	Station Date Upl 6/17
	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.

Station & hus My

Medical Officer ile Hospital. Unit, or Command Depot.



1st Newfoundland Regiment

St. John's, Newfoundland,

October 20 1/2 1917

Deputy Paymaster. Colonial Buldings.

Sil.

Reference . To 3851 Pt. S. H. G. Way.

The above mentioned man, has been squand up to, and encluding September 30 th, 1917. Has no allowment current, please.

Although o.c. 9. COY.

Nº 3330



HIST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)		Address	Amor (each p
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100				Total Allotment, \$	
OTE.—	This form must be	completed by the Officer C	ommanding Co	mpany, signed by the Volun	teer, con
	required payments		and handed to	the Paymaster as authority	to mak

Nº 3330



Hist. NEWFOUNDLAND REGIMENT

	nle 1 %/2	action of the relative Identity	ed, viz.: [Uotment begins	Concerne A Identity
AMOUNT (each perso	ADDRESS	NAMR (in full)	other Relative or Friend	Certificate No.
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	HEAT, V. ST.			
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7	Total Allotment, \$			
eer, counte to make th	Company, signed by the Volunt to the Paymaster as authority	mpleted by the Officer Commanding Commanding Company and handed application. (Sig.)	gned by the Officer equired payments of	S

Lust & Souly I wish to carel my allotment. which was to start super. 1st 17 to Bank ghova peace at Bonancela Degres (0) +9. 40y 72.3851 OK Bully 15, 000 continued to the state of t Holed Farm \$3330 Re No. 3851, Private Joseph Harold G. Way.

Officer Commanding,

Headquarters.

Dear Siri-

The marginally noted man has been discharged on October 20th, 1917, Medical Unfit.

Kindly note and post in Daily Orders,

Part II.

Yours faithfully,

D/Paymaster & O. i/c Records.

JH/.



Ist NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. w	rith i	J. Н. 1	lay.			No. 31604
Reg'l Alc	No.	N	ame	C.B.	Folio	o No.
Date	Req'n No.	Invoice No.	Particulars.			Amoun .
June 18	407		Transportation from Cat Hr.	\$11	40	
			•			
		-				
			5			
			CERTIFICATION	,		\$11 40
Dissect ^a Sheet Recap. Sheet Checked by	No.	407.	X. M. A.	ow	1	MASTER
Rec	eived	l fron	RECEIPT Jun the 1st. NEWFOUNDLAND RE			191 ⁷
Eleven-						Dollars
and For			Cents in Pa	yment	as ab	ove stated.
\$ 11,40	June		191_ 7. [Sig.]	Les.	sta	4

1" Kewford Mand Megt way. Sicker trous Cat He 2000 to St. Johns 'Ser S. S. Dunder & Rail' 9-5-17 94.4. Stay
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DEPARTMENT OF MILITIA. REGIMENTAL PAY BRANCH.

PAY \	OU/	CH	ER
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\$62.000	PAT VO	Ocher. Och	20 \$ 1917
Received	from the Fi	rst Newfoundla	nd Regiment
the sum of D	isty five		Dollars.
balance of Pe	wywhen Directory	led Jake sha	Dollars.
CL No 504 Initials	CE6	Regil. No. 3861	
Pay Ledger . J. Initides Gen. Ledger . Initials	JV4		ė .

No. 2821 Rank Ste.
Nay.

Saning Johns by Sept. 6.19:1.



Medical Report on an Invalid.

NOTES:-

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety-"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Date

_	Unit 1st. Newfoundland	5. Age last birthday. 24,	
1.	Ont Ast. Newfoundand		
2.	Regimental No. 3851	6. Enlisted on 18 fewe 1917.	
	Rank. Ot	at Pr. Johns 74	
4.	Name. Way Joseph Harved	7. Former trade or Clarquean	
	8. D	isa bility	

Debier

9. History (bor always in good hack before enlienent about hours and half ago feel siet. Complaining of from in series after reaction. The has herdiness this forland has does not unprove any. When Ith product is his already that are and any when Ith product is his already to a com

10. What is his present condition?

Courflouis of being weak and found

This is the important question. Be in left and about boxes, left
brief-the clearer the case the less
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Signature

Tw Burden

Rank or Qualification

MO.

Remarks if any by Officer ile Hospital.

Place	 	Signature	
Date		Rank	

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words.

12	For pension purposes the disability of the state of the s
13.	For pension purposes, the disability x may be considered as aggravated by:
	(a) Service during this war. Whome
	(b) Climste.
	(c) Ordinary Military Service
	Remarks if any - Negely how 139 lbo. Somblews that amost hold fort" Right aper dull, protongel asperation no seconformants.
14.	At present his capacity for earning a full livlihood in the general labor market is lessened by:— (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).
	Remarks if any:—
15.	Is the disability permanent?
16.	Has the disability been aggravated by
	(a) Intemperance.
	(b) Misconduct.
17.	The refusal of operation is:—
	(a) Reasonable.
	(b) Unreasonable.
	Remarks if any:—
	We recommend declared from the Army advances to fourse Comp.
10.	recention in the Army Warman .
	Remarks if any:
	Hase!
	Budera Lat President
	Signatures. Clary Marpherson Major
	both.
Place	1118490
Date	
	7
DP	ROVED SOF MEDICAL SCO
	Con The Control of th
tati	SEP 13 IST
Date	major Major
	Administrative Medical Officer.

P.T.O.

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

MEDICAL HISTORY

Surname / Christian Nane Table I.—GENERAL TABLE Birthplace: - Parish Bonavita County REGULAR ARMY day of Examined Declared Age ... days Trade or Occupation Height Weight 136 Chest (Girth when fully expanded inches inches 37 Range of Expansion .. ment inches inches Physical Development ... Right Right Left (Arm Vaccination Marks Number When Vaccinated R.E.-V= 6/6 R.E.-V= (a) (a) Marks indicating congenital peculi-arities or previous disease (b) (b) (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) Medical Officer. Medical Officer. ne 1917 day of Regtl. No. Joined on Enlistment.... 43,710 3851 Transferred to .. Became non-effective by 191 day of day of 191 [Signature]

[Rank]

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

Brief Details, and Signature Date LA Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
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NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station ST. JOHN'S NFLD.

Date JANUARY 19th., 1918

No. 3851

Age 24 Height 5'10"

Rank PRIVATE Complexion DARK

Name WAY, JOSEPH HAROLD

Eyes BROWN Hair BLACK

Unit 1ST NEWFOUNDLAND

Former Trade CLERGYMAN

Enlisted at ST. JOHN'S NFLD. on JUNE 12th., 1917

Address 7 LESLIE STREET

Disease or disability DEBILITY

Present condition Merit 139 (Corrected Scale) Jules 88

My Cough . The Gondetons as previously reported
but feels weakly pleas able for execution (The or

Relement for by his recent attempts at work, presching it

HAS HE BEEN EXPLOYED AND BY WHOM?

AVERAGE WEEKLY EARNINGS

Estimated disability

40 of six worths

Recommendation of Medical Board

Members of Board Manager Park Spindar, Vad

JAN 22 1918
No. 3837 ENFOUNDLAND.

Approving Medical Officer.

SECOND BOARD

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station ST. JOHN'S NFLD. Date OCTOBER 6th., 1917.

No. 3851 Age 24 Height 5°10"

Fank PRIVATE Complexion DARK

Fame WAY, JOSEPH HAROLD Eyes BROWN Hair BLACK

Unit 1ST NEWFOUNDLAND

Address BONAVISTA Former Trade CLERGYMAN

Enlisted at ST. JOHN'S NFLD. on JUNE 12th., 1917

Disease or disability DEBILITY

present condition temp. 98" pulse gr ho accompanion to the well weight 139 lbs ho sweeting.

Estimated disability 40 % for 3 months.

Recommendation of Medical Board Muckeye ar permenently unfit

Class

Members of Board

Binday Dait

Approving Medical Officer

OCT 101917 & No. 3857

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Ebent First.

Forms B 121. Regiment of 1 st Newfoundland!

Signature of O. C. Company

Re	gimental Numl	per and Na	me	Enlistment	Trade				, van
No. 5557 Way J. H. G. Joined Date Joined Date Joined Date		J. H. G. Age on 24 years 4 months		Clergyman Religion Meth:	Good Conduct Badges, Service pay or proficiency pay				
		Period of with Colours 132 years. With Reserve 365 years.	Place of Birth						
Place	Date of Offence	Rank	Cases of Drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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				Discharge	& Medi	cally Unfit			
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