



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4502 Name Stewart J. Wallon Corps Mech

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

1. What is your name? ..... 1. Stewart J. Wallon
2. What is your full Address? ..... 2. Ladbroke
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. Labourer
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, Stewart J. Wallon 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.

6/30/17

Stewart J. Wallon SIGNATURE OF RECRUIT.  
James J. Wallon Signature of Witness.

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

I, Stewart J. Wallon 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 30 day of July 1917  
Signature of Attesting Officer H. J. Fitzgerald Sm

### † 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 30/7/17 1917  
Place St. John's } Approving Officer. H. J. Fitzgerald

† 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 Stewart W. Wellon
Apparent age 18 years - months Height 5 feet 9 inches
Chest Measurement { Girth when fully expanded 35 inches wt 129
Range of expansion 2 1/2 inches
Distinctive marks Hair dark Eyes Blue Complexion fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Wellon
Julia Ware | Relationship father
John Bied 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.

Table with 4 columns: (a), (b), (c), (d)

Particulars as to Children

Table with 2 columns: Christian Names, Date and Place of Birth

STATEMENT OF THE SERVICES

Table with columns: 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 (Years, Days), Service in Reserve not allowed to reckon towards G. C. Pay (Years, Days), Signature of Officers certifying correctness of entries

Total Service towards Engagement to (date of discharge) years days
" " Penalties " [ " " ] " "



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

4202

No. 4307 Name Stewart J. Wellon Corps Infantry

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Stewart J. Wellon</u> .....          |
| 2. What is your full Address? .....  | 2. <u>Jack Cove</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>Janitor</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, Stewart J. Wellon.....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.

8/30/17

Stewart J. Wellon SIGNATURE OF RECRUIT.

James J. Wells Signature of Witness.

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

I, Stewart J. Wellon.....do make oath, that I will be faithful and bear true allegiance to His Majesty King George V, 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 Grand Falls on this 30 day of Nov 1917

Signature of Attesting Officer H. J. Fitzgerald

### †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 3-12-17 1917  
Place St. John's } Approving Officer. H. Bailey

† 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 Stewart W. Wellon  
 Apparent age 15 years - months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 35 inches wt 129  
 Range of expansion 2 1/2 inches  
 Distinctive marks Hair dark Eyes blue Complexion fair

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Wellon  
Sadd Cove | Relationship father  
St. John's 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>30-11-17</u>									
Joined at <u>St John's</u> on <u>November 30-17</u>									
<u>Arrived Halifax Nov. 29/1918</u>									
<u>Embarked St John's St. George to Halifax N.S. 29-1-18. Transferred from Military Hospital, St. John's to Brompton Hospital for Consumption, Saltham Road 19-6-18. Boarded at 3 London Gen Hosp. 11-9-18. To Newfoundland for discharge 16-10-18. Arrived Newfoundland 25-11-1918</u>									
<u>No Active Service</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 16-11-18 (date of discharge) - years 362 days  
 " " Pensions " " " " " " " "

Medical Report on an Invalid  
 Lt. Colonel General Hospital

Station WANDSWORTH SW

Date 21-9-18

1. Unit ROYAL NEWFOUNDLAND REGIMENT.

2. Regimental No. 4202

3. Rank Private

4. Name Wellon Stewart

5. Age last birthday 18

6. Enlisted { on 1st December 1917  
 at St John's Hfld.

7. Former Trade or Occupation } Fisherman

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge. } N/A.

8. Disability in respect of which invaliding is Proposed.

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

Pulmonary Tuberculosis

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. Decbr. 1917.

10. Place of origin of disability. St John's Newfoundland.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. In December 1917. Cough, nothing except this cough (which persisted) until May 1918. when patient developed N. Sweats, pains in chest. Expectoration. Hoarseness of voice since Feb 1918. (some superficial ulceration vocal cords)

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). English climate does not agree with patients constitution. Patient himself is of the opinion that conditions during his service aggravated his disablement.
- (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.

Upper lobe Rt Lung - consolidation  
Upper lobe Left Lung - deposit  
June 19th 1918 8st 13 lbs  
Sept 16th 1918 10st 12 lbs  
TB present before admission  
Present 20-6-18

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,
- (b) ~~Change to England?~~

Yes

(Sgd) J F Wheeler

Officer in medical charge of case.

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

Station

Chest Hospital Brompton (Sgd) J Emrys Maitland

Officer in charge of Hospital.

Date

20-9-18

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

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

Opinion of the Medical Board.

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

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

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

*Yes*  
*Yes* Active Service home conditions Exposure

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

*Exposure*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

*some may persist six months*

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*100%*

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil*

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

27. Do the Board recommend—

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

*Yes return to Newfoundland*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

*Yes*

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

*(Sgd.) John Poynton Capt Admet* President.  
*(Sgd.) R.P. Howard CS* Members.

Station \_\_\_\_\_

Date 21-9-18

Approved.

Station \_\_\_\_\_

Date 21-9-18

*(Sgd.) John Poynton Capt Admet*  
Administrative Medical Officer.

# Report of Medical Board.

Station	St. John's, Nfld.	Date	November 15th., 1918
No. and Rank	4202 - Private	Age	18
Name	WELLON, STEWART	Height	5'9"
Unit	Royal Nfld.	Complexion	Pale
Address	Lady Cove, Fogo District	Eyes	Hazel
Former Trade	Fisherman	Hair	Fair
Enlisted at	St. John's On 1/12/17	(The Board will please note how the soldier's appearance corresponds with above description.)	
Disease or Disability	Original PULMOMARY TUBERCULOSIS		

Subsequent

Present Condition (Compare with previous Board)

*Health & temp normal. Both lungs affected at apexes*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *100%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *What would be his*

Recommendation of Medical Board

*Discharge permanently unfit*  
*Enter Fogo Camp*  
*Cluny Macpherson, Major*

Members of Board

*[Signature]*  
*[Signature]*  
*[Signature]*

Approving Medical Officer.







4202

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

Dec. 7th. 1918 191

Officer Commanding,  
Headquarters.

Sir,

The under-mentioned men have been discharged on the dates given. Kindly note and post in Daily Orders, Part 11.

I have the honour to be,  
Sir,  
Your obedient Servant,

Sgd.....J.M.Howley,  
Capt.  
Paymaster & O. i/c. Records.

4202.	Pte.	Wellon, Stewart.	Nov. 29th. 1918.	Med. Unfit.
3235.	"	Pike, Thos	do	do
4123.	"	LeDrew, Edward J.	do	do
5555.	"	Langdon, Chas.	do	do
5395.	"	Coleman, Bartholomew.	do	do
4200.	"	Stickland, James	do	do
4265.	"	Morris, Willis. H.	do	do
5662.	"	Verge, Thomas	30th.	do
5641.	"	Socley, John	do	do.

Wellon, S.F.

#202

May Sept.

4202. pte S. F. Wellon, is  
still living. He is a  
patient at Jensen camp  
St. Johns. Suffering from  
Tuberculosis.

Sig  
S. Samuel Wellon Jr.

C.R. 4202

RECEIVED FROM THE DEPARTMENT OF MILITIA

ONE COTTON BAG CONTAINING EFFECTS OF ~~THE~~  
NO. 4203 PTE. S.F. WELTON.

SIGNED *Samuel Welton Sr.*

DATE *March 29<sup>th</sup>/19*

Extract from Registered Receipt, dated Feb . 17th., 1919.

One Parcel No. R. 1608

To. Sam Wellon,  
Ladle Cove, Fogo.

C.R. 4202

Feb. 14th 19.

S. <sup>W</sup>ellon Esq.,  
Ladle Cove,  
Fogo.

Dear Mr. Wellon:

It is my regrettable <sup>duty</sup> to have to forward  
to you one cotton bag containing effects which be-  
longed to your late son No. 4803 Pte. S.F. Wellon  
of the Royal Newfoundland Regiment.


Herewith enclosed you will find receipt,  
kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your  
bereavement and in the added sorrow that the receipt  
of these effects must entail.

Yours sincerely,

Lieut.  
Casualty Officer.

No. of Paper 1421**PERSONAL EFFECTS.**Name Wellon S.C.R. 4202Rank PrivateRegiment ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
<p>1 Cotton bag containing:— Personal effects extracted from Kit Bag.</p>		
	Final disposal	
		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Shipped to Newfoundland.</p>

Remarks:— Casualty Advice:— Repatriated. 16/10/18  
 Next of Kin:— Father:— Samuel Wellon  
 Saddle Cove  
 Fogo Dist.

C.R. 4202

Extract from Daily Orders, Part 11, UNIT: The Royal Nfld. Regt.,  
dated Dec. 10th. 1918.

STRENGTH DECREASES.

4202 Pte. Stewart Wellen

Having been found Medical Unfit is Discharged from 26/11/18.



4202  
C.R. ~~4202~~

Extract from Medical Board held Friday Nov. 16th, 1918.

4202

420<sup>2</sup> Pte. Wellon, S.

Recommended Discharge-Permanently Unfit and admission to  
Jensen Camp.

MM.

C.R. 4202

Extract from Daily Orders part 11, Depot. St. John's  
dated Nov. 14th., 1918.

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4202 Pte. S. F. Wellon.

The abovementioned returned from Overseas and reported  
at depot. 8/11/1918.

BC.

C.R. 4202

Extract from Telegram to Military, St. John's, dated Oct. 17th 1916

Being sent home for Discharge:

4202 Wellen.

C.R. 4202

Extract from Casualties received from P.A.R.O. London,

Sept. 17, 1918.

Association Visiting Committee reports Improving.

4202 Wellon.

C.R. 4202

Extract from Nominal Roll of repatriation Draft, Embarked for  
Newfoundland 16/10-18.

FOR DISCHARGE UNDER A.F. B.179.

4202 Pte. Wellon, S.F.

MM.

C.R. 4202

Extract from Casualties received from the Pay and Record Office  
26th June 1918.

4202 *Wellton*  
~~#4202~~ Pte. *Wellton* S. F.

The u/m/ were transferred from Mill Hospital Hazley Down Camp 19-6-18  
To Brompton Hospital for consumption, Fulham Road. S. W. 3.

C.R. 4202

Extract from Casualties received from P & R Office London,  
June 21st, 1918.

The U/H was transferred from Mil. Hospital, Hazeley Down Camp.  
19/6/18. to Brompton, Hospital, for Consumption, Fulham Road,  
London, S.W.3.

4202 Pte. Wellon, S.F.

Authority:

Memo. (5565) from Military Hosp., Hazeley Down Camp.  
Memo. fr

C.R. 4202

Extract from Nominal Roll Draft "H" Company Embarked  
S.S. FLorizel. Jan.29th, 1918.

4202 Pte. Wellon, S.



C.R. 4202

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, Dec.4th/ 17.

4202 Pte. S.F. Wallman.

Attested for General Service with the 1st Nfld. Regt at  
Grand Falls, with effect from Nov.30th/17 reported to Hdq's  
Dec.3rd/17.

# The Royal Newfoundland Regiment

## DEMOBILIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 4202 Rank Private Name Stewart Wellon

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60<sup>00</sup>/<sub>100</sub>

Date Jan. 19/19

Stewart Wellon

Signature of Soldier

G. Bursary

Signature of Witness

Kindly sign and return this Form,  
at your convenience.

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4202 Rank Private Name Wellon, S. Unit 2nd. Bn. R. Nfld Regt. who was Repatriated.  
to Newfoundland on 16/10/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			s			d	PARTICULARS	£			s			d	CR.	
		£	£	£	s	s	s			d	£	£	£	s	s			s
PERIOD: From 26/9/18 To 25/10/18	Balance Dr. from							Balance Cr. from prev. Pay Book.			9	15		9				
	Allotment 28 days @ 60¢	16	80	3	9		1	Pay 28 days @ \$1.00	28	00								
	Cash Payments:							Field Allow 28 days @ \$1.10	2	80								
									30	80	6	6		7				
	Other Debits:							Other Allowes days @ \$										
								Other Credits:										
	Total Debits				3	9		1	Total Credits			16	2		4			
	Balance due by Paymaster				16	13		3	Balance due to Paymaster			16	2		4			
					16	2		4										

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

\_\_\_\_\_  
(Signature) (Date) 191 \_\_\_\_\_ O.C. " " Company.

Made up, checked in accordance with information received in the Pay & Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.  
Pay & Record Office, London,

10/11/18 191

*OK/WK*

*A. D. Munnell Maj.*  
Chief Paymaster & Officer i/c Records.

**LAST PAY CERTIFICATE**

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 4202 Rank Private Name Wellon, S. Posted. Unit 2nd. Bn. R. Nfld Regt was Repatriated.  
to Newfoundland on 16/10 Authority          Cause         

**STATEMENT OF ACCOUNT**

DR.	PARTICULARS	£ s d				PARTICULARS	£ s d				CR.
		£	s	d	£		s	d			
	Balance Dr. from				Balance Cr. from prev. Pay Book				9	15	9
	Allotment 28 yrs @ 60¢	16	80	3	1 Pay 28 yrs @ \$ 1.00			28	00		
	Cash Payments:				Field Allowance 28 yrs @ \$ .10			2	80		
								50	80	6	6
	Other Debits:				Other Allowances days @ \$						
					Other Credits:						
	Total Debits			3	Total Credits				16	2	4
	Balance due by Paymaster			12	Balance due to Paymaster						
				16					16	2	4

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

**CHECKED** \_\_\_\_\_ (Date) 191  
Made up, checked in accordance with information received in the Pay & Record Office London to 25/10/18  
and is therefore subject to amendment if and as may be found necessary.  
Pay & Record Office, London,

*[Signature]*  
Chief Paymaster & Officer i/c Records.

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 question 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 *J. Stewart*..... 2. Surname *Nelson*.....

3. Rank..... *Pte*..... 4. Regtl. No. *4202*.....

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded.....

..... *Jensen Bank*.....

6. Date of enlistment in the Regiment..... *Nov. 30. 17*.....

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

..... *Not Applicable*.....

8. Relationship of such dependents..... *Not Applicable*.....

9. Address in full of such dependent.....

..... *Not Applicable*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*

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

..... *Rendered services from Nov. 30/17 to Nov. 29/18*.....

..... *(Served Overseas)*.....

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

*Nov. 30/17 to Nov. 29/18*..... *(Overseas)*.....

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

..... *Enlisted but once under Reg. No. 4202* .....

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.....

..... *No.* .....

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

..... *Yes* .....

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.....

..... *Not Applicable* .....

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

..... *No. Applicable* .....

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

..... *Not Applicable* .....

19. Are you now serving in the Regt.? .. *No.* ... If not give:- (a) Date of discharge.....

..... *No. 29/18* .....

(b) Reason for discharge.....

..... *On account of being no longer physically fit* .....

..... *for war service* .....

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.....

..... *No.* .....

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. *Yes*..... (b) *Yes*.....

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.

Signature of Applicant: *Stewart Willon*

Place of Residence: *Jensen Camp*

Declared before me at: *St. Johns*

This *11<sup>th</sup>* day of *March* 191*9*.

*Chas O'Neill Curry*  
Signature of Barrister of the *Not Pal*  
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 Gratuity	Net amount due
.....	.....	.....	<i>3.40</i>	<i>210.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.

4202

January 23rd. 1919

Stewart Wellon,  
Jensen Camp, Blackmarsh Road,  
C i t y.

Dear Sir:

With reference to your letter of January 19th. I beg to state that I have forwarded your Discharge Badge by registered mail today, and with reference to your character certificate, I may say that no character certificate has been received for you from London, and we are therefore unable to issue one in the meantime. It may however come through any time, and on receipt of it a certificate will be issued to you.

Yours truly,

Lieut.  
For Paymaster.



Jensen Camp  
Jan 19/69

3776

4202

Capt. J. M. Hawley

Dear Sir:

Recd. Discharge

Papers, also cheque of \$114.00, O. K.  
But no character certificate.

Will you kindly forward that as  
soon as possible.

With regards to  
my discharge Badge, I have heard  
nothing definite about that.  
Kindly send it along at your  
earliest convenience.

See if the man  
is entitled to  
character certificate  
I am yours truly  
J. M. Willson  
Jensen Camp.  
Badge sent cert  
to character  
received 1/10/69

November 15th, 1918

From Assistant Adjutant  
Depot.

To Paymaster & Officer i/c Records.  
Militia Dept.

4147, Pte. M. Walsh  
4202, " S. Wellon  
5855, " C. Langdon  
4200, " J. Strickland  
5612, " M. Walsh

The marginally noted men were recommended for discharge as permanently unfit, and admission to Jensen Camp, by Medical Board, held on Friday, November 15th. I am sending them herewith for your attention, and necessary action please, and have given them verbal instructions to report to the D. M. S. for his attention, after they have finished their business with you.

Copy for D. M. S.

WFC

Dec. 12th. 18.

Pte. Stewart Wallen,  
Ladle Cove, Negro.

Dear Sir;

I enclose herewith Civilian Clothing  
guarantee, which kindly fill out and return to this  
office, and on receipt of which I will forward you  
a cheque for \$60.00

Yours faithfully,

Capt.  
Paymaster & Officer i/c Records.

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Wellon Christian Name Stewart. F.

TABLE I - GENERAL TABLE.

Birthplace ... Parish Sade Cove St. John's County Ufld.

Examined ... { on 30 day of Nov 1917  
at Grand Falls.

Declared Age ... 18 years ... days.

Trade or Occupation ... Lumberman

Height ... 5 feet, 9 inches.

Weight ... 133 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.  
Range of Expansion 3 1/2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left  
Number / 1 Scar

When Vaccinated ...

Vision ... { R.E.-V=6/6  
L.E.-V=6/30

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) Spd Lamont Paterson  
(Rank) Major Medical Officer.

Enlisted ... { at G. Falls  
on 30 day of Nov 1917

Joined on Enlistment ...

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	4202

Transferred to ...

Became non-effective by  
on ... day of ... 191 ...

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

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hazeley Down</i>	<i>20</i>	<i>5</i>	<i>18</i>	<i>19</i>	<i>6</i>	<i>18</i>	<i>Tubercle Lung</i>	<i>40</i>	<p><i>Detained in Hosp pending transfer to Brompton Hospital T B found.</i></p> <p><i>Result of exam of specimen of Sputum Tubercle bacilli found (numerous) May 17th 1918.</i></p> <p><i>(Sgd) R. W. Yates</i> <i>Specialist Sanitary Officer</i></p>	<i>(Sgd) C. S. H. A. W. man Capt. R. D. M. C.</i>

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

Date	Brief details, and signature
7-12-17	Face LP
11-12-17	TAB LP
18-12-17	TAB LP
31-12-17	TAB LP

**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

# Report of Medical Board.

Station	<b>St. John's, Nfld.</b>	Date	<b>November 15th., 1918</b>
No. and Rank	<b>4202 - Private</b>	Age	<b>18</b> Height <b>5'9"</b>
Name	<b>WELTON, STEWART</b>	Complexion	<b>Pale</b>
Unit	<b>Royal Nfld.</b>	Eyes	<b>Hazel</b> Hair <b>Fair</b>
Address	<b>Lady Cove, Fogo District</b>		
Former Trade	<b>Fisherman</b>		
Enlisted at	<b>St. John's</b> On <b>1/12/17</b>	(The Board will please note how the soldier's appearance corresponds with above description.)	
Disease or Disability	Original	<b>PULMONARY</b>	<b>TUBERCULOSIS</b>

Subsequent

Present Condition (Compare with previous Board)

**Pulse 88. Temp. normal. Both lungs affected at apices.**

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

**100%**

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

**Total while in hospital.**

Recommendation of Medical Board

**Discharge Permanently Unfit.  
Enter Jensen Camp.**

Members of Board

**N. S. FRASER**.....

(Sig) **CLUNY MACPHERSON,**.....  
**Major.**

**J. SINCLAIR TAIT**.....

**L. PATERSON, Major**.....

Approving Medical Officer.



COPY

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 Commissioners of Chelsea Hospital.  
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full Wellon Stewart  
Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.  
Regimental Number 4203  
Where born (Parish, Town and County), and when Ladle Cove Nfld 6-11-1899  
Intended address Ladle Cove, Fogo District Newfoundland  
Height on discharge Five Feet Nine Inches  
Colour of Hair on discharge Fair Colour of Eyes Blue  
Descriptive marks None Complexion Pale  
Figure on discharge Medium  
Christian name of Father Samuel  
Christian name of Mother Mary  
Wife's Maiden name in full } N/A  
Date and Place of Marriage }  
Christian names of Children }  
Nature and locality of civil employment desired Fisherman Newfoundland

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) W. Stewart Wellon (Rank) Plt  
Station Chest Hospital Date 20-9-18  
Brompton

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.  
(Signature of Medical Officer) W. H. Wheeler, M. B. Medical Officer i/c  
Station Chest Hospital Brompton Hospital.  
Date 20-IX-1918

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts ...						

Rank on Discharge  
Character (as on Certificate of discharge)  
Where born, and on what date  
Date and Place of first Enlistment  
Trade on Enlistment  
Cause of Discharge  
Number of G.C. Badges  
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
Date \_\_\_\_\_ Records.



COPY.


This space to be left blank for the Chelsea Number.

Army Form B. 268.



### Proceedings on Discharge.

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

No. <u>4202.</u>	Army Rank <u>Private</u>
Name <u>Wellon Stewart</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 29<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>19</u> years <u>9</u> months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>pale</u> Eyes <u>hazel</u> Hair <u>fair</u> Trade <u>Fisherman</u> Intended place of residence { <u>Radde Cove</u> (To be given as fully as practicable) <u>2080</u>	Descriptive marks. 
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="flex-grow: 1;"> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;">_____ Initials of Commanding Officer.</p> </div> </div>	
Army Form B. 2088 has been issued to*	



**COPY.**

Army Form W. 3494.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 4202 Rank Private Regiment ROYAL NEWFOUNDLAND REGIMENT.

Name Wellon Stewart  
(Surname first)

1. State what special qualifications you have for employment in civil life.

*Fisherman*

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*Fishing - for himself.*

3. What is the nature and locality of the employment you desire?

*Fishing Work  
Newfoundland.*

4. What is the name of your Approved Society?

*None*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*Infantryman*

Date *19-Sept-1918* Signature *Sgt Stewart Nelson*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheets One

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>H202</u>	Age on	<u>18</u> years - months	<u>Carpenter</u>	
Joined _____ Date _____		Place and Date of Enlistment {	<u>Grand Falls</u>	Religion	
Joined _____ Date _____				<u>Meth</u>	
Joined _____ Date _____		Period of {	with Colours <u>362</u> years.	Place of Birth	
Joined _____ Date _____			with Reserve <u>365</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
				<p><i>Discharged Medically Unfit</i></p> <p><i>St. John's 26<sup>th</sup> / 18</i></p>					

To be carried over

**COPY**

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178 to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname Wellon Christian Name Stewart

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County Ladlow Co. Nfld.

Examined ... { on 1st day of December 1917  
at St Johns

Declared Age ... 18 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 9 inches.

Weight ... 10 st. 12 lbs.

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

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

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

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

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

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

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

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at St Johns  
on 1st day of December 1917

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT,	4202

Transferred to ... \_\_\_\_\_

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191    
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

**Table II.—Only for Admissions to Hospital or to the Sick**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
<i>3rd S. G. H.</i>							<i>Pulmonary Tuberculosis</i>		

List in the case of Warrant Officers treated in quarters.

marks 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, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Board held - see overleaf  
Disability - Pulmonary Tuberculosis  
Weight - 10st 12 lbs  
Cause - Exposure Active Service  
Home Conditions  
Total - Inability to earn a livelihood  
at present 100%

W. G. Hall  
Capt. D.M.S.

for 1/2 3rd London General Hospital  
WANDSWORTH S W





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

# MEDICAL HISTORY

Surname Willon OF Christian Name Stewart J

Table I.—GENERAL TABLE.

Birthplace:—Parish Leaside Cove Township County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.																			
	Right	Left	Right	Left																		
Examined	on <u>30</u> day of <u>Nov</u> 191 <u>7</u> at <u>St. John's G. Falls</u>	on _____ day of _____ 191____ at _____	on _____ day of _____ 191____ at _____	on _____ day of _____ 191____ at _____																		
Declared Age	<u>18</u> years — days	_____ years — days	_____ years — days	_____ years — days																		
Trade or Occupation	<u>Labourer</u>	_____	_____	_____																		
Height	<u>5</u> feet <u>9</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches																		
Weight	<u>133</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.																		
Chest Measurement	Grith when fully expanded	<u>36</u> inches	_____ inches	_____ inches																		
	Range of Expansion	<u>3 1/2</u> inches	_____ inches	_____ inches																		
Physical Development	_____	_____	_____	_____																		
Vaccination Marks	Arm	_____	_____	_____																		
	Number	<u>1</u>	<u>Leas</u>	_____																		
When Vaccinated	_____	_____	_____	_____																		
Vision	R.E.—V= <u>6/6</u>	_____	R.E.—V= _____	_____																		
	L.E.—V= <u>6/30</u>	_____	L.E.—V= _____	_____																		
(a) Marks indicating congenital peculiarities or previous disease	(a) _____	(a) _____	<table border="1"> <tr> <th colspan="3">(a) COPIES SENT</th> </tr> <tr> <td>To</td> <td>NO</td> <td>DATE</td> </tr> <tr> <td>M. OF M.</td> <td><u>16608</u></td> <td><u>15/10/18</u></td> </tr> <tr> <td>O.C. 1ST. BN.</td> <td><u>1168</u></td> <td>_____</td> </tr> <tr> <td>2ND. BN.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(b)</td> <td>_____</td> <td>_____</td> </tr> </table>		(a) COPIES SENT			To	NO	DATE	M. OF M.	<u>16608</u>	<u>15/10/18</u>	O.C. 1ST. BN.	<u>1168</u>	_____	2ND. BN.	_____	_____	(b)	_____	_____
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O.C. 1ST. BN.	<u>1168</u>	_____																				
2ND. BN.	_____	_____																				
(b)	_____	_____																				
(b) Slight defects but not sufficient to cause rejection	(b) _____	(b) _____																				
Approved by (Signature)	<u>Lammor Paterson</u>	_____	_____	_____																		
(Rank)	<u>Major</u>	_____	_____	_____																		
Enlisted	at <u>St. John's G. Falls</u> on <u>30</u> day of <u>Nov</u> 191 <u>7</u>	at _____ on _____ day of _____ 191____	at _____ on _____ day of _____ 191____	at _____ on _____ day of _____ 191____																		
Joined on Enlistment	Corps. <u>1st Nfld</u> Regt. No. <u>4502</u>	Corps. _____ Regt. No. _____	Corps. _____ Regt. No. _____	Corps. _____ Regt. No. _____																		
Transferred to	<u>Royal Newfoundland</u>	_____	_____	_____																		
Became non-effective by	on _____ day of _____ 191____	on _____ day of _____ 191____	on _____ day of _____ 191____	on _____ day of _____ 191____																		
(Signature)	_____	_____	_____	_____																		
(Rank)	_____	_____	_____	_____																		

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of 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.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hazeley Down</i>	<i>20</i>	<i>MAY</i>	<i>1918</i>	<i>19</i>	<i>6</i>	<i>18</i>	<i>Tubercle lung</i>	<i>40</i> <i>24</i>	<i>Detained in hosp. pending transfer to Brompton Hospital. T. B. found.</i>	<i>CSA Twiss, Capt. R.D.M.C.</i>



Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



### Proceedings on Discharge.

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

No. <u>4202</u>	Army Rank <u>Private</u>															
Name <u>Wellon Stewart</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>																
Battalion, Battery, Company, Depot, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so-stated.)</small>																
Date of discharge _____																
Place of discharge _____																
1. <i>Description at the time of discharge.</i>																
Age <u>18</u> years _____ months Height _____ feet _____ inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence _____ (To be given as fully as practicable)	<i>Descriptive marks.</i>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">COPIES SENT</th></tr> <tr><td>To</td><td>No.</td><td>DATE</td></tr> <tr><td>M. of M.</td><td><u>1668/18</u></td><td><u>15 OCT 1918</u></td></tr> <tr><td>G.C. 1st En.</td><td></td><td></td></tr> <tr><td>2nd En.</td><td></td><td></td></tr> </table>	COPIES SENT			To	No.	DATE	M. of M.	<u>1668/18</u>	<u>15 OCT 1918</u>	G.C. 1st En.			2nd En.		
COPIES SENT																
To	No.	DATE														
M. of M.	<u>1668/18</u>	<u>15 OCT 1918</u>														
G.C. 1st En.																
2nd En.																
<p>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</p>																
2. The above-named man is discharged in consequence of _____ _____ _____																
<p>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</p>																
3. Military character:— _____																
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____																
<p style="text-align: center;">Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;">_____ Initials of Commanding Officer.</p>																
Army Form B. 2088 has been issued to* _____																

To be filled in on the soldier quitting the Colours.

\* Strike out if not applicable.

**Medical Report on an Invalid.**

*Original*

*London General Hospital,  
WANDSWORTH, S. W.*

Station \_\_\_\_\_

Date **21 SEP 1918**

- 1. Unit *Royal Newfoundland Regt.*
- 2. Regimental No. *4202.*
- 3. Rank *Private*
- 4. Name *Wellon Stewart*
- 5. Age last birthday *18*
- 6. Enlisted *on 1<sup>st</sup> December 1917*  
*at St Johns, Nfld.*

7. Former Trade or Occupation } *Fisherman*

7A. If with previous service in Army, state—

- (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.
- } *N/A.*

**8. Disability in respect of which invaliding is Proposed.**

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

*Pulmonary Tuberculosis*

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To	No.	DATE
M. OF M.	<i>16608/168</i>	<b>15 OCT 1918</b>
O.C. 1st. Bn.	<i>16608/168</i>	
" 2ND Bn.	<i>16608/168</i>	

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. *December 1917.*
- 10. Place of origin of disability. *St Johns Newfoundland.*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 

*In December 1917 Cough, nothing except his cough (which persisted) until May 1918. When patient developed ex-osteo, lamina chest, expectoration, hoarseness of voice since Feb 1918 (some superficial ulceration both vocal cords).*
- 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).
  - (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.

*English climate does not appear to have contributed. Patient himself is of opinion that conditions during his service aggravated his disablement.*

13. What is his present condition?

upper left lung: Consolidation  
upper left lung: abscess.

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

June 19<sup>th</sup> 1918 8th 13th  
Sept 16<sup>th</sup> 1918 10th 12th

T. 13 passed  
before admission  
passed  
20.6.18

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?~~

Yes

F. F. Wheeler.

Officer in medical charge of case.

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

T. Gwynne Maitland  
D. S. Wheeler

Station Chest Hospital, Brompton

Officer in charge of Hospital.

Date 20-12-1918

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes  
By active Service abroad from military

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

Sapra &

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

—  
some may be  
his own

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

100 %

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

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

Yes  
to return to Newfoundland

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Yes  
—  
—

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

J. H. ... President.  
A. P. ... Members.

Station \_\_\_\_\_

Date 21. 9. 18

Approved.

Station \_\_\_\_\_

Date 21. 9. 18

J. H. ... Administrative Medical Officer.



No 4592



4 1ST. NEWFOUNDLAND REGIMENT 1.

ALLOTMENTS

I, Stewart Wellon, Regl. No. 202

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 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 February 1<sup>st</sup> 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3677	Partner	Samuel Wellon	Gable Cove. Wes.	60
Total Allotment, \$			60	

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 H Company  
[Signature] 1915

(S) Stewart Wellon  
(Rank) Plc

## Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records

58 Victoria St

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Wellon, Christian names Stewart  
(in full)

Regt. No. and Rank 4202 Pte Regt. or Corps Royal Newfoundland  
(If T.F. this should be stated)

His address on discharge will be Ladle Cove, Fogo District  
Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that \_\_\_\_\_ allowance

is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station

3rd London General Hospital  
Wandsworth SW

Date

21 September 1918

John Robert [Signature]  
President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Wellton

Christian Name Stewart

TABLE I.—General Table.

Birthplace { Parish \_\_\_\_\_  
County Ladle Cove Nfld

Examined { on 1<sup>st</sup> day of December 1917,  
at St Johns

Declared Age 18 years \_\_\_\_\_ days.

Trade or Occupation fisherman

Height 5 feet 9 inches.

Weight 10 st. 12 lbs.

Chest Measurement { Girth when fully Expanded \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

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

Vaccination Marks { Arm \_\_\_\_\_ RIGHT | \_\_\_\_\_ LEFT  
Number \_\_\_\_\_

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

Vision { R.E.—V— \_\_\_\_\_  
L.E.—V— \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by \_\_\_\_\_  
Rank \_\_\_\_\_  
Medical Officer.

Enlisted { at St Johns  
on 1<sup>st</sup> day of December 1917

Joined on enlistment { Corps B Nfld Regt. No. 4202

Transferred to \_\_\_\_\_

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
<u>21/9/18</u>	<u>Board held</u> <u>Findings</u> <u>Permanently</u> <u>Unfit</u> <u>Board opposed 21/9/18</u>
	<u>H. O. G. Hall</u> <u>900</u> <u>Capit Genl</u> <u>101 London General Hospital</u> <u>WANDSWORTH, S.W.</u>

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O.C. 1st Bn.	<u>1/18</u>	
.. 2nd Bn.	<u>1/18</u>	

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

**TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of 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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> L.I.H.							Pulmonary Tuberculosis		<p>Board held. see overleaf.                      Disability: Pulmonary Tuberculosis                      Weight: 10 st. 12 lbs                      Cause: exposure active since home conditions                      Total: Inability to earn a livelihood at present                      100 %.</p> <p>G. Hall Capt. Med                      H. O. B.</p>	

3rd London General Hospital,  
 WANDSWORTH, S.W.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 4202 Rank Private Regiment Royal Newfoundland

Name Wellon Stewart  
(Surname first)

1. State what special qualifications you have for employment in civil life.

*Fisherman*

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M. OF M.	<i>16608/68</i>	<b>25 OCT 1918</b>
O.C. 1ST. BN.		
" 2ND. BN.		

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*Fishing - for himself*

3. What is the nature and locality of the employment you desire?

Fishery work  
Newfoundland

4. What is the name of your Approved Society?

None.

5. Have you been employed whilst with the Colours? If so, in what capacity?

Infantryman

Date 19<sup>th</sup> September 1918 Signature Stewart Wellon

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

**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 Commissioners of Chelsea Hospital.  
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.  
Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

**A** Name in full Wellon Stewart  
Regiment from which discharged Royal Newfoundland Regt  
Regimental Number 4202  
Where born (Parish, Town and County), and when Ladle Cove, Nfld 6.11.1899  
Intended address Ladle Cove, Fogo District, Newfoundland

Height on discharge Five Feet Nine Inches  
Colour of Hair on discharge Fair Colour of Eyes Hazel  
Descriptive marks None Complexion Pale  
Figure on discharge Medium  
Christian name of Father Samuel  
Christian name of Mother Mary  
Wife's Maiden name in full }  
Date and Place of Marriage } N/A.  
Christian names of Children }  
Nature and locality of civil employment desired Fisherman Newfoundland

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) Stewart Wellon (Rank) Pte  
Cher Hptl Station Barbican, Newfoundland Date 20.9.18

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.

F. J. ... Medical Officer i/c  
Cher Hospital, Newfoundland Hospital  
Date 20.10.1918

Station

**B** Period of Service and in what Corps ...  
Disallowed ...  
Service towards Pension ...  
Date inclusive to which pay has been issued  
Sums due on account of public debts ...

Regiment	Years	Days	All Service Account with Stations	Years	Days
			<b>COPIES SENT</b> TO M. OF M. <u>166/8</u> O.C. 1ST. BN. <u>166/8</u> S. Africa " 2ND. BN. DATE <u>15 OCT 1918</u>		
			Sum due on account of advance of Pension }		

Rank on Discharge  
Character (as on Certificate of discharge)  
Where born, and on what date  
Date and Place of first Enlistment  
Trade on Enlistment  
Cause of Discharge  
Number of G.C. Badges  
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station \_\_\_\_\_ Officer in Charge  
Date \_\_\_\_\_ Records.



4 1ST. NEWFOUNDLAND REGIMENT 1.

ALLOTMENTS

I, Stewart Wellon, Regl. No. 7202

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins February 1<sup>st</sup> 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3677	Sister	Samuel Wellon	Rede Cove. W.S.	60
			Total Allotment, \$	60

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  
H. Company

(S) Stewart Wellon  
(Rank) Pte

[Signature]  
Jan'y 15<sup>th</sup> 1915



TO, - The Chief Quartermaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.S.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature.
4902	Pte	Miller E.	\$2 <sup>50</sup> / <sub>100</sub>	

I have the honour to be, Sir,  
for the Committee,  
Your obedient servant.

*E. Miller*

Date

29-6-18

**Notification to the Officer i/c Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

**NOTE.**—On receipt of this notification the Officer i/c Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

**Part I.**

A.F. W. 3977A has been sent to O.O.

The Officer i/c Records,

58 Victoria St  
SW

A.F. W. 3977c has been sent to The Regimental Paymaster,

58 Victoria St  
SW

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form W. 3977a to the Officer i/c Hospital, for the soldier.\*



No. 4202 Rank Private  
 Name Weller (Surname) Stewart (Christian name in full).  
 Unit and Corps Royal Newfoundland Regt  
 Station 19th September 1918 St. Michael's Capt. Quin  
 Date 3rd London General Hospital, WANDSWORTH, S.W. Officer i/c Hospital.  
191  
~~Strike out if inapplicable.~~

**NOTE.**—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/c Records:—

- The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).
- (i) Where enlisted \_\_\_\_\_
  - (ii) Date of arrival in United Kingdom \_\_\_\_\_
  - (iii) Port of arrival \_\_\_\_\_
  - (iv) Ship on which arrived \_\_\_\_\_
  - (v) Name of Shipping Line or Agent \_\_\_\_\_
  - (vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_

I- such a case the Officer i/c Records is to verify the soldier's claim forthwith and report on Part II. of this Form whether the claim is substantiated or not.

**Part II.**

Officer i/c Hospital,

The soldier's claim to be repatriated abroad\* \_\_\_\_\_ accepted. } Insert "is" or "is not."  
 On termination of his leave he is to report to the Officer Commanding, }  
 at \_\_\_\_\_ (Station) } ~~Strike out if inapplicable.~~

Station \_\_\_\_\_

Date \_\_\_\_\_ 191 \_\_\_\_\_

Officer i/c \_\_\_\_\_ Records.

**Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

**Part I.**

A.F.W. 3977a has been sent to O.O.	A.F.W. 3977a has been sent to The Officer i/c Records,	The Regimental Paymaster,
	58 Victoria St SW	58 Victoria SW

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 4202 Rank Private  
 Name Weldon (Surname). Stewart (Christian name in full).  
 Unit and Corps Royal Newfoundland Regt  
 Station 19th September 1918 8th Army Reserve  
 Date 3rd London General Hospital, Officer i/c Hospital.  
WANDSWORTH, S.W.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).  
 (i) Where enlisted \_\_\_\_\_  
 (ii) Date of arrival in United Kingdom \_\_\_\_\_  
 (iii) Port of arrival \_\_\_\_\_  
 (iv) Ship on which arrived \_\_\_\_\_  
 (v) Name of Shipping Line or Agent \_\_\_\_\_  
 (vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977a whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T.F. Association, and forwarded without delay to the Officer i/c Records.

Station \_\_\_\_\_  
 Date \_\_\_\_\_ 191 \_\_\_\_\_  
 Officer i/c Hospital.

HOSPITAL FOR CONSUMPTION  
AND DISEASES OF THE CHEST,  
BROMPTON.

LONDON, Sept 9<sup>th</sup> 1918.  
S.W.3.

The O.C.

Batt<sup>le</sup> Royal Newfoundland Regt.  
Winchester.

Sir

I am about to be discharged  
from the above Hospital, and  
shall be glad to know whether  
arrangements can now be made  
for me to proceed to my

12 SEP 1918

"Raddle Cove".

Fogo District,  
St. John's, Newfoundland.

Yours obediently

Stewart Mellor

Pte. 140 4202

BRANCH  
Comd  
P. & A.  
R. & C.  
B. & E.  
P. S.

LAST PAY CERTIFICATE

OFFICE COPY.

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4203 Rank Private Name Wellon, S. Unit 2nd. Bn. R. Nfld Regt who was Repatriated.  
to Newfoundland on 16/10/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS						PARTICULARS	CR.				
		£	s	d	£	s		d				
	Balance Dr. from						Balance Cr. from prev. Pay Book.				15	9
	Allotment 28 days @ 60¢	16	80	3	9	1	Pay 28 days @ \$ 1.00	28	00			
	Cash Payments:						Field Allowance 28 days @ \$ .10	2	80			
								30	80	6	6	7
	Other Debits:						Other Allowances days @ \$					
	Other Credits:						Other Credits:					
	Total Debits			3	9	1	Total Credits			16	2	4
	Balance due by Paymaster			12	13	3	Balance due to Paymaster			16	2	4
				16	2	4						

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18186/184  
11-11-18  
P.A.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) \_\_\_\_\_ (Date) 191

Made up and checked in accordance with information received in the Pay & Record Office London to 25 10 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

191

Chief Paymaster & Officer i/c Records.

10/11/18

TO BE LEFT BLANK.

Outfit Number. 1131

Result of the examination of the specimen of *sputum* taken from

Reg. No. 4202 Rank *Sgt* Name *Wellow*

Corps *2nd Bn. Royal Newfoundland Regt.*

Result *Tubercle bacilli Found (numerous)*

*May 17th* 191*8*

*C. A. Hyatt*

Specialist Sanitary Officer.

REC. 1131  
17 MAY. 1918  
COUNTY LA

Reg. No. 4202 Rank Pte Name Wellon. S. Jr.

Attested ..... Address.....

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas... 8-11-18

Embarked for Overseas ..... Cause... Discharge

11-11-18 recommended discharge permanently unfit  
admission to Jensen Camp.

26 11-18

**DISCHARGED—MEDICALLY UNFIT**