



FIRST NEWFOUNDLAND REGIMENT

C of B

ATTESTATION OF

No. 2889 Name Raymond Charles Wells Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Raymond Charles Wells
2. What is your full Address? 2. Bay Roberts CB
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years 11 Months
5. What is your Trade or Calling? 5. Clerk
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? } II. Yes

FOR THE DURATION OF THE WAR

I, Raymond Charles 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.

June 19 1916 Raymond Charles Wells SIGNATURE OF RECRUIT.
..... Charles M. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Raymond Charles 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 St. John's on this 19th day of June 1916

Signature of Attesting Officer Charles M. Aye Capt

† CERTIFICATE OF APPROVING OFFICER.

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

Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Raymond Chesley Wells
 Apparent age 24 years 11 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 6 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert James Wells Bay Roberts
 | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

280
Cof B



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2889 Name Raymond CWells Corps

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Raymond Chesley Wells
- 2. What is your full Address? 2. Bay Roberts, CB
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years 11 Months
- 5. What is your Trade or Calling? 5. Clerk
- 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 } Yes
- 11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes
to be signed by you if you are accepted? }

I, Raymond Chesley 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.

6 June 1916

Raymond Chesley Wells SIGNATURE OF RECRUIT.
Chas N. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Raymond Chesley 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 St. John's on this 6th day of June 1916.

Signature of Attesting Officer Chas N. Aye Capt

†CERTIFICATE OF APPROVING OFFICER.

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

Date 1916 } Approving Officer.
Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Raymond Chesley Wells
 Apparent age 24 years 11 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 6 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert James Wells Bay Roberts
 | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>19-6-16</u>									
Joined at <u>St John's</u> on <u>June 19th 16</u>									
		<u>Embarked for St John's Sp. Hospital for Winesot</u>		<u>31-1-17</u>				<u>L. Co. 8th</u>	
		<u>Joined Battalion 2-7-17. Wounded</u>		<u>16-8-17</u>				<u>20 months of leave taken 24-11-17.</u>	
		<u>Went to Recf. House 12-11-17. Returned</u>		<u>Battalion in the field 2-1-18</u>				<u>Admitted 87th. 14-12-18.</u>	
		<u>Transferred to 62nd Co. 8th. 31-3-18</u>		<u>Went to Camp 23-5-18</u>				<u>Admitted 87th. 14-1-19.</u>	
		<u>Returned unit 7-6-18. Transferred from Recf. House 22-4-19</u>		<u>Arrived Winesot 23-5-18</u>				<u>Admitted 87th. 1-12-19.</u>	
		<u>Went to Camp 22-6-19. Arrived Newfoundland 1-6-1919.</u>							
		<u>Went to Camp 22-6-19. Arrived Newfoundland 1-6-1919.</u>							
		<u>Demobilization St John's</u>		<u>28-5-20</u>					

Total Service forfeited as above.....

Total Service towards Engagement to 28-5-20 [date of discharge] 3 years 344 days
 " " " Pension " [" "] " " "



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Raymond Wells*

aged *25* conducted at *G. L. B.*

Date: *June 10/14* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *99 wt 44 lb.*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

No report June 19th.
2889

- 33 *no*
- 34 *5'-9"*
- 35 *129 lbs*
- 36 *30" - 36"*
- 37 *700 year*
- 38 *parents Mr Robert James Wells Bay Roberts*
- 39 *none*

Jin

Signature of Medical Examiner:

Geo Burden
Lieut.

C.R. 2889

Extract of DAILY ORDERS PART II ROYAL WESTSUSSEX
REGIMENT IN FRANCE DATED 21/1/19.

APPOINTED A/RQMS.

#2889 L/Cpl. R.C. Wells.

14/1/19.

C.R. 2889

extract from daily orders part 11 Royal Newfoundland Regt.
Depot St. John's dated 1-8-19.

The following grading has been APPROVED for pay purpose
with effect from following date June 28th 1919.

S.Q.M. Sergeant.

2889, RQMS. W. Wells.

C.R. 2889

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

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

2889 A/RQMS. R.C. Wells.

C.R. 2889

Extract of Daily Orders Part II, Depot, St. John's,
Royal Newfoundland Regiment, dated May 6th 1920.

Discharge APPROVED on Demobilization.

The discharge of the undernoted has been approved by
O.C. Discharge Depot from noted date.

2889 RQMS. Wells, *K.*

14/5/20

C.R. 2889

January 29th 1919.

Mr. Wells,
C/o Marshall Bros.

Dear Sir:-

I beg to inform you that we have received a reply from our Pay and Record Office, London, regarding the enquiry that we forwarded concerning No. 2889, Raymond Wells, which states that he is now serving with the 1st Battalion, on Active Service, and is Acting Regimental Quartermaster Sergeant.

Yours faithfully,

Lt. Col.
Chief Staff Officer.

C.R. 2889

Extract from telegram from Synoptical to Mil. d_eed Jan. 28/1919

With reference your telegram Jan. 27th., 2889 Wells
serving with 1st., Battalion acting R.Q.M.S.,

C.R. 7889

to
Extract from Telegram ~~from~~ Synoptical from Military Jan. 26, 1919.

#Please inform whereabouts 2889 Wells.

CR. 2889

Extract of Casualty received from Pay & Record Office, London
dated May 30th 1918.

Dis. to Camp ex 1, Sty. Hosp. Rouen 25, May 1918.

2889 Pte. R.C. Wells

C.R. 2889

Extra t of Daily Orders part 11, from Unit The Royal
H214. Regt. In the field. dated 26-5-18.

#2889 P te. R.C. Wells.

Admitted Hospital Venereal 10-4-18 dis. 23-5-18

C.R. 2889

Extract of DAILY ORDERS, PART 11, Jan. 6th 1919. ROYAL NEWFOUNDLAND
REGIMENT in FRANCE.

Appointed Paid Lance Corporal. 14/12/18.

#2889 Pte. R.C. Wells.

C.R. 2889

Extract of Daily Ordes part 11, from Unit Newfoundland,
G.H.Q. 3rd Echelon dated Decemner 1,1917.

#2889 L/Cpl. C. Wells. ✓

Deprived of Lance-stripe 24/11/17 for: When on
Active Service absent from 8.30,a.m., parade
24/11/17.

Counter No. 4

NEW FOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated September 5, 1917.

To Mr. Robert J. Wells,
Bay Roberts.

Record Office, London, today reports No. 2889,
L.Corp. Raymond C. Wells, was at Sixth Convalescent
Depot, Etaples, August twentyseventh.

R.A. SQUIRES

Colonial Secretary

FOR TYPEWRITER

C.R. 4381

2889 L.CORP. RAYMOND WELLS. ✓

EXT. OF CASUALTY LIST RECEIVED SEPT. 5th 1917.

AT 6th CONVALESCENT DEPOT ETAPLES, AUG. 27th.

PREVIOUSLY REPORTED WOUNDED AUG. 16th.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated August 27, 1917.

To Mr. Robert J. Wells,

Bay Roberts.

Regret to inform you that Record Office

London, officially reports No. 2889, L. Corp.

Raymond C. Wells, was wounded August sixteenth.

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

JOHN R. BENNETT, R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 2889

Extract from Nominal Roll of Draft No.25; Embarked Southampton,11/6/17
from 2/1st Newfoundland Regiment Newtog-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

2889 L/C Wells, R.C

MB.

C.R. 2889

Extract from Nominal Roll "Draft" Embarked per S.S.
Cromford. St. John's, 28/1/17 Embarked Halifax 16/4/17.

2889 I/G, R.C. Wells.

C.R. 2889

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt., Nov. 16th, 1916.

2889 Pte. R.C. Wells.

To be Lance Corporal from Aug. 26/16, 1916.

C.R.

2889

Raymond C. Wells was attested for General Service
with the NEWFOUNDLAND REGIMENT on June 19th 1916
Regimental No. 2889 was allotted to Pte R. C. Wells

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND.

ADDRESS REPLY TO
DEPART'MT OF MILITIA
AND QUOTE NO.

Sept. 22, 1919

The O.C.,
Depot.

Re No. 2889, R.Q.M.S. Wells

The above named man has made application to have his allotment of fifty cents (50¢) per day, cancelled from and including Aug. 31st. 1919.

For your information, please.

[Handwritten Signature]
Major
Paymaster

*Noted
6/*
Attention of Sgt. Caumey.

LM/

R. C. Wells

C.R.

2889

PRD

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

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

1. Unit and Corps *Royal New York* 7. Former Trade or Occupation } *Draper*
2. Regtl. No. *2889* 3. Rank. *R. L. S.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Wells* *W. E.* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *28*
6. Posted for duty on *Jan 1 1916* at *St Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service (b) Date of Discharge;
- (c) on duty (d) off duty? (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. *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 ? }

NA

NA

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.)

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

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

NA

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

NA

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 ?

NA

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 ?

NA

Repatriation

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.

B. Proctor

Medical Officer in charge of

Station H. A. Camp

Date 18 1919

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (i) Service during the present war
- (ii) Previous active service.. .. .
- (iii) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier

(a) Attributable to

(b) Aggravated by

Give details:

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

23. Is the disability in a final stationary condition? If not

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *London* } President or
 Date *10. 5. 19* } Chairman.
 }
 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.
 Station *London* }
 Date *10. 5. 19* } Only applicable
 } in cases of
 Officer in charge, Central Hospital. } Patients in
 } Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

No. 2889 Rank Plt Name Wells R.

*8-1-12-10 1/2
1-7 1/2
1-17-6*

*20-21-0
28-14-0
1-17-0*

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			30
Net Rate			80

N.F. DATES
J. J. J.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To			£	s	d	
Balance				Balance		21 12/17			17	7	4	✓	
Acquittance Rolls		4	11	8	Pay @ Net Rate	22 12/14 3/18	83	60	49	8	10 4 8	✓	
Hospital Advances					Ration allow					1	4	6	✓
A.B. 84. (85 free)		3	2	4	14 days @ .79	15 3/18 28 3/18	14	60	8	40	1 14 6	✓	
P.&R.O. Payments													
<i>Cash 6096</i>	<i>15 3/18</i>	<i>5</i>	<i>0</i>	<i>0</i>									
<i>Cheque 7890</i>	<i>16 3/18</i>	<i>16</i>	<i>0</i>	<i>0</i>									
<i>Cash 6271</i>	<i>28-3-18</i>	<i>1</i>	<i>17</i>	<i>0</i>									

~~28-16-6~~
20-11-0

12-14-0

28-14-0

*Myr
16 3/18*

No. 5494/268

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment
B.E.F

8th April 1919

191

Subject: 2889 A/R.Q.M.S. Wells R.C.

ANSWER.

With reference to the following telegram (124) from the Hon. Minister of Militia, received

"Pay to:- 2889 Wells
£20. 0. 0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Yes

H.A. Minnell Maj.
Chief Paymaster & O. i/c Records

Deposited

Wells, L. C.

2889

Hay sept

LM-

May 29, 1920

Raymond Wells,
BAY ROBERTS,
C.B.

Dear Sir:

Please find enclosed "Discharge
Certificate" No. 2889.

Yours truly,

Major
Paymaster

Enc. 1

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE.

1. No. 2889 Rank. Po., 9. No. 1 Name Raymond Wells
 Intended place of residence. Bay Roberts H. Lane

2. Occupation Soldier
 Classification of soldier. B Medical Category F

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 30-4-1920

R. Edwards
 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 30-4-1920

R. B. Wells
 Signature of soldier

R. Edwards
 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 30-4-1920

R. B. Wells
 Signature of soldier

R. Edwards
 Signature of witness

STATEMENT OF SERVICE.

7. Elisted for service 19-6-1916 No. of days on Military
 Discharged from service 14-5-1920 Plus 14 days Service 1445

APPROVAL OF DISCHARGE.

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date 30-4-1920

R. Edwards
 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 May 28/1920

M. Howley, Major
 Officer i/c Records
 The Royal Newfoundland Regiment

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

R Wells
Signature of Man.

Reg. No. *2889*

R Edwards
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *30-4-1970*

The Royal Newfoundland Regiment.

DEMOBILIZATION.

CIVILIAN CLOTHING GUARANTEE

I, No. 2889, Rank R. G. M. S., Name Raymond Wells

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 \$ 60⁰⁰/₁₀₀

Date St. Johns Nfld. Raymond Wells

Signature of Soldier.

J. Edward
Signature of Witness.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 2689 Rank R. Q. M. Name Raymond Wells
 Date of Enlistment 19-6-1916 Address Bay Roberts District H. Grace
 Occupation black Classification for Discharge B Medical Category E
 Recommendation S.M.B. Service Unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 30-4-1920

R. H. Edwards
O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. O. Wells
Particulars passed to Vocational Officer for information and action.

Date 30-4-1920

R. H. Edwards

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 60 00

(b) Clothing Supplied _____

Date 30-4-1920

R. H. Edwards
O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. E 13 to his home at Bay Roberts and Release Certificate No. 39075 issued.

Date 30-4-1920

R. Edwards
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 28-3-1920

Date 30-4-1920

R. Edwards
Depot Paymaster.

Discharge approved for 14-5-1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1 2 3 4 5 6 10000
F 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 30-4-1920

R. Edwards
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 30-4-1920

R. Edwards
Discharge Depot.

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

Date

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2889 Rank Rsgt. Name Raymond Wells
 Date of Enlistment 19-6-1916 Address Bay Roberts, Cb. District H. Howe
 Occupation Co. Clerk Classification for Discharge B Medical Category F
 Recommendation S.M.B. Leave Capt Disability Rating Nil.
 Passed to Demobilization Officer with following documents—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30-4-1920

J. H. Edwards
O. C. Discharge Depot. J.H.W.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Raymond Wells

Particulars passed to Vocational Officer for information and action.

Date 30-4-1920

J. H. Edwards

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable.....60 00/100

(b) Clothing Supplied.....

Date 30-4-1920

J. H. Edwards
O i/c. Re-clothing. J.H.W.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. E 13 to his home at Ray Roberts and Release Certificate No. 3901 issued.

Date 30-7-1920

R. Edwards
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 28-5-1920

Date 30-4-1920

R. Edwards
Depot Paymaster.

Discharge approved for 14-5-1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	/	N.F. Med.	D.F. 1	/	toorn B
B 178	W 3494	B 122	/	Board 1st	" 2	/	
B 178a	D 400A	B 1915	/	do 2nd	" 3	2	
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 30-4-1920

R. Edwards
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuit.

Date 30-4-1920

R. Edwards
O. C. Discharge Depot.

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

Date



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station..... **ST. JOHN'S.**

Date..... **April 23RD., 1920**

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 28 YEARS |
| 2. Regimental No. 2889 | 6. Enlisted on JUNE 19TH., 1916. |
| 3. Rank R.Q.M.S. | at ST. JOHN'S. NFLD. |
| 4. Name WELLS, RAYMOND | 7. Former trade or occupation CLERK |

8. Disability

9. History

WENT OVERSEAS IN JANUARY 1917 - FRANCE JUNE 1917.
HEMORRHOIDS DECEMBER 1916, FOR WHICH WAS IN BED TEN
DAYS - HAVE NOT TROUBLED HIM VERY MUCH SINCE. WOUNDED
AUGUST 16TH., 1917. GUN SHOT WOUND LEFT ANKLE. ALL
RIGHT NOW.

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

FEELS GENERALLY RUN DOWN. NO APPETITE. BREATHLESS AFTER MODERATE EXERTION. FEELS SHOOTING PAINS IN SHOULDERS OCCASIONALLY.

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as **S.M.B. FOR DEMOBILIZATION.**
permanently unfit ?

Signature (SGD) **J. ST. P. KNIGHT**

Rank or Qualification **MAJOR**

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**PULSE 96. WOUND OF ANKLE JUST A FLESH WOUND. NO DISABILITY.
NOTHING IN HEART OR LUNGS.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **NIL**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **NIL**
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
1st April 1920

Remarks if any:—

(SGD) W. S. FRASER

President

J. B. O'REILLY. CAPT.

Signatures.....

L. PATERSON. LIEUT. COL.

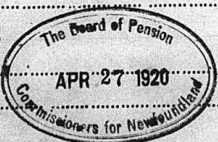
Place ST. JOHN'S

Date APRIL 27TH., 1920.

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, LIEUT. COL.

Administrative Medical Officer.

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date Apr 23/46

 Regimental No. 2859

 Name Raymond Wells

 Address Bay Roberts

 Present Medical Category For Demobilization

Recommended for:—

~~(a) Immediate Discharge~~
 (b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

Senior Medical Officer

~~M.O. Depot~~



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 Raymond Chesley Wells.

Regiment from which discharged Royal Newfoundland

Regimental number 2889.

Intended address Bay Roberts.

Height on discharge 5 Feet 10

Color of hair on discharge Brown

Complexion Fair

Color of eyes Brown

Descriptive Marks 9 SW. Ankle

Figure on discharge Slim

Christian name of Father Robt Jas.

Christian name of Mother Ruth.

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth Carbonear, 27 July. 1891.

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) Raymond Chesley Wells (Rank) QMS

Station ST. JOHN'S.

Date 21-8-19

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 i/c Hospital, Unit, or Command Depot.

Station _____

Date _____

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

MEDICAL HISTORY

OF

Surname Wells

Christian Name Raymond L.

Table I.—GENERAL TABLE.



Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 10 day of June 1916	at St. John's N.F.	on day of 191	at
Declared Age	22 years	11 months	years	days
Trade or Occupation	Laker			
Height	5 feet	9 inches	feet	inches
Weight	129 lbs.			
Chest Measurement {	36 inches			
	6 inches			
Physical Development				
Vaccination Marks {				
When Vaccinated				
Vision	R.E.—V== 6/9	L.E.—V== 6/6	R.E.—V==	L.E.—V==
	(a)	(a)	(a)	(a)
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's	on 19 day of June 1916	at	on day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Regt.</u>	<u>2889</u>		
Transferred to				
Became non-effective by				
(Signature)	on day of 191	on day of 191		
(Rank)				

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

Date	Brief Details, and Signature	
25-7-16	}	LD
1-8-16	T.A.D.	LD
7-8-16	3	LD
9-1-17	Nacc.	LD

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
H. Herivel Windsor	Jan 31	Feb 3			
	Feb 3				

No. 2889 Name *WELLS, A. B.* Sqn., Batty., or Company } *D* Corps *1st N.I.F.L.D.*

Date of enlistment } *6/9/16*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. *Temporary*

Signature O.C. Company, etc. } *J. K. ...*

Character *Capt.*

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>Field</i>	<i>24-11-17</i>	<i>Capt.</i>		<i>Absent from 8.30 A.M. Parade</i>	<i>C. S. M. Hutchins</i>	<i>Deprived of Lane stripe</i>	<i>24-11-17</i>	<i>Major Nichols</i>	<i>Engl. A. B. 64</i>

Army Form B. 122

Casualty Form - Active Service.

Regiment or Corps Newfoundland.
 Rank Private Surname Wells Christian Name Raymond Osley
 Religion C.P. Age on Enlistment 24 years 11 months
 Enlisted (a) 19.6.16 Terms of Service (a) Duration Service reckons from (a) 19.6.16
 Date of promotion to present rank Date of appointment to lance rank 5.1.17
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate
 Occupation Clerk Signature of Officer R. Frost

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <u>Stampten</u>	<u>11.6.17</u>		
		Disembarked... <u>Rouen</u>	<u>12.6.17</u>		
		Joined Battalion	<u>2 JUL 1917</u>		<u>B 213</u>
<u>10.8.17</u>	<u>OC Unit</u>	<u>Wounded in Action</u>	<u>16 AUG 1917</u>		<u>B 213.</u>
<u>16.8.17</u>	<u>87 FA</u>	<u>Ad. & trans Edw h. Ankle</u>	<u>12.6.18</u>	<u>16.8.17</u>	<u>Ed 9129</u>
<u>21.9.17</u>	<u>116 Hoop</u>	<u>Ad. do</u>	<u>Sannes Camiers</u>	<u>17.8.17</u>	<u>H.A. 13734</u>
<u>12.9.17</u>	<u>6 Home Dep.</u>	<u>Ad. do</u>	<u>Etaples</u>	<u>27.8.17</u>	<u>H.A. 13500</u>
<u>17.9.17</u>	<u>13 do</u>	<u>Ad. do</u>	<u>Trariville</u>	<u>1.9.17</u>	<u>H.A. 13641</u>
<u>14.11.17</u>	<u>29 9th</u>	<u>Joined Base Depot</u>	<u>Rouen</u>	<u>14.11.17</u>	<u>Red</u>
	<u>894A</u>	<u>ad Guonkaca 3 1/2 stons</u>	<u>62 CCS</u>	<u>1/4/18</u>	<u>Ed 9809</u>
	<u>16th Regt</u>		<u>Rouen</u>	<u>9/4/18</u>	<u>Ed 21693</u>
	<u>10th Regt</u>	<u>Arrived</u>	<u>- 11 -</u>	<u>23/10/18</u>	<u>Red</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shipping-Smith, &c.

(8228) W. 15863/M1477-2,400,000 1/17 MoA & W Ltd Forms B.103/4 (B. 858)

I.P.T.O.

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. *1st Royal Hussars* 7. Former Trade } *Draper*
or Occupation }
2. Regt. No. *2889* 3. Rank. *R. Q. M.S.* 74. If the soldier claims previous service in
Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
4. Name *Wells*
(Surname) *W* (Christian Names)
5. Age last birthday. *28*
6. Posted for duty on *June 1916* at *St. John's*
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
(b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *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*
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 } *na.*
(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 ?

na.

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.)

no complaint of no disability

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

na.

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

na.

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 ?

na.

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 ?

na.

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. Proemier, Cap. R.D.M.C.

Station *H. D. Camp*

Medical Officer in charge of case.

Date *18. 5. 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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war
(ii) Previous active service
(iii) Climate in pre-war service
(iv) Ordinary military service before the war
(v) Serious negligence or misconduct on the part of the soldier

Give details:

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

23. Is the disability in a final stationary condition? If not

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hoveley Down Camp* } President or Chairman.
 Date } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

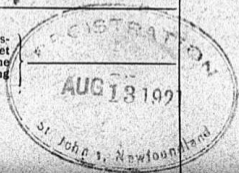
No. 649

Received from

Sgt-Militia

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

Office Stamp }



A REGISTERED POSTAL PACKET

2889

Addressed—

*Raymond Wells
100 Bureau Rd*

Received a Registered Postal Packet addressed as above ...

J Y

Sept. 22, 1919

The O.C.,
Depot.

Re No. 2889, R.Q.M.S. Wells

The above named man has made application to have his allotment of fifty cents (50¢) per day, cancelled from and including Aug. 31st, 1919.

For your information, please.

Major
Paymaster

P. A. M. S. 10-16

IM/

ST. JOHN'S, JUL 12 1919

Royal Newfoundland Regiment.

Billeting Account,

To R. Q. M. S. R. C. Wells

Billeting Soldiers as undermentioned

from June 1st 19 to July 9th 19

2889. R. Q. M. S. R. C. Wells 42 60

B. J. M.

ACCOUNT	
CH. NO.	2905 - <i>Law</i>
IND. LEDGER	INITIALS
PAY RECD. SHEET	INITIALS
CH. LEDGER	INITIALS

Certified correct for \$ 42 60

R. J.

W. J. M. [Signature]
Billeting Officers
R. Q. M. S. R. C. Wells

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 3 ⁵⁰/₁₀₀

Apr 30

19 20

Received from the First Newfoundland Regiment
the sum of Three ⁵⁰/₁₀₀ Dollars.
on account of Pay. J. C. A.
balance T. B. D. Kelly

36450	Ch. No.	Initials.
274	Pay Ledger	Initials.
	Gen. Ledger	Initials.

Regtl. No.

Rank

No. 2889

Rank

Private

Name

Wells R.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$169⁵⁰/₁₀₀

Apl 30 1970

Received from the First Newfoundland Regiment
the sum of One hundred and sixty nine ⁵⁰/₁₀₀ Dollars.
on account of Pay.
balance

J. C. R. R. Gold

Ch. No. 36378	Initials. <i>AW</i>
Pay Ledger <i>224</i>	Initials. <i>AW</i>
Gen. Ledger.....	Initials. <i>AW</i>

Regtl. No. 2889 Rank *Private*

No. 2889

Rank *Rom*

Name *Wells R*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 549⁰⁰

Apr 1 1921

Received from the First Newfoundland Regiment
the sum of Five hundred & Forty nine Dollars.
~~on account~~ of Pay. W. S. Ely
balance

47 B Wells

Ch. No. 33791	Initials	<i>[Signature]</i>
Pay Ledger 394	Initials	<i>[Signature]</i>
Gen. Ledger	Initials	<i>[Signature]</i>

Regt No. 2889 Rank R 2115.7

No. 2889

Rank

S. 2nd Lt.

Name

R. Wells

Receipt for Army Book 64

No. 2889 Name R. B. Wells

To Certify that I have received the AB 64 of the above
named soldier.

Date Aug 19/50

Name R. B. Wells

Place 60 Prescott St Johns

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

WZ

C.R. 2889

Extract from Daily Orders Part II Unit The Royal
Newfoundland Regiment dated August 2nd 1920.

Depot St. John's.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from n
noted date.

2889, RQMS. R. Wells.

28-5-1920.

C.R. 2889

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, Jan. 21st, 1920.

2889, A/RQMS. R. Wells

Is graded for pay purposes as Supt. Clerk with effect from
1-12-19.

The Royal Newfoundland Regiment

D 2889

DEMobilIZATION OF

Reg. No. 2889 Rank R. 9/1st Name Raymond Wells
 Date of Enlistment 19-16-1916 Address Bay Roberts Lb. District H. 1st
 Occupation black Classification for Discharge B. Medical Category F
 Recommendation S.M.B. Sexua. Unfit Disability Rating Nil.

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 30-4-1920
R. H. Edwards
 O. C. Discharge Depot. SMW

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

Raymond Wells

Particulars passed to Vocational Officer for information and action.

Date 30-4-1920
R. H. Edwards

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... 60 00

(b) Clothing Supplied

Date 30-4-1920
R. H. Edwards
 O i/c. Re-clothing. SMW

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. E 13 to his home at Bay Roberts and Release Certificate No. 3901 issued.

Date 30-4-1920 R. Edwards
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 28-5-1920

Date 30-4-1920 R. Edwards
Depot Paymaster.

Discharge approved for 14-5-1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.	B 268.	B 121.	/	N.F. Med.	D.F. 1.	/	<u>found</u>
F 178.	W 3494.	B 122.	/	Board 1st.	" 2.	/	
F 178a.	/ D 400A.	/ B 1915.	/	do 2nd.	" 3.	2	
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 30-4-1920 R. Edwards
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuit.

Date 30-4-1920 R. Edwards
O.C. Discharge Depot.

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

Date April 30th 1920 J. Swaney