

C.R. 4051

RECEIVED FROM THE DEPARTMENT OF MILITIA,
one envelope containing one wallett, letters,
photos, one ten franc note, the property of
No.4051 Ex.Pte. T.Wellman.

DATE.....

October^{1st} 1919

Signed.....

J. R. Wellman
Port Anson.

No 4051. Ex. Pte. J. Wellman

No. 375

Received from

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

Office }
Stamp }

8504

A REGISTERED POSTAL PACKET

Addressed—

C.R. 4051
The P. Wellman
St. Anson.

Received a Registered Postal Packet addressed as above...

C.R.

4051

Sept. 13th 1919.

No. 4051 Ex. Pte. T. Wellman,
Port Anson.

Dear Wellman:

I am forwarding to-day per
Registered Mail, one Envelope containing
one Walleth Letters, Photos, one Tom Franc
Note, received from the Pay & Record Office,
London, per S.S. "Digby" last week.

Kindly sign the enclosed receipt
and return to this office.

Yours faithfully,

Casualty Officer.

C.R. 4051

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 19th, 1919

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 15-7-19

4051 Pte. Thos. Wellman.

C.R.

4051

Extract from Daily Orders Part 11, The Royal Nfld. Regt.
St. John's, June 20th, 1919.

The discharge of the undersigned on disability has been
APPROVED by O.C. Discharge Depot with effect from 1-7-19.

4051 Pts. T. Wellman.

C.R. 4051

Extract from Daily Orders Part VI Depot, St. Johns,

Date June 18th 1919.

4051, Pte. T. Wellman.

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

C.R. 4051

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

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

#4051 Pte. T. Wellman.

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 4051

17 MAR 1919

INFANTRY RECORD OFFICE - HAMILTON.

LIST No.H.A.35408

631572	Pte.Lawrence,H.	1-R.Scots.60-P.O.W.	Influenza.	Dis.to Unit ex.5.Gen.H.Rouen 7th.March'19.
52106	" Pitcairn,A.	1/8-Sc.Rfls.	do	Dis.to Unit ex.5.Gen.H.Rouen 7th.March'19.
53987	" Montgomery,J.	1/8-Sc.Rfls.	do	Dis.to Unit ex.5.Gen.H.Rouen 7th.March'19.
4274	" Rhodie,W.	5/8- do.	N.Y.D.Sick	Adm.5.Gen.H.Rouen 8th.March'19.
38889	L/C.Reilly,J.	1- do.	Alcoholic Poisoning	Dis.to Med Bd.Dep.ex.5.Gen.H.Rouen 8th.March'19.

No.1. - RECORD OFFICE - SHREWSBURY.

LIST No.H.A.35408.

676690	Pte.Galpin,J.	12-S.W.B.375-P.O.W.	Tonsillitis	Dis.to Reinf.ex.5.Gen.H.Rouen 7th.March'19.
49235	" Fancy,S.	11-S.Lancs.	Bronchitis	Dis.to Reinf.ex.5.Gen.H.Rouen 7th.March'19.
565770	" McIntyre,J.	15-Welsh 69-P.O.W.	Hernia.	Adm.5.Gen.H.Rouen 8th.March'19.

No.TWO. - RECORD OFFICE - SHREWSBURY.

LIST No.H.A.35408.

76531	Pte.Zane,E.	1/4-Cheshires.att. E.F.C.	Abrasion Knee.L.	Dis.to Reception Camp ex.5.Gen.H.Rouen 7.March'19.
8428	" Duke,S.	16-R.W.Fus.1-Des. Camp.	Debility.	Dis.to Unit ex.5.Gen.H.Rouen 7th.March'19.

NEWFOUNDLAND EXPEDITIONARY FORCE.

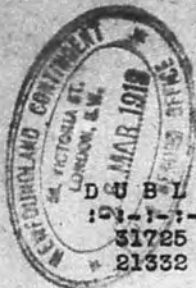
LIST No.H.A.35408.

4051	Pte.Welman,T.	1-R.Newfoundlands.	Scabies	Adm.5.Gen.H.Rouen 7th.March'19.
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BOARD OF TRADE.

LIST No.H.A.35408.

	Seaman Gusato,S.A.	H.M.S. "Eastela"	N.Y.D. Sick.	Adm.5.Gen.H.Rouen 8th.March'19.
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C.R. 4057

SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

D & B L I N - RECORD OFFICE

LIST No H. A. 35563

31725	Pte. Horrigan.D.	2/R Dub Fus	Sprain Ankle L	Dis to Reinf ex 5 Gen H Rouen 17th March '19
21332	Dr. Doyle.Y.	6/R Innis Fus	Contusion Chest	Dis to Demobilization Camp ex 5 Gen H Rouen 18 March '19

QUEEN MARY'S ARMY AUXILIARY CORPS

LIST No H. A. 35563

51611	Wkr. Harrison.L.	QMAAC Camp E	N.Y.D.	Adm 2 Gen H Havre 20th March '19
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626

ROYAL ENGINEERS (TRANSPORTATION BRANCH)

LIST No H. A. 35563

277413	Cpl. Lewis. B.	RE 62 B.G.Cy	Influenza	Dis to G.M.E. St Etienne ex 5 Gen H Rouen 17th March '19
74026	Dvr. Carroll.D.	RE GRBD	Bronchitis	Dis to Reinf ex 5 Gen H Rouen 18th March '19

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST No H. A. 35563

4051	Pte. Wellman.T.	1/R Newfoundlands	Scabies.	Dis to Unit ex 5 Gen H Rouen 17th March '19
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C.R. 4051

Extract from Casualties received from Pay & Record Office,
London, dated July 8th 1918.

#4051 Pte. T. Wellman.

Influenza.

Admitted Convalescent Dep. Etaples June 28th, 1918.

C.N. 4051

Extract from War List #25268

#4051 Pte. T. WELLMAN.

ADMITTED TO 20 GENERAL HOSPITAL DANES CAMIERS 20 JUNE 1918.

INFLUENZA

C.R. 4051

Extract ed Nominal Roll Draft. (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone.

4051 Pte. T. Wellman.

25-5-18.

NEWFOUNDLAND CONTINGENT.

C.R. 4051

Extract of Nominal Roll of Draft No. 46, - 100 Other Ranks from 2nd. Batta Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.E.F Embarked Folkestone, 25/53/8.

4051 Pte. T. Wellman.

A.Ps. B. 106 (one for each soldier) sent to 3rd. Echelon, B.E.F.

C.R. 4051

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florizel" Dec. 11, 1917.

4051 Pte. (O) Wellman

C.R. 4051

Extract from Daily Orders Part II Unit ⁴the Royal Nfld.
Regt., St. John's, Oct. 31st, 1917.

4051 Pte. T. Wellman.

Attested for General Service with the Nfld. Regt., with
effect from Oct. 31st, 1917.

J. Wellman

C.R. #051

P. & R. O.

Medical Report on an Invalid.

Station Norley Barr Camp
 Date 30.4.19

- 1. Unit Royal Newfold
- 2. Regimental No. 4051
- 3. Rank Pte
- 4. Name Wellman J.
- 5. Age last birthday 22.
- 6. Enlisted { on 20.10.17
 at St Johns

- 7. Former Trade } Fisherman
 or Occupation }
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No. ;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

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

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). na.
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

to complain of no disability

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Y29

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

- If so—(a) When?
- (b) Where?
- (c) Opinion?

mq

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

mq

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

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

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

Repatration

20. Do you recommend—

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

Major Adams

Officer in medical charge of case.

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

Station *H. O. Camp*

Officer in charge of Hospital.

Date *30.11.19*

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

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

COPY.

MEMORANDUM.

From
O.i/c No.1 Sub. Sect.,
G.H.Q.

To O. i/c Records,
R. Nfld Regt.,
London.

Date 27/6/19. 191

4051 PTE. F. WELLMAN.

I am this day forwarding to you under separate cover, and by registered post, 1 Wallet, Letters, Photos, Pay Book and 1 Ten Franc Note belonging to a/n. man.

Please acknowledge receipt hereon.

(Sgd)

Captain for
O.i/c No.1 Sub Section,
Record Office, British Troops
in France and Flanders.

(In. Ref. No. 4490).

1502

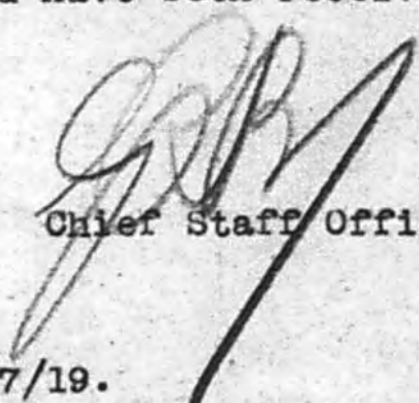
From: Chief Staff Officer (Lond)
Newfoundland Contingent,
58 Victoria St. London. S.W.

No. 9557

To: Officer i/c., No.1 Sub Sect.,
British Troops in France & Flanders,
G.H.Q., 3rd Echelon, B.E.F.

Reference reverse.

The soldier's effects therein
enumerated have been received, please.



Major,
Chief Staff Officer (London).

Dated 14/7/19.

GB/JC

To

~~Mr~~ Elias Hellman

Pillay Island

Newfoundland

Cable twelve pounds
through militia

4051 Pte Hellman J

218

5835/285

1st Batt. Ryl. Nfld. Regt.

B.E.F.

14th April 9

4051 Pte T. Wellman

132 ✓

4051 Wellman T.

£12. 7. 0.

No. 4051 Rank

St

Name

Hellman J.

Pay	F.A.C. Wtd	Total
1.00	.10	1.10
Less: A. Interest		.70
Net Rate		.40

W

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	Total
						From	To			
Balance					Balance					8 12 7-
Acquittance Rolls	5 14 4				Pay @ Net Rate	20 7/8 + 4/19	105	40	4200	8 12 7-
Hospital Advances					<i>R.A.</i>			14 day	19	1 4 6-
A.B. 64. 65 Inc.		2	9		<i>of Bal.</i>					<i>18 9 8-</i>
P.&R.O. Payments					<i>L 10 5 6-</i>					
<i>Wash R. 1925</i>	<i>4 4/19</i>	<i>10</i>	<i>00</i>							

L 4-2
W 4/18

MEMORIAL CONTINGENT

No. of Pages
No. of Sheets

Wellman, A

4051

Hay Sept.

July 15, 1919

#4051 Pte. Thomas Wellman,

Port Anson, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3035.

Yours truly

Raymaster & C. i/c Records. Captain.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4051 Rank Pte. Name Wellman J.
 Intended place of residence Port Auxson.

2. Occupation Fisherman
 Classification of soldier 2 Medical Category AI

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 JUN 17 1919
 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, ST. JOHN'S
 Date JUN 17 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUN 17 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 31-10-17 No. of days on Military
 Discharged from service 1-7-19 Plus 14 days Service 623

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 1 1919
 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
 Date July 15/1919
 Officer in Charge
 The Royal Newfoundland Regiment

27/B2049/3035

The Royal Newfoundland Regiment

Class for Demobilization: *16/*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *16.6.19*

Regimental No *4027*

Name *Wellman. J. H.*

Rank *plb*

Address *Port. Anson*

N. D. Bay

Present Medical Category *A 1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Lait Major
O.C. Discharge Depot.

P. Paterson
Senior Medical Officer

D. W. Burden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4051 Rank Pte Name Wellman J
 Date of Enlistment 31.10.17 Address Port Upriver District Sweet's
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 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 16.6.19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J W Wellman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £60.00
- (b) Clothing Supplied _____

Am Johnston

Date 17-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A 1830 to his home at Fort Anson and Release Certificate No. 2874 issued.

Date 17-6-19 *J.A. Snow Capt*
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 15-7-19

Date 17-6-19 *H. H. Mustaff*
Depot Paymaster.

Discharge approved for 1-7-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date 17-6-19 *J.A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 1 1919 *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:

To resume former Occupation.

J. J. Wellman
Signature of Man.

Reg. No. 4051

J. J. [Signature]
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 17-6-19 191

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

MEDICAL HISTORY

OF

Surname Wellman Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Port Antonio N.D. Bay County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>31</u> day of <u>Oct.</u> 191 <u>7</u> at <u>St. John's</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>20</u> years <u>6</u> Mths		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches		_____ feet _____ inches	
Weight	<u>147</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>38</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm	<u>/</u>		
	Number	<u>/</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=_____ L.E.—V=_____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Kenneth Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>31</u> day of <u>Oct.</u> 191 <u>7</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Nfld Regt</u>	<u>4051</u>		
Became non-effective by	on _____ day of _____ 191____		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 *Thomas Wellman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4051*

Intended address *Port Antonio N.D.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Elias*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Port Antonio, April 7th, 1897*

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) *Thomas Wellman*

Pfc
(Rank)

Station *S. Johns* Date *16 6 19*

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

Station

Date



Medical Report on an Invalid.

Station Hazelby Down.
Date 30-4-19

- | | |
|--|---|
| <p>1. Unit <u>Royal Newfld.</u></p> <p>2. Regimental No. <u>4001</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Willeman. J.</u></p> <p>5. Age last birthday <u>22.</u></p> <p>6. Enlisted { on <u>20-10-17</u>
at <u>St Johns</u></p> | <p>7. Former Trade } <u>Fisherman</u>
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

Ac anthesis pro disability

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

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

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

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

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

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

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

Preparation

mark

Chapman

Officer in medical charge of case.

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

Station *Stagley Down*

Date *30-4-19*

Officer in charge of Hospital.

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

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

Casualty Form - Active Service.

Regiment or Corps *21 Royal Newfoundland*
 Rank *Pte* Surname *Shelman* Christian Name *Thomas*
 Religion *Meth* Age on Enlistment *20* years *6* months
 Enlisted (a) *31. 10. 17* Terms of Service (a) *Duration* Service reckons from (a) *31. 10. 17*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 Occupation *Fisherman* *W. A. Cullen* or Corps Trade and rate *5*
 Signature of Officer *W. A. Cullen*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service as reported on Army Form B. 213, Army Form A. 30 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. 30, or other official documents.
Date	From whom received				
		Embarked <i>25-5-18</i>			
		Disembarked <i>27-5-18</i>			
		Joined Battalion <i>31-5-18</i>			
<i>20 June 18</i>	<i>Cou sep</i>	<i>Ad Influenza</i>	<i>Demostocamin</i>	<i>21-6-18</i>	<i>42-268</i>
		<i>5 Yrs Hosp. Adm. Scabies</i>	<i>Clapton</i>	<i>28-6-18</i>	<i>42-268</i>
		<i>Discharged 20p</i>		<i>7/3/19</i>	<i>42-35408</i>
		<i>Granted leave to UK 3/4/19 to 18/4/19</i>		<i>9/3/19</i>	<i>6213</i>
		<i>Arrived in UK</i>		<i>23/4/19</i>	<i>6213</i>

W.A.C.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shosong-Smith, & Co. W 2045 - M2731 20,000 9/17 (3501) C. P. & S., Ltd., Form B. 103. 8/1907. P.T.O.

July 21, 1919

#4051 Pte. Thomas wellman,

Port ANSON. N. D. B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service Gratuity.

Yours truly

Captain & paymaster.

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 *Thomas* 2. Surname *Wellman*
3. Rank *Che* 4. Regtl. No. *4051*

5. Address in full to which future payments of gratuity are to be forwarded *Port Anson, N.R.B.*

6. Date of enlistment in the Regiment *Oct 25/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

8. Relationship of such dependents

9. Address in full of such dependents

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in Nfld. If so, give dates and particulars of such service *Overseas,*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas

From Oct 25/17 to June 17/19

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

.....
.....
.....
.....
.....

No

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

.....
.....
.....

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

No

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

No

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

No

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

No

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

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

No
June 17/19
Temporary *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 - from April 1918
to April 1919 - Ypres

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.

-3- S Wellman

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17th

day of

1919

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

POST DISCHARGE PAY.

Date paid Paid Soldier. Paid Dependent.

War Service
Credit.

Net amount
due.

Certified correct.

Paymaster

3382

Port Anson,
Jan 14th/10.

to Capt. Militia

Dear Sir,

Sometime ago I visid you
 from Alley's Isld concerning my missing cheque.
 Received answer saying you had sent, but have not
 received it to date. On receiving reply I started
 for St Johns to see if by paying you a personal visit
 I could get it. When I had reached millerton
 Junction I was recalled by the death of my father
 so I am now unable to come to town for sometime.
 I would be much obliged, if you would accept
 my written statement that I have not received it
 & forward at once. Please oblige

Yours Truly

(4051. Ex Pl.) Thomas R. Wellman

Port Anson

Sunday Bone Isd.

N. S. Bay

P.S. You will understand that I shall take every possible
 means to get my cheque as it is due
 honestly & in my right
 "Cave!"

Look up his cheques & see if all are paid.

If this man has not received his cheques to date
tell him to write & let us know which cheques
he has received & date & which one is
missing as there are three outstanding cheques.

99
Port Anson.

Feb 23rd/20

To the Paymaster,
Dep't of Militia

Dear Sir,

Will you please
accept my written statement that my son
(4067) Thomas W. Wellman has not yet received
his "final payment" of wages due him
& that as it is his honestly I would like
him to get it. Signed!

Fellie Wellman

Port Anson

N. D. Bay.

Port Anson
Feb 23rd / 20.

To The Paymaster,

Depar^t: of Militia. St John,

Dear Sir,

This is

the third time, after writing once, that I have written you concerning my missing cheque of \$70. my final payment of war gratuity. I have had had but one reply from you, that was an answer to my message, saying that it had been sent.

But if sent it must have been destroyed or stolen in coming as I have never received it.

It would not be at all surprising if it had been lost as our mails have been so irregular & handled in such a peculiar manner since last fall. Nevertheless I should imagine that you could take my word in this matter & send me another cheque as you know it is my due. If you would trouble to write our minister at Long Island, N. S. Bay. You would find that he would assure you of my own & my family's honesty. But for my father's sudden death in Jan. I should have been to St John's myself before now. But under the circumstances I cannot leave my mother & home at present.

Kindly send answer & cheque as soon as possible. If not I shall have to write to the Premier for his advice. Please oblige

Yours Truly,
Wm. G. J. R. Wellman.

all cheques in Port Anson

H.

Address

4051 Box Rd Thomas R. Wellman

Port Anson,

North Vancouver

B. C.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thos Wellman, Regl. No. 4051

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 Nov - 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
30870	Mother	Elias Lillie Wellman	Port Gower St John's	70
Total Allotment, \$				70

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.) [Signature]
Officer Commanding
Company
[Signature]
9-11-191

(Sig.) Thomas Wellman
(Rank) [Signature]

Port Anson, S. I.
Dec 24th 17

To, The Paymaster,

Separation Allowance Branch

Dear Sir,

Enclosed are the

sheets given to my son to be filed in by me.

I have done so as properly and as truthfully as I am able to do so.

Perhaps if I told you our circumstances, a little more understanding would be given you on the matter.

Pte 4001 J. Wellman was our eldest son at home until the date of his enlistment. Our next boy is between 13 & 14 yrs of age & delicate. From him down we have 6 others including a twin. My husband (their father) is a man of 64 yrs of age. He has worked very hard always for a living & has had several misfortunes to his limbs. About 6 years ago he fell from a scaffolding & broke his foot & no doctor being available, he was laid up all one winter. Consequently he is not able to work & haul wood & do other work that is required of man in these times to do to get a living. We have no income & no money at interest in bank or otherwise to bid us over our difficulties. While our son was earning for us we had no difficulty to live

by being very careful of every cent. But now he is gone & with the increase of the prices of provisions you can imagine what it looks like to a family such as ours. If it were not for the increased prices, I should not have bothered to return these papers as I do not want what is not due to me or to deprave the Gov't in any way.

Our minister placed his name at the bottom of this paper, as he thought it was perfectly right that we should get help if not the full amount - some portion of it. There is no magistrate living near us for some miles by boat & no patriotic ~~and~~ ^{land} committee, so we decided to send the papers with just the minister's signature & leave the rest to you. Our son is a fisherman & if he had remained home no doubt this fall, would have made several hundreds of dollars at the herring fishery in this bay. But he thought it is duty to go & do his part for his country & we were satisfied to give him. But he went with the impression that his father, myself & the children would be cared for. This is why he asked for this allowance.

I am leaving it your own judgement to decide what is due us. We will just hope for ^{the} war to end when we will want no help but our son's. I remain, yours Respectfully,
Mrs Elias Wellman. Port-Anson, Sunday Cove Island.

*Alvin Current
Parent/1/1/17*

NOTES.

PLEASE REPLY TO THIS QUESTION.
Separation Allowance Branch.

Notice. THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:-

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Bldg.

1. Name in full of Soldier Rank Reg't. or Unit Regt. No.
Thomas Raymond Wellman, Private, 1st W.F. Reg. 4051
2. Age of Soldier 20 Married or Single *Single*
3. Name in full of Mother of Soldier. Age Occupation Permanent Address.
Iellie Wellman 36 Housewife Port Anson Sunday Cove Rd.
4. Give name of your husband. Age Occupation Where employed.
Chas Wellman 64 Fisherman at home.
5. If your husband is not supporting you state the reason. *Disabled through crippled hand & foot.*
6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue) *Not a chronic invalid. Hurt through having a broken foot - 6 years ago & also one hand disabled not able to support a family of wife & 7 children*
7. If you are a widow, state date and place of death of your husband.
8. Have you married again since death of above mentioned husband?

9. Names of your other children Address in Full. Age Occupation Married or Single.
*Wellbert 13
Norman A. 12
Lawrence C. 10
L. J. 8
L. J. 5
James 4 mos
Caroline 6 yrs.* *None*
- Oldest son John. married serving as R. N. R. from beginning of the war.*

- (a).
10. State amount earned by (a) Yourself (a) _____ state of _____
 (b) Your husband (b).
-
11. State amount and source of any other income. *None.*
-
12. State value of Real Property belonging to you and your husband? *No property, excepting*
-
13. State value of personal property belonging to you and your husband. *House & home*
-
14. If husband is dead state value of Real and Personal property left by him? *Living.*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *\$5⁰⁰.00*
-
16. Was this amount contributed weekly or monthly.
-
17. Did this amount include payment of son's Board etc. *When at home. Usually son's fishing & hunting ^{from home} ~~no board to the project.~~*
-
18. State your son's trade or occupation prior to enlistment. *At fishing & lumber woods.*
-
19. State amount of his wages per week. *not paid weekly*
-
20. State name and address of his last employer. *Fishing vessel F. Whamsee during summer months - at Little Bay Islands.*
-
21. State amount of support monthly from your son since enlistment. *Pay not as yet received.*
-
22. State amount of Allotment received by you from son monthly. *70^{cts} per day. ^{70^{cts} per day} ^{for 30 days} ^{per month}*
-
23. From what date did, you receive Allotment. *None received up to date. He has allotted.*
-
24. Actual amount contributed by other children. *Weekly None. Monthly.*
-
25. Are any of these children in the employ of yourself or husband? *"*
-
26. If not receiving support from other children state cause. Explain fully. *Oldest son. Married other children to young.*
-
27. With whom are you residing at present. *My husband & family.*
-
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No. No need. Son just enlisted*
-
29. Are you already in receipt of Separation Allowance from any source, if so, how much? *None whatever.*

(3).

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

None whatever.

31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government?

No.

32. In what capacity and what place?

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Felix Wellman*

Place of Residence..... *Port Anson, Sunday Cove Island.*

Declared and subscribed before me at.....

this day of.....191

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

T

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local ~~Knowledge~~ Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier, first mentioned, is ^{the} sole support of the applicant.

Signature of Clergyman *Wm. S. Howell*

Signature of Member of Patriotic Fund Committee.....

Approved 12/2/18

W.F.H.
M.S.

ms



1st Newfoundland Regiment

HEADQUARTERS

St. John's, Newfoundland,

Nov 1st

1917

Herewith 4051 Wellman, who is
looking for separation allowance under
Regulation 40. but you please
give him necessary information
concerning same.

Walter J. O.C. Coy.
1st NEWFOUNDLAND REGIMENT,
ST. JOHN'S, Nfld. *Wellman*

*Form given to
to be filled in
J.M.*

4051

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE *2. 22. 1920*
PLACE *P. Cit. Anderson*

NO. *4051*... NAME... *T. Wellman*

C.R. 4051

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

⁴⁰⁵¹
Name..... Thomas B. Willman.

Date. Nov: 23rd 19.

Place. Port. Anson...

Receipt for Army Book 64

No. 4051 Name J. Wellman

To Certify that I have received the ²/_{AB} 54 of the above
named Soldier.

Name J. Wellman

Date aug 17 / 1920

Place Port Antonio N.D. Bay

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



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B. 121
32

Regiment of

1st Newfoundland

Number of Sheets *one*

Signature T.O.C. Company

W. H. [Signature]

Regimental No. and Name <i>No. 4051 Wellman No.</i>		Enlistment Age on <i>20</i> years <i>6</i> months	Trade <i>Fisherman</i>	Good Conduct, Badge, Service pay or proficiency pay
Joined _____ Date _____	Place and Date of Enlistment <i>St. Johns 3-10-17</i>	Period of with Colours <i>25 1/2</i> years. with Reserve <i>36 1/2</i> years.	Religion <i>Method</i>	
Joined _____ Date _____			Place of Birth	

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
<i>Hayley Down Camp</i>	<i>20/5/18</i>	<i>Pte.</i>		<i>Absent from 12 Mid. until 10.55 am. 21. 5/18.</i>	<i>Lt. Rose</i>	<i>Admonished</i>	<i>22/5/18</i>	<i>Capt. Emerson</i>	<i>For 14 days pay 15/8/18</i>
				<i>Demobilized St. Johns, 15/7.</i>					

To be carried over

Army Form B. 121

24051

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4051 Rank PLC Name Wellman J
 Date of Enlistment 31.10.17 Address Port Antonio District Dwight
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 16.6.19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature]
 J. Wellman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable 7.60.00
- (b) Clothing Supplied _____

[Signature]
 A. M. Robinson

Date 17-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 19,1830 to his home at 1171-11th St and Release Certificate No. 2874 issued.

Date 17-6-19

J.A. Knowlton
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 15-1-19

Date 17-1-19

H. H. Mustaff
Depot Paymaster.

Discharge approved for 1-9-19

Forwarded with following documents to O.C. Discharge Depot.

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

Date 17-6-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 1 1919

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

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

Date July 10/19

J. Melchior
H. H. Mustaff

