



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H440 Name Pearce Wells Corps North

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Pearce Wells
2. What is your full Address? 2. Three Arms
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Sailor
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, Pearce Wells 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.

Pearce Wells SIGNATURE OF RECRUIT.
George Pitman Signature of Witness.

Pearce Wells OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Pearce Wells 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 S. Jones on this 15th day of April 1915.

George Learty Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to that
 If enlisted by special authority, such will be attached to the original attestation.

Date: 1915
 Place: } Approving Officer.

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

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

H. 72-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Percy Wells
 Apparent age _____ years _____ months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Wells Three Arms NW Bay | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt or L'port	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 limit of engagement reckons from <u>15-4-18</u>									Lt Col. 13.7.18. Lt Col. 8-11-18. Col. Lt. 22.4-19. Lt Col. 19.5-19
Joined at <u>St John's Point 15-1918</u>									
<u>Discharged August 6 1919</u>									
<u>Report for duty 22.4-1918</u>									
<u>Embarked at St John's Point to Halifax N.S. 22.7.18</u>									
<u>Embarked at Halifax for demobilization 3.6.19</u>									
<u>Arrived at Newfoundland 1.7.19</u>									
<u>Demobilization 11.8.19</u>									
<u>No Active Service</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 6-8-19 (date of discharge) _____ years _____ days
 " " Pensions " " " " " " " " " " " "

C.R. 4440

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 6-8-19.

4440 Sgt. P. Wells.

C.R. 4440

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 14th, 1919.

The discharge of the Undernoted on demobilization has been
APPROVED by O.G. Discharge depot with effect from 23-4-19.

4440 Sgt. Piersey Wells.

C.R.

4440

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's July 2nd, 1919.

Reported at Headquarters 1st Lt. 1919 at "Cassandra" which sailed
Glasgow June 24th, 1919.

4440 Sgt. P. Wells.

Reported at Headquarters 1st Lt. 1919 at "Cassandra" which
sailed Glasgow June 24th, 1919.

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's July 2nd, 1919.

C.R. 4440

Extract from D. O. Pt. III. Unit the R.Nfld. Regiment
dated 19-5-19. by Lt. Col. B.J. Barton, Officer Commanding
2nd. Bn.

The u/m to be a/sergt. from to-day's date.

4440 Cpl. P. Wells.

C.R. 4440

Extract from Orders Part II by Lt. Col. B.J. BARTON, D.S.O.,
COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.
22/4/19.

The undermentioned N.C.O. is confirmed in rank as from
22/4/19.

4440, L/C. (A/Cpl) B. Wells as Corporal.

4440

C.R.

Extract from Daily Orders By Lt. Col. H.J. Burton, D.S.O.
Commanding the 2nd Bn. Royal Wilt. Regt., 8-11-18.

The following to be Acting Corporal af from 8-11-18.

4440 L/Cpl. Wells.

"B" Coy.

C.R. 4440

Extract from Orders by Lt. Col., B. J. BARTON. D. S. O.
COMMANDING 2nd., BATTALION OF THE ROYAL NEWFOUNDLAND
REGIMENT.

The following N. C. O. is detailed to attend the course
of Instruction at the Command School of P. & B. T.
Geopost assembling Sept, 24~~th~~, 1918.

#4440 L/C. P. Wells.

C. 4445

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's dated July 13, 1918.

#4440 Pte. P. Wells.

To be Lance-Corporal from July 13, 1918.

C.R. 4440

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, as of July 25, 1918

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918

#4440 L/Cpl. Pierce Wells.

C.R. 4440

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16, 1918.

#4440 Pte. R. Wells.

Attested for General Service with the Royal Newfoundland
Regiment, from 15/4/18. to report 22/4/18.

Reg. No. 4440 Rank Pte. Name Wells Pierce B
Attested 15.4.18 Address 3 Annus.
Allotment 60.05 Allottee Mr John Wells (Father)
Date of Allotment 1/7/18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

Report 22.4.18

Dec 23rd 18

2nd June 17-5-18

P.S. from 24.5.18 to 3.6.18.

16/6/18

Returned from leave

13-7-18.

Promoted to Lance Corporal.

P. Wells

C.R. 4440

2

22

P. Wells

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

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

1. Unit and Corps... *Royal Newfoundland Land* Former Trade or Occupation } *Sailor*
2. Regtl. No. *4440* 3. Rank... *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Wells* *George* (a) Former Regts. or Corps with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday... *27*
6. Posted for duty on... at... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability. *India*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *see*

14. State whether the disabilities are (a) attributable to (b) aggravated by.
- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *The Complaints of the disability*

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

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

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

W. E. Proctor Capt. R.A.M.C.
 Medical Officer in charge of case.

Station .. *Ambleby House*
 Date .. *4/14/19*

* 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.

No. 19243/2150

065533
PC



N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

25th November 1918

Nov. 28th 1918

Subject: 4440, A/Cpl. P. Wells

With reference to the following telegram (100261) from the Hon. Minister of Militia, received

Receipt hereunder
Cambridge
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

pay to 4440 Wells £4:2:0

Received the sum of Four pounds
two shillings on account of
cable remittance from Newfoundland.

Draft £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

P. Wells
No. 4440 Rank A/cpl

A. S. [Signature]
Chief Paymaster & O. i/c Records.

N.P. [Signature]

No. ~~2177/315~~

067,130

NEWFOUNDLAND CONTINGENT
N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

6th February 1919

February 10th 1919

4440. A/Cpl. Wells. P.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (5)

M. Marion **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to- 4440. Wells.
£3.2.0.

Received the sum of Three pounds

Cheque £3.2.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

two Shillings - in respect of
telegraphic remittance from the
Minister of Militia.

Chief Paymaster & O. i/c Records.

M. P. Wells

No. 4440 Rank Corporal

Witness W. P. ...

From: NEWFOUNDLAND CONTINGENT

No. 5647/812

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding.
2nd Batt. Ryl. Nfld. Regt.
Winchester

9th April 1919

4440 a/Cpl. Wells. P.

With reference to the following telegram from the Minister of Militia / / (126)

"Pay to 4440. Wells P.

£4. 2. 0.

Cheque £ 4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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



1919

Receipt hereunder.

P. Kain Capt. **LIEUT. COLONEL.**
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.
Batt n.

Received the sum of *Four pounds two & Shillings* in respect of telegraphic remittance from the Minister of Militia.

W. Barnes
No. 4440 Rank *a/cpl.*

Witness W. Barnes

Wells, A

#4440

Ray Sept.

August 6th 1919.

4440, Sgt P. Wells,

Three Arms.

N.D.B.

Dear Sir:

Enclosed please find Discharge Certificate
3430.

Yours truly,

Capt.^{ltd} O i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4440 Rank. Sgt Name. Wells P.
 Intended place of residence. Three Arms

2. Occupation Sailor
 Classification of soldier. AI 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 JUL 9 1919
[Signature]
 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 JUL 9 1919
[Signature]
 Signature of soldier
[Signature]
 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 9-7-19
[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 15-4-18 No. of days on Military
 Discharged from service. 23-7-19 Plus 14 days Service. 479

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 23 1919
[Signature]
 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 August 6/1919
[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 13079/3420

16
31
20
31
6
114

The Royal Newfoundland Regiment

Class for Demobilization

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *4440...*

Name *Wells Percy Sgt*

Address *Three Arms St. N. 93*

Present Medical Category *A 1*

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

Members of Board

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

H. P. ...
.....
Senior Medical Officer

W. Burden
.....
— M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. ~~4440~~ Rank *Sgt* Name *Bella P*
 Date of Enlistment *15.11.18* Address *Three Gons* District *Sussex*
 Occupation *Parlor* Classification for Discharge *16* Medical Category *A5*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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 *8.7.19*

T. Mansfield
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

P.O.
Leane Wells

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *£6.00*

(b) Clothing Supplied *Abulchinski*

Date *9.7.19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. RA 228 to his home at Three Acres and Release Certificate No. 3352 issued.

Date 9-7-19

J. A. Snowcroft
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 6-8-19

Date 1-7-19

J. A. Snowcroft
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/26	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 9-7-19

J. A. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

J. R. Coole Capt
for 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,

Leave well

Signature of Man.

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4440

Place

St. Johns

Date

9-7-19.

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

MEDICAL HISTORY

OF

Surname Wells Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns No. 13 County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>15th</u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>St. Johns</u>	at		
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>Sailor</u>			
Height	<u>5</u> feet <u>4 1/2</u> inches		feet	inches
Weight	<u>118 1/2</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>34 1/2</u> inches		inches
	Range of Expansion..	<u>3 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>2 B.Caro</u>		
	Number	<u>1 with ago</u>		
When Vaccinated				
Vision	R. E.—V=	<u>6/12</u>	R. E.—V=	
	L. E.—V=	<u>6/12</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>[Signature]</u>			
(Rank)	<u>[Rank]</u>			
Enlisted	at <u>St. Johns</u>	at		
	on <u>15th</u> day of <u>April</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	<u>The Royal Newfoundland</u>	Corps.	
	Regtl. No.	<u>4410</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

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

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

1. Unit and Corps *Royal Newfoundland* }
 2. Regtl. No. *41460* }
 3. Rank *Cpl* } Former Trade or Occupation } *Sailor*
4. Name *Wells Henry* }
 (Surname) } (Christian Names)
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps with Regtl. Nos.
5. Age last birthday *22*
6. Posted for duty on at
 in category (or grade)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

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

He complains of no disability

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

20. Do you recommend—

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

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

Repatriation

W.E. Procter *J.P.P. Raine*
 Medical Officer in charge of case.

Station *Sageley Down*

Date *14/1/19*

* 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.



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 *Gersey
Henry Wells*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4440*

Intended address *Three Arms, N. D. B.*

Height on discharge *5 Feet 5*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *John*

Christian name of Mother *Janie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Three Arms 29-12-Age. 24-1895*

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) *Gersey Wells*

(Rank) *Sgt.*

Station **ST. JOHN'S.**

Date *July-4-7-19*

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.



Medical Officer in Hospital, Unit, or Command Depot.

Station

Date

August 15, 1919

Mr. Pearce Wells,
Three Arms, H.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 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... *Clarence* ~~Wells~~ Surname... *Wells*

3. Rank... *Captain* 4. Regtl. No. *4440*

5. Address in full to which future payments of gratuity are to be forwarded... *Clarence Wells Three Arms*

..... *Notre Dame Bay, N. F. I. D.*

6. Date of enlistment in the Regiment... *April 12th 1918*

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

..... *None*

8. Relationship of such dependents... *not applicable*

9. Address in full of such dependents. *not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service... *not applicable*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *fifteen months*

..... *12*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
I have not had more than one enlistment

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.
I have not received any Post discharge pay or War Service Gratuity

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.
none

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
I did not

(b) If so, was such reversion in consequence of Misconduct or inefficiency?
not applicable

19. Are you now serving in the Res? *no* If not give - (a) date of discharge *July 20th 1918* Reason for discharge *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
no I did not serve at the front

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.

ST. JOHN'S, July 9th /19

Royal Newfoundland Regiment.

Billeting Account,

To Sgt. P. Wells

Billeting Soldiers as undermentioned

from July 1st /19 to July 12th /19

4440 - Sgt. P. Wells 12 70

ACCOUNT	<u>Bm</u>
CH NO	<u>2555</u>
IND. LESS	
PAY LESS	<u>70</u>
GEN LESS	

Certified correct for \$

P.Y.

M. Blouster
Billeting Officer.

Leahie Wells

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Rifles

Number of Sheet

one

Signature of O. C. Company

J. J. Jamieson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>1410 Pearce Wells</i>	Age on	21 years months	<i>Sailor</i>	<i>15-7-18 Promoted to lance corporal.</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 15-11-18</i>	Religion	<i>9-11-18 " of Corporal.</i>	
Joined	Date	Period of	with Colours <i>114</i> years. with Reserve <i>365</i> years.	Religion	<i>19-1-19 " of Sergeant J. J. Jamieson.</i>	
Joined	Date			Place of Birth	<i>Three Arms N.B.</i>	

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>Demobilized Pt. John's, 6/17</i>									

To be carried over

Army Form B. 121.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2228 to his home at Three Arms and Release Certificate No. 3352 issued.

Date 9-7-19 *J. A. Snowlett*
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 1-7-19

Date 1-7-19 *J. A. Snowlett*
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

2 Form B
P. 1-8

Date 9-7-19 *J. A. Snowlett*
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919 *J. R. Coyle Capt*
for O. C. Discharge Depot.

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

Date July 21 1919 *J. A. Snowlett*

The Royal Newfoundland Regiment

4440

DEMOBILIZATION OF

Reg. No. 4440 Rank Sgt Name Wells P
 Date of Enlistment 15.4.18 Address Three Goms District Tweede
 Occupation paalot Classification for Discharge F Medical Category A4
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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 8-7-19

O. C. Discharge Report

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

Leave Wells

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing supplied

Date 9-7-19

O i/c. Re-clothing.

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Reg. No. *1440* Rank *1st* Name *Hells, P.*
Attested Address *Three Arms*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

9.7 19
23 7 A
~~PASSED TO DEMOBILIZATION OFFICER~~
~~DISCHARGE APPROVED ON DEMOBILIZATION~~