

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5680

Name William Wells *Mothe*

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

- 1. What is your name? ..... 1. William Wells
- 2. What is your full Address? ..... 2. Silt Cove
- 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. miner
- 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, William 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.

William Wells .....SIGNATURE OF RECRUIT.  
Pte. Power .....Signature of Witness.

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

I, William 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 answered 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 11 day of June 1915  
Signature of Attesting Officer P. Dinkfield

### †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**

5680.

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

Name William Wells

Apparent age 21 years      months. Height 5 feet 6 1/4 inches

Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 4 inches

Distinctive marks     

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Simon Wells  
Tilt Cove, | 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 <u>11-6-18</u>									
Joined at <u>St. John's</u> on <u>June 11-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked at St. John's S.S. Colantella to Halifax N.S. 22-7-18</u>									
<u>To be disembarked for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization at St. John's 9-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 [date of discharge] 1 years 60 days

Pensions " " " " " "

W Wells

GR. 5680

1880





B  
No. 18344/2001

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,  
2nd Royal Nfld. Regt.  
Winchester.

13th November 1918

Subject: 5680, Pte. W. Wells

With reference to the following telegram (9654) from the Hon. Minister of Militia, received

Pay to 5680 Wells £8:4:0

Draft £8:4:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*L. H. Marsden*  
Chief Paymaster & O. i/c Records.

November 16 1918

Receipt hereunder.

*Cham*  
LIEUT. COLONEL,  
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Received the sum of eight  
pounds 4/- on account of  
cable remittance from Newfoundland.

*W. Wells*  
No. 5680 Rank Pte

Witness 2930 Pte. Colton  
2563 Dubourdieu

No. 5283/767

098965

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,  
2/Bn. Royal Newfoundland Regiment,  
Hazeley Down Camp  
Winchester.

3rd April 1919

April 7th 1919

5680 Pte. Wells W.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (116)

*Kim*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5680 Wells

R N R

£5. 3. 0.

Received the sum of Five pounds

Cheque £ 5. 3. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Three shillings in respect of telegraphic remittance from the Minister of Militia.

W Wells

Chief Paymaster & O. i/c Records.

No. 5680 Rank Private

Witness M. Rockett

B



No. 792331543

N.F.P. 119.

From: NEWFOUNDLAND CONTINGENT

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

To: *PD 100014*  
Officer Commanding  
2nd Batt. *Wyl.* Mfld. Regiment  
Winchester.

26th May 1919

*May 28th 1919*  
JUN 1919

5680 Pte. w. Wells

With reference to the following telegram from the Minister of Militia / / 19 ( 202):

"Pay to- 5680 W. Wells  
£4. 2. 0.

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

*A. B. Minniss*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Chambers*  
LIEUT. COLONEL,  
COMMANDING 2ND BATTAL NEWFOUNDLAND REGT.

*R. N. R.*

Received the sum of Four Pounds  
two shillings in respect of telegraphic remittance from the Minister of Militia.

W wells  
No 5680 Rank Private  
Witness: M. Rockett

Wells, W.

5680

Ray & Sept.



5680

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5680 Rank Plvt Name Wells, W.  
 Date of Enlistment 11-6-18 Address Springdale District St. John's  
 Occupation Miner Classification for Discharge F.F. Medical Category #10  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19 O. C. Discharge Depot. [Signature]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

W 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 \$60.00
- (b) Clothing Supplied [Signature]

Date 12-7-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 12433 to his home at Springdale and Release Certificate No. 3532 issued.

Date 12-7-19 *J. A. Newbatt*  
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 9-5-19

Date 12-7-19 *J. A. Newbatt*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
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		

*Form B*

Date 12-7-19 *J. A. Newbatt*  
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 20 1919 *N. R. Coobee Capt.*  
O. C. Discharge Depot.

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

Date Aug 7 1919 *[Signature]*

C.R. 5680

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

#5680 Pte. W. Wells.

Attested for General Service with the Royal Nfld.  
Regt. from 11.6.18



C.R. 5680

Extract from Daily Ord no part 11, from Unit The Royal  
Bn. Sgt. St John's, dated July 22, 1918.

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

#5680 Pte. Wm. Wells.

C.R. 5680

Extract from Daily Orders, Part II Unit The Royal Rifle Regt.  
St. John's, July 31st 1919.

5680 Pte. W. Wells.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

C.R. 5680

Extract from Daily Orders Part II Unit The Royal NEM.  
Regt. St. John's, July 19th, 1919.

The discharge of the Undersigned on Amputation has been  
APPROVED by C.O. Discharge Depot, with effect from 25-7-19.

5680 Pte. W.Wells.



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge and para. 392 (vi.), 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 Former Trade or Occupation } mines
- 2. Regtl. No. 8680 3. Rank. plc- 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Wells- Wm (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
- 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) Where
  - (c) Opinion of Court
  - (b) Date of Discharge ;
  - (c) Cause of Discharge.
  - (d) Particulars of Pension or Gratuity (if any)

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.
- 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*  
*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 ?

*No complaints of no disability*

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 ?

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 ?

*Repatriation*

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

*W. S. Proemier, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Mazeley Down*

Date *3/4/19*

\* 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.

C.R. 5680

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date  
9-8-19.

5680, #18. Wm. Wills.



August 14, 1919

#5680 Pte. Wm. Wells,  
Springdale, N.D.B.

Dear Sir :-

Please find enclosed Discharge Certificate #3705.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5680 Rank. Plt Name. Wells W  
 Intended place of residence. Spungdale Tulligol  
 2. Occupation Miner  
 Classification of soldier. E Medical Category. A 1

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 12 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 12 1919  
 Signature of soldier W Wells  
 Signature of witness James O'Sullivan

## 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 JUL 12 1919  
 Signature of soldier W Wells  
 Signature of witness James O'Sullivan

## STATEMENT OF SERVICE

7. Enlisted for service. 11-6-18 No. of days on Military  
 Discharged from service. JUL 26 1919 Plus 14 days Service. 425

## 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 JUL 26 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place, ST. JOHN'S  
 Date August 9/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

20  
31  
9  
/0

WJTB 20791 2205

# The Royal Newfoundland Regiment

Class for Demobilization: —

*Ey*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 11/19*

Regimental No.

*5685*

Name

*Wells William*

Address

*Springdale*

Present Medical Category

*A1*

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O.C. Discharge Depot.

*J. Paterson*

Senior Medical Officer

*D. W. Curdson*

M.O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5680 Rank Pvt Name Wells W  
 Date of Enlistment 11-6-18 Address Springdale District Twillingate  
 Occupation Miner Classification for Discharge F1 Medical Category F11  
 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. 11-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*W 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

*W Wells*

Date. 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A2433 to his home at Springdale and Release Certificate No. 3552 issued.

Date 12-7-19

*J. J. Snowball*  
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 9-8-19

Date 12-7-19

*H. M. News*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 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 12-7-19

*J. J. Snowball*  
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 26 1919

*A. R. Cooper Capt*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*w wells*

Signature of Man.

Reg. No. *3680*

*J. H. Snowcroft*

Signature of the Vocational Officer or his Representative.

Place

**ST. JOHN'S.**

Date

*12. 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

Surname Wells OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Cuthbert County Northumberland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11 <sup>th</sup>	June 1918		191
	at	<u>Sydney</u>	at	
Declared Age	21	years		days
Trade or Occupation	<u>Mason</u>			
Height	5	feet 5 <sup>1/4</sup>		inches
Weight	148			lbs.
Chest Measurement	Girth when fully expanded		38	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</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>Lammie Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>Sydney</u>	at	
	on	11 <sup>th</sup> day of <u>June</u> 1918	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	<u>Royal West</u>			
	<u>Regiment.</u>			<u>5680</u>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *William Wells*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5680*

Intended address *Springdale*

Height on discharge *5'* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Simon*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Baptist, 20<sup>th</sup> Dec, 1898*

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) *William Wells* *Ph*  
(Rank)

Station \_\_\_\_\_ Date *8-7-19*

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 i/c Hospital.  
Unit, or Command Depot.

Date



**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* } Former Trade or Occupation } *Miner*
2. Regtl. No. *5680* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Wells* } *W.P.H.* } (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
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  
 (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*

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 complainant of no 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.

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 invalidated at Foreign Stations.

*Repatriation*

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

Station *Hazley Down*

Date *3/4/19*

\* 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.

August 19, 1919

Mr. William Wells,  
Springdale, N.D.B.

Dear Sir:-  
Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of 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..... *William* ..... 2. Surname..... *Wells* .....  
3. Rank..... *Fte* ..... 4. Regtl. No..... *5680* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Springdale* .....  
*U.S.B.* .....  
6. Date of enlistment in the Regiment..... *June 8/18* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*No* .....  
8. Relationship of such dependents..... *No* .....  
9. Address in full of such dependents..... *No* .....  
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 Nfld. If so, give dates and particulars of such service..... *Byland only* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 year* .....  
..... *1 1/2* .....

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

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

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

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

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

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

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

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

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

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

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

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

19. Are you now serving in the Res? If not give:- (a) Date of discharge.

..... *July 12/19* (b) Reason for discharge. *Senior* .....

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 England only* .....

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.

.....

.....

.....

W. Wells

Signature of Applicant:

Place of Residence:

Declared before me at:

This

12

day of

July

19...19.....

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

*John M. Carthy*  
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	------------------	--------------------	--------------------------	-------------------

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

Certified correct.

Registrar



FORM K

No. 6355



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, William Wells, Regt. No. 5680,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins August 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4743	Father	Simon Wells	Springdale R. A. B.	50
Total Allotment, \$				50 <sup>c</sup>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. G. James  
 Officer Commanding Company

(Sig.) William Wells  
 (Rank) PO

St. John's  
July 8th 1918.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland. Signature of O. C. Company OB Dickson

Number of Sheet One

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5680</u>	Age on	21 years 0 months	<u>Funer</u>	
Joined	Date	Place and Date of Enlistment	<u>S. John</u> <u>24/6/11</u>	Religion	
Joined	Date			<u>Orth</u>	
Joined	Date	Period of	} with Colours <u>60</u> years. } with Reserve <u>365</u> years.	Place of Birth	
Joined	Date			<u>S. John</u>	

Place	Date of Offence	Rank	Causes of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>S. John</u>	<u>9-8-19</u>			

To be carried over.

C.R. 5680

Tilt Cove  
Mar. 9th, 1922

Hon. W.B. Jennings M.H.A  
Saint John's

Dear Mr. Jennings:-

Your letter dated 27th Feb received yesterday asking for information of some of the boys who enlisted from this.

Pte. Leslie Rolfe No. 5643 present address C/o Geo. Rolfe (father) Bell Island Mine, C.B. Wm. ~~Wells~~ Wells NO..5680 C/o Simon Wells (father) Springdale. Lawrence Mitchell No. 5658 Beaver Cove C/o Eli Mitchell Senior (father) Tilt Cove Charles Thomas No. 5681 I am not sure about but am making enquiries and will let you know

Iny information you require of me on any point any time, I am only too pleased to do my best

Yours sincerely

(Sgd.) J.M. JACKMAN

*See 5643  
for full Correspondence*