



FIRST NEWFOUNDLAND REGIMENT

No. 3879 Name Joseph West Corps Math

ATTESTATION OF

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Joseph West</u> |
| 2. What is your full Address? | 2. <u>St. John's grave St. Mary's District</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fireman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name <u>Joseph West</u>
Corps <u>Math</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Joseph West 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.

Joseph West SIGNATURE OF RECRUIT.

Joseph West Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph West do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this

Signature of Attesting Officer Joseph West

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

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph West
 Apparent age 30 years 8 months 37 1/2 Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Leve West
Halifax N. S. | Relationship Brother

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									
Joined at _____ on _____									

Total Service forfeited as above: _____

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 Pensions _____

3879

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3879 Name Joseph West Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Joseph West</u> |
| 2. What is your full Address? | 2. <u>Mt. Greenwood St. Fogo, District</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Joseph West 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.

Joseph West SIGNATURE OF RECRUIT.
Amcoughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph West 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 on this 25 day of June 1915.
 Signature of Attesting Officer Johns

†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.....1915
 Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph W. ... 5 9
 Apparent age 31 1/2 years 5 9 months 31 1/2 height 5 9 feet 9 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion _____ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Halifax N. S. | Relationship Brother

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>25-6-17</u>									
Joined at <u>Halifax</u> on <u>June 25-17</u>									
Discharged Halifax Dec 26/1918									
<p><i>Embarked St John's N.S. Transport to Halifax N.S. 4-5-17. Embarked for 1568 4-2-18 disembarked Rouen 12-2-18 joined the 83rd Gen. Hosp. 15-2-18</i></p> <p><i>November 11-3-18 admitted 87th. Machine Gun Co. 1-3-18 then the 83rd Gen. Hosp. 15-2-18</i></p> <p><i>First sent to England & then transferred to 1st Coy. 1st Hosp. 15-2-18</i></p> <p><i>Sec. sent. Hosp. Brighton 11-2-18 transferred to Gen. Hosp. 1st Coy. 1st Hosp. 15-2-18</i></p> <p><i>then sent to 1st Hosp. 19-11-18 to 1st Hosp. for discharge 20-11-18 Arrived Halifax 6-12-18</i></p> <p style="text-align: center; font-size: 1.2em;">Discharged medically unfit 26-12-18</p>									
Total Service forfeited as above _____									

Total Service towards Engagement to 26-12-18 (date of discharge) 1 years 185 days
 Pensions _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. _____

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 **ST. JOHN'S**

Line Number	Recd	By	Sent by	Check
Dated MAY 30th 1919.				
To Pte. Joseph West.				

MUSGRAVE HARBOUR.

KINDLY INFORM CONTENTS OF PARCEL MAILED

FEBRUARY 4

A. B. HICKMAN

Minister of Militia.

Csh. to Dept. of Militia

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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: **ST. JOHN'S**

Line Number	Recd	By	Sent	by	Check

Dated **MAY 30th 1919,**

To **Pte. Joseph West.**

MUSGRAVE HARBOUR.

KINDLY INFORM CONTENTS OF PARCEL MAILED

FEBRUARY 4

A. E. HICKMAN

Minister of Militia.

Gch. to Dept. of Militia

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

List No.

Sent by

Rec'd by

Check

No.

Place from

To

60 R G Am 12/11
 Musgrave H. 15
 Minister of Militia



Have you received Registered
 parcel from me mailed
 July 4th Reply.

Re Joseph West

Received Nov 15th
with reference to your telegram
Nov 14th 4905. Roberts on Fairbough.

C.R.

3879

Extract of Daily Orders, Part II, Depot, St. John's, dated
Jan. 9th 1919.

STRENGTH DECREASES.

3879 Pte. Jos. West.

Having been found medically unfit is discharged from 26-12-18

C.R. 3879.

Extract from Casualties received from Pay & Record Office
London. Dec. 28th, 1918.

Repatriation Draft No. 78. The following embarked 20-11-18.

3879 Pte. J. West.

For discharge under A.F. B. 179.

3
C.R. 3879

held on Thursday, December 15th, 1918
Extract from Medical

3879 Pts. West Joseph.

Recommended Discharge as Permanently Unfit.

C.R. 3879

Extract from Daily Orders, Part 11 , UNIT: The Royal Wfld.

Regt., dated Dec. 7th. 1918.

STRENGTH INCREASES.

3879 Pte. J. West.

Returned from Overseas and reported at Depot 6/12/18.

C.R. 3879

Extract from Telegram from Synoptical, dated Nov. 21st., 1918.

4879 Waba West.

Embarked at Liverpool November 20 by "Metagama" to St. John
New Brunswick.

20.

6783 C.R.

Extract from Casualties from P.&R.O. London, dated /4th. Nov. 1918

3879 PTE. J. West

ex King George Hospital, S.E., on 14/11/18, is granted furlough to 10 a.m. 19/11/18, with orders to report at the P.&R.O., on the latter date for disposal. To be repatriated.

Authority: A.F. W.3201 from King George Hospital.

C.R. 3879

Extract from Casualties received from Pay & Record Office,
London dated October 21st., 1918.

#3879 Pte. T. West.

was transferred from Pavillion General Hos., Brighton
to Queen Mary's Conv. Aux. Hosp., Reehampton, S. W.,
on ^{19/10/18} 19/10/18.

C.R. 3879

Extract from Casualties received from P.&R.O., London, dated
14th September 1918.

3879 Pte. J. West

was transferred from the 4th London General Hospital, S.E., to the
Pavilion Hospital, Brighton, on 11/9/18.

Authority: A.F.B.256 from 4th London General Hospital.

C.R. 3879

Extract from Casualties received from Pay & Record Office,
London, dated April 22, 1918.

#3879e Pte. Joseph West.

Gunshot wound right arm, amp. a d right leg.

Admitted 4th London General Hospital, Denmark Hill S.E.5.

8-4-18.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender

J. R. Bennett

Address

Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated April 13th, 1918.

To Levi West, C/O G.P.O., Halifax.

Regret to inform you that Record Office, London, officially reports No. 3879, Private Joseph West at 4th London General Hospital amputation right arm

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

J.R. Bennett
Acting Minister of Militia

RECEIVED
807
MILITIA

C.R. 3879
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated

April 11th, 1928.

To

Leah West, C/O G.P.O., Halifax.

Regret to inform you that Record Office, London,

officially reports No. 3879, Private Joseph West
previously reported dangerously ill now reported
seriously ill April 8th.

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

J. R. Bennett

Actg. Minister of Militia.

FOR TYPEWRITER

PROGRESS REPORTS

Nos. P.111889 P.111892 P.111893 P.111895.

No. P.111889.

O.C.85 GEN.HOS.BOULOGNE telegraphs 9th Apr.18.

203478 Pte. Cretch, E.F. 2/7 att 10/
 WORC.R.
 3879 Pte. West, J. R. NEWFIELD.R.
 41242 Pte. Donaldson, G. 2/R.SCO.FUT.

GSW.Face, Arms, Legs.

FORMERLY DANGEROUSLY NO. SERIOUSLY ILLREMOVED FROM SERIOUSLY ILL LIST
SERIOUSLY ILL.No. P.111892.

O.C.72 GEN.H.TROUVILLE telegraphs 9th Apr.18.

21583 Pte. Irving, J. 8/R.BERKS.R.

GSW.Abdominal Parietes. DANGEROUSLY ILLNo. P.111893.

O.C.1 AUST.GEN.H.ROUEN Telegraphs 9th Apr.18.

34529 Pte. Callcut, E. 1/K.R.R.C.att Sw.Ch'st.
 99 T.M.BTY.
 20571 Pte Taylor, J. 2/W.YORK.R.
 26811 Pte. Kirtlan, R. 1/K.S.L.I.
 22121 Pte. Mccann, J. 8/A. & S.HIGHRS.
 238069 Pte. Crawford, W. 2/SCOT.RIF.
 260242 Pte. Baker, H. 2/8 WORC.R.
 155113 Gnr. Malcock, R.C. RFA.36/33 BDE.
 24865 Pte. McManus, E. 1/IR.FUS.
 53430 Pte. Ashfield, J. 15/DURH.L.I.
 20177 Pte. Keech, J. 6/DORS.R.
 26160 Pte. Timmington, W. 2/7 R.WAR.R.

DIED 8TH APR.18.

SERIOUSLY ILL. TRANS. TO ENGLAND
SERIOUSLY ILL. TRANS. TO ENGLAND
SERIOUSLY ILL. TRANS. TO ENGLAND
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DANGEROUSLY ILL. TRANS. TO ENGLAND
DANGEROUSLY ILL. TRANS. TO ENGLAND

No. P.111895.

O.C.41 STY.H.GAILLY telegraphs 6th Apr.18.

199121 Gnr. Pearce, E.J. RFA.D/92 Bde. ACT, Appendicitis.

DANGEROUSLY ILL

698

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender

J. R. Bennett
Address

Dept of Militia

Line Number	Red	By	Sent	by	Check

Dated

April 9th, 1918.

To

Levi West, C/o General Post Office, Halifax.

Regret to inform you that Record Office, London,

officially reports

No. 3897, Private Joseph West

still dangerously ill March 31st.

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

J.R. Bennett

Acting Minister of Militia.

FOR TYPEWRITER

PROGRESS REPORTS---Nos. P.111690. P.111691. P.111698 & P.111719.NO.P. 111690.

O.C. 83 GEN.H. BOULOGNE, telegraphs 8 Apr.18.
 X 2379 Pte. West J. R. NEWFOUNDLD.R. ~~FORMERLY DANGEROUSLY NOW SERIOUSLY ILL.~~
 289130 Pte. Haddington R.G.ASC. (MT) 61 AUX PETROL COY. SERIOUSLY ILL.
 13719 Cpl. Reed W.T. RGA.31 HVY.BTY. Burns.Face & Hands.Acc. SERIOUSLY ILL.
 718059 Pte. Jolley F.W. 1/25 LONDON R. GSW.Chest.R.Elbow. SERIOUSLY ILL.

NO.P. 111691.

O.C. 25 STY.HOS. ROHEN , telegraphs 8 Apr.18.
 210181 Pte. Leaker J. 7/CADET CORPS. C.S.M. DANGEROUSLY ILL.

NO.P. 111698.

O.C. 14 GEN.H. WIMEREUX, telegraphs 8 Apr.18.
 5232 Bdr. Hooking F.W. RPA.A/173 BDE. GSW.Mult. DANGEROUSLY ILL.

NO.P. 111719.

O.C. 10 CAN.STY.H.CALAIS telegraphs 8 Apr.18.
 35528 Gnr. Dwan J.A. Awt.PA. 39/10 BDE. SW.L.Thigh.L.Wrist.L.Eye. SERIOUSLY ILL. TRANS. TO ENGLAND.



679

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

PROGRESS REPORTS RECEIVED BY POST. IN CERTAIN CASES THE SAME INFORMATION OR A LATER REPORT MAY HAVE BEEN RECEIVED BY TELEGRAM AND COMMUNICATED TO RECORD OFFICES. C.R.'S SHOULD BE TAKEN TO CHECK THIS BEFORE NOTIFICATION.

INFANTRY RECORD OFFICE - P E R T H.

LIST NO.H.W.1651.

22973 L/C. Foster.G.	7/0 am.Highrs.		Dangerously ill Improving in 83 Gen.H.Boulogne 1/11.31 Mar.18.
4750 L/C. Burns.W.	9/Corâ.Highrs.	GS7.Head.....	Dangerously ill unchanged in 53 Gen.H.Boulogne 7/E.1 April 18.
3599 Sgt. Wilson.R.	11/A. & S.H.	GSW.L.Leg Hand & Face	Dangerously ill unchanged in 53 Gen.H.Boulogne 7/E.1 April 18.
16464 Pte. Stewart.J.	8/Seaforths.Highrs.	GS7.Head.....	Dangerously ill unchanged in 53 Gen.H.Boulogne 7/E.1 April 18.
23118 Pte. Souter.R.	1/Com.Highrs.	GS7.Thigh R.....	Seriously ill Improved in 53 Gen.H.Boulogne 7/E.1 April 18.
301788 Pte. Deans.D.	1/8/A. & S.H.	GSW.Head & Back..	Seriously ill in 3 Gen.H.Le Troport 7/E. 31 Mar.18.

ROYAL ARMY MEDICAL CORPS.

LIST NO.H.W.1651.

370110 Pte. Jones.A.E.	RAMC.5/F.A.	Gassed Shell "W".	Seriously ill Trans.to Rouen ex 3 Gen.H.7/E. 31 Mar.18.
339081 Pte. O'Conner.J.	RAMC.98 P.A.	GS7.Back & Pene..	Seriously ill Trans.to Rouen ex 3 Gen.H.7/E. 30 Mar.18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO.H.W.1651.

3879 Pte. West.J.	R.Newfoundland Rgt.		Dangerously ill in 83 Gen.H.Boulogne 7/E.31 Mar.18.
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SOUTH AFRICAN - RECORD OFFICE.

LIST NO.H.W.1651.

12352 Pte. Jacobs.F.H.	2/S.Afr.Inf.	GS7.Abdomen.....	Dangerously ill unchanged in 53 Gen.H.Boulogne 7/E.1 April 18.
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619

390

CR 3879
Counter No.

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.

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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 Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated March 23rd, 1918

To Levi West, C/o G.P.O., Halifax, N.S.

Regret to inform you that Record Office, London,
officially reports No. 3879, Private Joseph West
still seriously ill March 17th

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

J.R. Bennett

Acting Minister of Militia.

FOR TYPEWRITER



C.R. 3529

PROGRESS REPORTS.

Nos P.107786, P.107787, P.107788, P.107795 and P.107796.

No. P.107786.

O.C. No 85. GEN^T HOS. BOULOGNE, telegraphs 22nd March 1918.

48889 Pte. Morton. A.
25949 Pte. Baker C.
3879 Pte. West J.

17/ R. WELSH FUS.
11 at 6/R.W. KIENTS
ROY. NEWFOUNDLAND REGT. L

~~NO LONGER SERIOUSLY ILL~~
~~NO LONGER SERIOUSLY ILL~~
~~FORMERLY SERIOUSLY NOW DANGEROUSLY ILL~~

No. P.107787.

O.C. No 18 CAS. CLG. STM. FRANCE telegraphs 22nd March 1918.

200792 Sgt. Woodcock F.
21537 Pte. Lindsey H.

1/8th NOTTS & DERBYS GSW Thigh.
1/6 NOTTS & DERBYS GSW Mult.

DANGEROUSLY WOUNDED
DANGEROUSLY WOUNDED

No. P.107788.

O.C. No 6. GEN. HOS. ROUEN, telegraphs 22nd March 1918.

18153 Pte Robins A.S.
37961 Pte Forrest H.
200084 Sjt. Butcher.
36081 Bdr. F. Bigg
M2/189044 Pte. Darrington G.

9/E, SURREY. Bronchitis
7/8 R. INNIS FUS. Pleurisy R.
2/4 Ox & BUCKS L.I. GSW Face
R.F.A. A/180 GSW Back
A.S.C.M.T. at R.G.A. 254 S.

SERIOUSLY ILL.
SERIOUSLY ILL.
SERIOUSLY ILL.
DANGEROUSLY ILL.
SERIOUSLY ILL TRANS. TO ENGLAND.

No. P.107795.

O.C. No. 1 AUS. GEN. HOS. ROUEN, telegraphs 22nd March 1918.

761227 Gnr. Barker O.

R.F.A. A/317 BDE.

Gassed broncho Pneum. DIED 22nd March 1918.

No. P.107796.

O.C. No. 7 STAT. HOS. BOULOGNE, telegraphs 22nd March 1918.

53083 Pte. Deacon A.

20/KINGS L'POOL REGT.

FORMERLY DANGEROUSLY NOW SERIOUSLY ILL.

535

C.R. 3879

Extract from Casualties received from Pay & Record
Office, London, dated March 21, 1918.

#3879 Pte. J. West.

Wounded March 11, 1918.

C.R. 3879

extract of casualty List received from Pay and Record Office London
Dated 20th. March 1918.

3879 Pte. J. West,

1/R. Nfld. Regt., GSW. Arms, Legs, & Face Sev..... Adm.

83 Gen. H. Boulogne 13th. March 1918.

3879
C.P. Register No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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

Dept of Militia.

Line Number	Red	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated

Mar. 23rd, 1918.

To

Levi West, Musgrave Hr., Fogo.

Regret to inform you that Record Office, London, officially reports No. 3879, Private Joseph West previously reported seriously ill, now dangerously ill, March 22nd.

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

J.R. Bennett

Actg. Minister of Militia.

FOR TYPEWRITER

C.K. 3879
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Date March, 19th, 1918

Mr. Levi West, C/o G.P.O., Halifax, N.S.

Regret to inform you that Record Office, London,
No. 3879, Private Joseph West
officially reports
seriously ill March 14th.

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

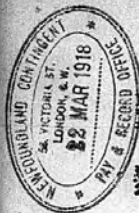
J.R. Bennett

Acting

Minister of Militia.

FOR TYPEWRITER

C.R. 3879



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

PROGRESS REPORTS RECEIVED BY POST. IN CERTAIN CASES THE SAME INFORMATION OR A LATER REPORT MAY ALREADY HAVE BEEN RECEIVED BY TELEGRAM AND COMMUNICATED TO RECORD OFFICES. CARE SHOULD BE TAKEN TO CHECK THIS BEFORE NOTIFICATION.

LABOUR CORPS - NOTTINGHAM.
238076 Pte. Farmery A. 157/Lab.Co.

LIST NO. H.W. 1578.
L. Ing Bernia..... Dangerously ill (Improving) in 12 (St. Louis USA.)
Gen. H. Rouen W/E 17 Mar. 18.

NEW FOUNDLAND ? CONTINGENT.

3879 Pte. West J. ✓ R. Newfnd. R. Seriously ill in 83 Gen. H. Boulogne W/E 17 Mar. 18. ✓

510

C.R. 3879
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 J.R. Bennett Address Dept of Militia.

Line Number	Recd	By	Sent	by	Check
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Dated Mar. 16th, 1918.

To Levi West, C/o G.P.O., Halifax, N.S.

Regret to inform you that Record Office, London, officially reports No. 3879, Private Joseph West at 83rd General Hospital, Boulogne, March 14th G.S.W. arms, legs & face.

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

J.R. Bennett

Acting Minister of Militia.

FOR TYPEWRITER

C.R. 3879

Extract from casua ties received from Pay & Record Office,
London, dated March 15, 1918.

O.C. 83rd General Hospital, Boulogne, reports 14/3/18.

#3879 Pte. J. West. ✓

Seriously Ill Gunshot wound Arms, Legs, Face,

C.R. 3879

Extract from CASUALTIES from P.&R.O., London, dated 15 Mar. 18.
O.G., 83rd General Hospital, Boulogne, reports 14/3/18:

SERIOUSLY ILL, G.S.W. Arms, Legs, Face:

3879 Pte. J. West

Authority: Telegram from War Office, G.2. Cas. 15/3/18.

PROGRESS REPORTS.Nos. P. 106682, P. 106683, P. 106684, P. 106685 and P. 106686.No. P. 106682.O.C., 30th C.C.S. FRANCE, telegraphs 14th March. 1918.425409 Sjt. Terry, R. 1st C.M. RIFLES. x DANGEROUSLY WOUNDED.No. P. 106683.O.C., 18th C.C. STN. FRANCE, telegraphs 14th March. 1918.46364 Sjt. Amos, G.H.W. 116th MACH. GUN CORPS. GSW. Multiple. DANGEROUSLY WOUNDED.No. P. 106684.O.C., 2nd GEN. HOS HAVRE, telegraphs 14th March. 1918.44006 Gnr. Moore, G. REA. DETAILS. FORMERLY SERIOUSLY NOW DANGEROUSLY ILL.
3049 Pte. Dehennin, L.A. 37/A.I. FORCE. NO LONGER SERIOUSLY ILL.No. P. 106685.O.C., 83rd GEN. HOS. BOULOGNE, telegraphs 14th March. 1918.3879 Pte. West, J. NEWFOUNDLAND REGT. GSW. arms. legs. Face. SERIOUSLY ILL.
25949 Pte. Baker, C. 11th attd. 6th R.W. KENTS. FORMERLY DANGEROUSLY NOW SERIOUSLY ILL.No. P. 106686.O.C., 2nd CAF. GEN. HOS. LE TREPURT, telegraphs 14th March. 1918.205201 Rfn. Bolton, J. 1st K.R.R. CORPS. Gas Poison. shell "v". DANGEROUSLY ILL MAY BE VISITED

C.R. 3879

Extract from Nominal Roll Draft No. 36, 00 Other ranks
from Cnd., (Reserve) Batta. Royal Newfoundland Regiment
and proceeded to join the 1st. Battalion of the Royal
Mfid., Regt., B. E. F. DEPARTED SOUTHAMPTON 4/2/18.

3879 Pte. J. West.

C.R. 3879

Extract from General Hall's Embarked at John's for Overseas,
per S.S. "Floral" Aug 4, 1917.

3879 Pte. West. J.

C.R. 3879

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, June 25th, 1917.

3879 Pte. J. West.

Attested this day posted to F. Coy. and assigned numbers
as shown.

West Joseph

3879

Ray Joseph

Allotment of 50¢ cancelled 30/9/18

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY.

N.F.P./94

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

Regtl No. **3879** Rank **Pte** Name **G. West** Unit **Royal Nfld. Regt.** who was **Repatriated**
to **Newfoundland** on **20/12/18** Authority **A. F. B. 179** Cause **CLASS A.**

STATEMENT OF ACCOUNT

DR.		PARTICULARS						CR.						
		£	s	d	£	s	d							
From 16/2/18 To 20/11/18	Balance Dr. from							Balance Cr. from 15/2/18						
	Allotment 227 days @ 50/6	113	50		23	6	5	Pay 278 days @ 1.00	278	00				
	Cash Payments: P. & R. O.				33	10	0	Field Allowance 278 days @ 10	27	80				
	E. F. M. to Nfld.					11	0	Other Allowances days @ 10	505	80	62	16	8	
	Other Debits:							Other Credits:						
	Acquittance Rolls, B.E.F.				1	13	0	Ration Allowance, 7 days @ 2/1				14	7	
	Hospital Advances				4	13	6							
	Total Debits				63	13	11	Total Credits				65	12	2
	Balance due by Paymaster				1	18	3	Balance due to Paymaster				65	12	2
					65	12	2					65	12	2

CHECKED
19-11-18
PERIOD:

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

191

(Place)

(Date)

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S. W. to 19/11/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

19/11/18 191

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

Allotment of 50/ cancelled 30/9/18

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

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

Regtl No. 3879 Rank Pte Name G. West Unit Royal Nfld. Regt. who was Repatriated
to Newfoundland on 20/12/18 Authority A. F. B. 179 Cause Class A.

STATEMENT OF ACCOUNT

DR.		PARTICULARS			£	s	d	PARTICULARS			£	s	d	CR.
From 16/2/18 to 20/11/18	Balance Dr. from							Balance Cr. from 15/2/18			2	0	11	
	Allotment 227 days @ 50/c	113	50		23	6	5	Pay 278 days @ £ 1.00	278	00				
	Cash Payments: P. & R. O.				33	10	0	Field Allowance 278 days @ £ .10	27	80				
	E. F. M. to Nfld.					11	0	Other Allowances days @ £	305	80	62	16	8	
	Other Debits:							Other Credits:						
	Acquittance Rolls, B.E.F.				1	13	0	Ration Allowance, 7 days @ 2/1				14		7
	Hospital Advances				4	13	6							
	Total Debits				63	13	11	Total Credits			65	12	2	
	Balance due by Paymaster: *				1	18	3	Balance due to Paymaster						
					65	12	2				65	12	2	

CHECKED
19-11-18
PTE

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

(Place)

191

(Date)

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S. W. to 19/11/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
19/11/18 191

OK
LW

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

January 8th.1918.

Pte. Joseph West,
Musgrave Harbour,
Newfoundland.

Dear Sir,-

I beg to enclose herewith Certificate of
Discharge, dated December 26th.1918.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Enc'l. 1.

J/H.

✓
DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

June 1
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..... *Joseph West*.....

3. Rank..... *Pte.*..... 4. Regt. No. *3879*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Mrs. grave St. N. D. B.*.....

6. Date of enlistment in the Regiment..... *June 25. 1917*.....

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 dependants..... *_____*.....

9. Address in full of such dependants..... *_____*.....

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..... *Overseas*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From June 25/17 to Dec. 26/18.*.....

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.

Clothing allowance \$60. —

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

No

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

No

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

No

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

No.

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

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

Dec. 26/18

No

Physical unfitness

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of place, and date of such service.

France + Belgium — From Feb. 1918 to March 1918 — Oeschendish Ridge

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.

Signature of Applicant:

his
Joseph West
with N.B.B.
Musgrave St.

Place of Residence:

Declared before me at:

A. John's, Ryld.

This

29th, day of *May*, 19*19*.

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

John McCarthy
J.P.

POST DISCHARGE PAY.

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

Certified correct.

Paymaster

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. West, No 3879
the sum of two dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$2.33

Pension \$50

G. W. Nicholl.
Vocational Officer.

Joseph West

JUN 21 1919

Capt. Howley,
O. I. C. Records.

Please pay to J. West, No 3879
the sum of two dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education;

\$2.33

Pension \$50

W. Mackell
Vocational Officer.

Joseph West

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60 ⁰⁰/₁₀₀

Dec 14 ⁶/₁₉ 18

Received from the First Newfoundland Regiment
the sum of Sixty ⁰⁰/₁₀₀ Dollars.

~~on account~~
balance

of Pay. Clothing.

J. H. West
mark
with J. H. West
Rank

Ch. No. 6777	Initials. K.W.
Pay Ledger... 321	Initials. W.W.
Gen. Ledger.....	Initials.....

Regtl. No.

No. 3879

Rank

PL

Name

Wentz

3879

January 10, 1919

Pte. J. West,
MUSGRAVE HARBOUR.

With reference to your telegram of
January 8th. regarding your Discharge Papers,
I beg to inform you that these were forwarded
you on January 7th. and no doubt you will have
received them ere this letter reaches you.

Yours truly,

Lieut.
For Paymaster

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

MS
Musgrave 22

Place from

To

J. R. Bennett



3819

Kindly send budge
quick possible if none
on hand reply

Espruvate West.

NEWFOUNDLAND POSTAL TELEGRAPHS

No. _____

Received _____ m. By _____

Sent out for delivery _____ m. By _____

No. _____ Place from _____ No. of Words _____

To _____



3.879

please wire immediately
if my Discharge papers
are sent.

Hte J. West

papers sent yesterday Jan 8/19

3879. Joseph West

DEPARTMENT OF MILITIA

REGIMENTAL PAY BRANCH

PAY VOUCHER

ACCOUNT	<u>Pay.</u>	INITIALS	
CH. NO.	<u>1035</u>	INITIALS	<u>[Signature]</u>
INL. LEDGER	<u>357</u>	INITIALS	<u>[Signature]</u>
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	<u>[Signature]</u>

100
-100

Dec 14/1921

RECEIVED from the Royal Newfoundland Regiment the sum of

One

..... Dollars

on account of Pay

Joseph West

J.C.R.

SEP 28 1948

Capt. Howley,
O. I. C. Records.

Please pay to **W. West 3879**
the sum of **four dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$4.66

Pension **\$40.00**

W. W. Mitchell
Vocational Officer

Joseph West

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

Halifax, N.S., April 27th, 1920.

TO THE PAYMASTER, 1st Nfld. Regt. M. D. DISTRICT
 Name West, J. 3879 Private 1st Nfld. Regt.
(Ex. No.) (Ex. Rank) (Batt.)
 was admitted for treatment under this Department on 24-4-20
(Date)

On receipt of this form, please complete and detach lower portion, and return same to Asst. Director
for N.S. & P.E.I.
 Unit, Dept of S.C.R., at "Nurses' Home", Corner Jubilee Rd. & Summer St., Halifax.

Discharged from H.M.F. at St. John's Jan. 1918.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

TO THE ASST. DIRECTOR..... Unit. Place.....
 Date.....

STATEMENT OF ACCOUNT

Regt'l or Naval No. and Rank.....

Name (Surname first).....

Married or Single.....

Rate of Pay.....

Date to which Separation Allowance was paid..... Amount per Mon.....

Date to which Assigned Pay was paid..... Amount per Mon.....

If Gratuity or Post Discharge Pay has been paid.....
(Give particulars)

Name and Address of Dependent (in full)

Certified Correct:

.....
 Signature of Issuing Officer of the Dept. of
 Militia and Defence or Naval Service.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

Dec. 13th, 1918

From Asst. Adjutant,
 Depot

To Paymaster and Officer i/c Records,
 Militia Department

3879 Pte. Jos. West

*Repatriation
 Long grave St.*

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Thursday, December 12th.

I am sending him herewith for your attention and necessary action, please.

AWG

W. H. O'Connell
 Asst. Adjutant
 Depot The Royal Newfoundland Regiment
 St. John's, Nfld.

Per W. H. O'Connell

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 2879 Rank Pte. Name Joseph West

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00

Date Dec 14th 18

Pte. John

Joseph West
Signature of Soldier

H. M. Harrick
Signature of Witness

J. West

C.R. 3879

P. R. O.

Ward C Section Phyllis Hospital. No. of Bed 181 Date 11-9-18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<u>3879</u>	<u>Pvt West</u>	<u>General</u>	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

X-ray
R. arm stump.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 6216

Sper

Signature of M.O. _____

Date 11-9-18

Signature of Radiographer Asst

Date 13-9-18

No. 3. AUSTRALIAN CASUALTY CLEARING STATION

Ward..... No. ... Bed..... Date.../.../.....

Reg. No.	Rank & Name	Corps	Part to be X-Rayed
379	Wesb. N.		

Short History of Case
(To be completed by M.O.i/c.)

Both thighs & both
arms *OK.*

Report of Result of X-Ray
examination (to be completed
by Radiographer)
No. of Plate.....

Rt. thigh. FB. Subcutaneous lacerated +
L. thigh. No FB.
Rt. forearm 4 small fragments, plated
largest localized by ++
left forearm. No FB. plated.

Signature of M.O.....
Date...../.....

Radiographer
Signature of Radiographer.....
Date...../.....

4th LONDON GENERAL HOSPITAL, R.A.M.C., T.

RUBKIN PARK EXTENTION

ELECTRICAL DEPARTMENT.

Patient's Name

P. G. West

Address of Ward

Tent R.P.C.

Physician or Surgeon

Shorewell
Cape

Diagnosis

G.S.W. left forearm

Instructions.

136. B. 11. 4

Please state whether

(1) ~~Details of treatment~~

(2) That treatment is left to Officer 1/c.

May 28 1914
Massage to loose Scar back of wrist

Fasciectomy to exclude thumb, wrist & fingers

loosen these tendons

passive motion ext

Excision for whole limb

Notification to the Officer i/c Records of the Approval of a Soldier's Discharge under Paragraph 392 (xvi.), King's Regulations, by an Officer i/c Hospital, or under Paragraph 392 (xvi.) or (xvii.), King's Regulations, by an O.C. Discharge Centre.

Note—Army Forms W. 3972a, b and c are issued in sets of three, and are so arranged that Part I. of each Army Form can be completed at the same time by the O.C. Discharge Centre or Officer i/c Hospital, and Part II. of Army Forms W. 3972a and c by the Officer i/c Records, with the use of carbon paper.

PART I.

To the Officer i/c Records 58 Victoria St. S.W. 1.
(for transmission to the O.C. unit).

The soldier named below has appeared before a Medical Board at this Station, and his discharge from the Service has **this day** been approved. The discharge will be confirmed for the date* on this notification.

No. 3879 Rank Pte

Name West (Surname) Joseph (Christian names in full)

Unit and Corps 1st Newfoundland

His address† on } Musgrave Harbour
discharge will be } Newfoundland

Army Forms W. 3972c, B. 179A, a and c1, B. 103, B. 178, D. 400, W. 3463a, W. 4463a1, B. 799 and B. 799-1 temporary documents, for the above-named soldier are forwarded herewith.
Army Forms B. 103, B. 190 and B. 123 are to be struck out by Officers i/c Hospitals in cases where a soldier has been admitted to hospital from Overseas.

Discharge Centre § or Hospital } 1st NOV 1918
from which discharged } 1st NOV 1918

Date 1st NOV 1918 1918 1st NOV 1918

**O.C. Discharge Centre §
or Officer i/c Hospital.**
(Approving Officer.)

NOTE 1. *As the date of discharge in the case of soldiers entitled to repatriation abroad, who are prepared to embark at the first available opportunity, will be with effect from the date of embarkation, or approximate date of disembarkation, the Officer i/c Hospital or the O.C. Discharge Centre will amend this notification in such cases to read as follows:—"The discharge will be confirmed with effect from the date of embarkation or approximate date of disembarkation."

The address in such cases is to be the soldier's address on furlough.
NOTE 2. †The address given is to be that to which the soldier wishes his discharge documents, any pay that may be due to him, and any communication from the Ministry of Pensions, to be forwarded, except in the case of repatriation (see Note 1 above).

NOTE 3. ‡ Army Forms B. 179c and W. 3463a are only forwarded in cases of discharge from hospital.
§ Strike out whichever inapplicable.

PART II.

O.C. _____

Date for which discharge } _____ 191____
has been confirmed }

Para. and sub-para. of K.R. under } _____
which discharge has been confirmed }

Passed to you for publication in Part II. Orders.

Station _____

Date 191 _____ Officer i/c _____ Records.

NOTE.—In the case of repatriation, when the soldier is prepared to embark at the first available opportunity, the Officer i/c Records is to retain this Army Form with the soldier's documents until he has confirmed the discharge.

TREATMENT CARD.

Name West J

Late Regtl. No., Rank and Corps 3849 Pte.

Home Address Musgrave Harbour,
Newfoundland.

Hospital from which discharged Queen Marys Convalescent Hospital,
Roehampton.

Date of discharge 12 NOV 1918

Nature of disability Amputation right arm

This card is to be despatched to the Local War Pensions, etc., Committee, where the man proposes to reside when he is about to be invalided from the Service and discharged from Hospital.

In the case of a man who has previously been discharged from the Service, the card will be clearly endorsed in red ink—"Post-discharge case."

A copy of this card is to be given to the man on his discharge from Hospital.

[P.T.O.]

II. Particulars of treatment recommended [in-patient or out-patient, and hospital at which it should be given, &c.—see A.C.I. on the subject].

nil
Mr. H. Nicholson

Place _____

Signature _____

Capt for Lt. Col. Commandant,

Date _____

Queen Marys Convalescent Hospital:
Officer i/c Hospital:

On receipt of this card the Local Committee will arrange for the treatment above indicated with the appropriate hospital, and send the card to the Officer i/c that hospital.

III. Particulars of treatment given :—

Effect of treatment given :—

Place _____

Signature _____

Officer i/c Hospital.

Date _____

On completion of treatment this card is to be forwarded by the Officer i/c Hospital to the Local War Pensions, &c., Committee, who will retain it for record.

FIELD MEDICAL CARD.

A.T. Serum } 1st 500 units, }
 Dose and date } 11:3:18 }
 2nd 500 20 3 18
 500 31 3 18

FIELD AMBULANCE NOTES.

Morphia } 1/4 gr. inject. }
 Dose and time } 11:45 am 11:3:18 }
 Date of wound or }
 onset of illness } 11:3:18

Religion

Meth

No. 3879 Rank Plt
 Name WEST J
 Unit 1st R. Newfld

Battle Casualty ~~Accidentally Wounded~~ "Sick"
 (Strike out description which does not apply)

No. of F.A. 88
 Date of admission 11:3:18
 F.A. diagnosis

shell wds - both arms leg
 + sac - screws
 H. H. H. H. H.
 Capt. King

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

HOSPITAL SHIP

Base Hospital diagnosis (alterations or additional)

S.S. "CAMBRIA"

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 11.3.18

Date of entry 3 Accs

X Ray. 11.3.18.

28

3 Accs. 5.0 PM 11/3/18

Sw. Rt thigh 2 wds. wds excised
TB. found in each wd.

Sw. L Forearm T.A. wd. excised. B.T.P.

L Wrist. Head of Radus removed.

Tendon of ext. bcs. Met. Poll. to
Flex. Pr. Poll. divided. Sutured.

B.T.P. Postural Closure.

Nose. 1 Suture.

Rt Forearm Wrist opened thro'

from front to back. F.B. wd. found.

Rt Forearm (L) wd. excised F.B. wd. found.

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

No. of Hospital

8391017

Date of entry

18.3.18

Injured elbow but severely
Caudal Amp. upper arm. 25.3.18
wound on forearm, but found

Caudal amp
impairment

Wound. 11.3.18

W. J. J. J.

Stowers Capt

Allotment of 50¢ cancelled 30/9/18

OFFICE COPY

LAST PAY CERTIFICATE

N.F.P./94

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

Regt No. **5879** Rank **Pte** Name **G. West** Unit **Royal Nfld. Regt.** who was **Repatriated**
to **Newfoundland** on **20/12/18** Authority **A. F. B. 179** Cause **Class A.**

STATEMENT OF ACCOUNT

DR. CR.

PARTICULARS	£			s			d			PARTICULARS	£			s			d			
Balance Dr. from										Balance Cr. from 15/2/18										
Allotment 227 days @ 50¢	113	50		23	6	5				Pay 278 days @ \$1.00	278	00								
Cash Payments P. & R. O.				55	10	0				Field Allow 278 days @ \$.10	27	80								
E. F. M. to Nfld.					11	0				Other Allowes days @ \$	305	80		62	16	8				
Other Debits:										Other Credits:										
Acquittance Rolls, B.E.F.				1	13	0				Ration Allowance, 7 days @ 2/1					14	7				
Hospital Advances				4	13	6														
Total Debits				65	13	11				Total Credits					65	12	2			
Balance due by Paymaster				1	18	3				Balance due to Paymaster					65	12	2			
				65	12	2								65	12	2				

COPIES LEFT

TO		
By of M.		
1st. Inv. Br.		
2nd. Br.		

CHECKED. 19-11-18

From 16/2/18 TO 20/11/18

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

(Place) _____ (Date) 191 _____ O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S. W. to 18/11/18 and is therefore subject to amendment if and as may be found necessary.
Pay & Record Office, London, 19/11/18 191
Chief Paymaster & Officer i/c Records,

ORIGINAL

ENTERED.
PAY LEDGER <i>AK</i> /12.
NUM. ROLL <i>243</i>
INDEX <i>AK</i>
REGISTER <i>AK</i>
EXAMINED

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 3579 (Rank) Plt. (Name) J. West.

hereby apply for cancellation of Allotment made by me on N.F.P./11

No. 3556 dated 1/8/17. in favour of

Bre. Henry West, Musgrave St., Fogo Dist.
for \$ — cts 50 per diem.

Such cancellation to take effect on the Thirtieth day of
September 1915

2. I agree to accept all risks and consequences of this appli-
cation failing to reach Headquarters, St. John's, in time to become
operative at above-nominated cancelling date, and that in the event
of such non-delivery, and thereby the Allotment continuing to be
paid to the Allottee, I also agree to such further stoppage in the
Pay Books as may be necessary, or otherwise to refund such overpaid
amount or amounts.

Dated at London
Sept 2 1915

J. West
Allottee.
Witness:-

Approved and Witnessed:
NEWFOUNDLAND CONTINGENT.

J. P. Haisick
O.C. " " COMPANY
CHIEF PAYMASTER & OFFICER IN CHARGE

COPIES SENT		
TO	No	DATE
M. of M.	<u>14956/152</u>	<u>18 SE</u>
O.S. 1st. Div.		
" 2nd. Div.		

J. P. Haisick

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record
Office not later than the date of cancellation, in accordance
with P. & R.O. C.L./10, 9/12/16.

No. _____

N.F.P./98.

NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,

Sep. 2 1918

_____ 191

ALLOTMENT

No. 387986. West.

With reference to the enclosed application for cancellation of Allotment of the above-named, / / (), kindly ascertain and advise:-

1. Whether the Allotment is payable to a dependent as a sole or contributory means of support?
2. Whether Separation Allowance (in addition to Allotment) is being paid to any person in Newfoundland or elsewhere on his behalf, and if so, to whom?
3. The reason for cancellation.

no

no

Insufficiency of Funds.

Should the Soldier's reply to "2" be in the affirmative he should be informed that Allotment may not be cancelled without reference to the Minister of Militia in Newfoundland, to whom reason for cancellation will require to be submitted.

*His
J. West
Mark*

Witness:-

E.P. Hisevich

Major,

Chief Paymaster & O. i/c Records.

u936/152

15721

Pavilion General -
Brighton.

17th. October 8

West, Joseph.

3879 Private

1:0:0.



P/A

W.O. Letter 27/Gen.No./4784.

*C.R. £ 10-0
14/10/18 M.R.*

Regimental Paymaster.

eight thousand land . . .

122

123

Please forward the sum of £ | s. d. on account

of pay due to No. *3.8.79* Bank *D.W.* Name *West. Garrison*
Newfoundland to *Quilman General Garrison*
 *Sec. C. 1.71* *Brighton*

NEWFOUNDLAND CONTINGENT,
 PAY & RECORD OFFICE.
 125
 RECEIVED
 £ 8899
 Paid 16 OCT 1918
 CHAS. W. I.
16/12/20
17/10/18

Signed . . . *Wm. West Joseph*

Countersigned *Wm. C. Adams*

O.C., Pavilion General Hospital,
BRIGHTON.

16921/20



3879 Pte J West
Newfoundland Regt
4th London General Hospital
Denmark Hill
S 85



Paymaster Newfoundland Regt.

Dear Sir Please

pay to above Patient 3 £ from Credit

& Oblige Pte J West

W. B. Swan
Scriber

J.K. 3.0.0
2/8/15 - Recpt No 8695

Notification to the Officer i/c Records of the Approval of a Soldier's Discharge under Paragraph 392 (xvi.), King's Regulations, by an Officer i/c Hospital, or under Paragraph 392 (xvi.) or (xvii.), King's Regulations, by an O.C. Discharge Centre.

NOTE.—Army Forms W. 3072A, B and C are issued in sets of three, and are so arranged that Part I. of each Army Form can be completed at the same time by the O.C. Discharge Centre or Officer i/c Hospital, and Part II. of W. 3072B and C by the Officer i/c Records, with the use of carbon paper.

PART I.

To the Officer i/c Records 58 Victoria St. S.W. 1
(for transmission to the Regimental Paymaster.)

The soldier named below has appeared before a Medical Board at this Station, and his discharge from the Service has **this day** been approved. The discharge will be confirmed for the date* on this notification.

No. 3579 Rank Pte
Name West (Surname) Joseph (Christian names in full)
Unit and Corps 1st Newfoundland
His address† on discharge will be Musgrave Harbour Newfoundland

Army Form O. 1830† for the soldier has been sent direct to the Regimental Paymaster.
.. .. 1832c

Discharge Centre† or Hospital }
from which discharged }
Date NOV 1918 191 Col. Smith COLONEL P.

O.C. Discharge Centre;
or Officer i/c Hospital.
(Approving Officer.)

NOTE 1. *As the date of discharge in the case of soldiers entitled to repatriation abroad who are prepared to embark at the first available opportunity will be with effect from the date of embarkation, or approximately date of disembarkation, the Officer i/c Hospital or the O.C. Discharge Centre will amend this notification in such cases to read as follows:—"The discharge will be confirmed with effect from the date of embarkation or approximate date of disembarkation."

†The address in such cases is to be the soldier's address on furlough.

NOTE 2. †The address given is to be that to which the soldier wishes his discharge documents, any pay that may be due to him, and any communication from the Ministry of Pensions, to be forwarded, except in the case of repatriation (see NOTE 1 above).

‡Strike out whichever inapplicable.

PART II.

Regimental Paymaster _____

Date for which discharge }
has been confirmed } _____ 191 _____

Para. and sub-para. of K.R. under }
which discharge has been confirmed } _____

Passed to you for adjustment of the soldier's accounts.

Station _____

Date _____ 191 _____ Officer i/c _____ Records.

NOTE.—In cases of repatriation, when the soldier is prepared to embark at the first available opportunity, this Army Form is not to be sent to the Regimental Paymaster until the discharge has been confirmed.

ADMITTED TO

DISCHARGED UNDER S.G.-I. A.O.I. 500 OF 1916.

A.F. V 3882

NOTIFICATION THAT SOLDIER HAS BEEN SENT HOME FROM HOSPITAL TO BE
DISCHARGED UNDER PARA. 392 (REV.) KING'S REGULATIONS.

(Surname First)

Soldier's) Regt. No. 3879 Rank Plt Name Mack J

Corps or Regiment (Also Unit if known) 1 Newfoundland

To Officer i/c Records 58 Victoria St

Regimental Paymaster "

The above named man, who appeared before a Medical Board and whose discharge as "No longer physically fit for War Service" was approved by the President of the Board on 14.11.18 has been sent to his home on warrant to await instructions as to the time he is to leave. He has been given £1 (one pound) advance and a sum of £1.10.0 and 2s. 6d. He proceeded on (Date) 14.11.18 to (Full Address) 58 Victoria St *This man proceeded*

Date 14.11.18 58 Victoria St St in Uniform
A.C.P. for Officer Comm.

PLACE:- THE KING GEORGE HOSPITAL, ST. MARKS STREET, LONDON, E.C.1

ADMITTED TO

DISCHARGED UNDER S.G.I. A.O.I. 500 OF 1916.

A.S. V 1916

NOTIFICATION THAT I SOLDIER HAS BEEN SENT HOME FROM HOSPITAL TO BE DISCHARGED UNDER PARA. 392 (A.V.) ABOVE REGULATIONS.

(Surname First)

Soldier's Regt. No. 3879 Rank Pte Name WEEK J

Corps or Regiment (Also Unit if known) 1st Newfoundland

To Officer i/o Records 58 Victoria St

Regimental Paymaster "

The above named man, who appeared before a Medical Board and whose discharge as "No longer physically fit for War Service" was approved by the President of the Board on the 13-11-18. As soon as he was sent to his home on warrant to await instructions as to his final discharge, he has been given 21 (one month) advance and a grant of Home Expenses, and 30 Co. He proceeded on (Date) 14-11-18 To (Full Address) This man proceeded, 58 Victoria St SW in Uniform

Date 14-11-18 A.C.P. Capt. ... for Officer Comm.

PLACE:- THE KING GEORGE HOSPITAL, STAMFORD STREET, LONDON. A.C.I.

To Paymaster

R. 4th. 58. Victoria St.

Please pay no 3879. J. West. the
sum 2 (two) Pounds from his
credit.

Sgd



Wm. B. ...
Sister ...

O.K.

£ 2.0.0

W. R.
19/8/18

Receipt No 8547



4th London Gen Hosp
Denmark Hill.

SE 5

Aug 2nd - 18

To

Daymaster
Royal Wles Regt
58 Victoria Street
London.

Dear Sir:

Please pay
to 3879 "Vote of West," the sum of
£1 (one pound)



-Vote of West.-
Royal Wles Regt



W. H. H. H.

2/2/18

OK H.C.
Receipt No
5425

10350/1

Montpelier Auxiliary

28th June

8

Montpelier Road, Ealing, W.5.

3879

Pts.

J. West

3: 0: 0

W 11

KB 17/18

MONTPELIER AUXILIARY HOSPITAL, EALING.
(ATTACHED TO THE 4TH LONDON GENERAL HOSPITAL.)

TEL—EALING 499

MONTPELIER ROAD,

EALING, W. 5.

MATRON:
MRS. FAULDER.



21 JUN 1918

19

Rey H Paymaster.

1st Newfoundland

5-8 Victoria St SW

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

REF. NOS. 10330/1

REC'D 27 JUN 1918

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

REC. NOS. 10330/1

Please forward the sum of
Three pounds (£3) to the
Matron of the above Hospital
and debit my a/c.

OK £3-0-0

3879 Pte West J

1st Newfoundland

W. C. Bell

Mark of J West X

Witness

W. C. Bell

W. C. Bell, Surgeon

APPROVED.

Montpelier Auxilliary Hospital,
Montpelier Road,

W. C. Bell

Ealing, W. 5.

22 JUN 1918. (T.)

L'London Gen. Nos.
Denmark Hill
S.E. 5.

To Rev. Paymaster
Royal Artillery Regt.
Pay & Record Office
Victoria Street
London S.W.

Old
#2-0-0-0
Nights 2068
24/1/10

Dear Sir

Please
pay to 3879 J. West the
sum of £2 and oblige
J. West.



FILE	BRANCH
	INITIALS

4th London Gen Hos.
Aug 8th - 18

To pay master

Royal New Zealand Regt.

58 Victoria Street

London



please pay to pte. J West.
the sum of £3. (three pounds, and 0

shillings and pence
I am much obliged
to you

Yours faithfully
J. West.

£3-0-0
Prop to submit

4th Lon. Gen. Hosp.

Ch. Ruskin Park.

£2.0.0
M.R. 10/9/18

Denmark Hill

London S.E. 6

Receipt

8/83

Paymaster's Receipt

Regd

Sir. I advise a
remittance of two (2) pounds
for the purpose of
purchasing necessaries
I have the honor

Sir.

To be your obedient
servant. Yrs

P. J. West



Paul Bennett
Sister

C.N. # 10-0
25/10/18 W.P.R.
Receipt 435

Paymaster of
royal N to LD
regt

Queen Marys Hall
Rochampton
26 10 18

Please pay to J West
the sum of one pound
from his credit
your ablige

3879

Wte

FILED
BRANCH
INITIALS
P. S. H.



No objection Joseph West

Rochampton
26-10-18

W. H. Westlake Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

6868

QUEEN MARY'S CONVALESCENT AUXILIARY HOSPITALS,

ROEHAMPTON HOUSE,

ROEHAMPTON, S.W.

THE OFFICER IN CHARGE OF RECORDS

Newfoundland Contingent
58 Victoria Street, S.W.

I beg to inform you that the undermentioned men have been admitted as patients to this Hospital.

Regt. No.	Rank and Name.	Unit.	Date of Admission.
3849	18 West J	Newfoundland	Oct 19



After these men have been fitted with artificial limbs, they will appear before a final Invaliding Board for the purpose of discharge from the Service.

Oct 21 1918.

W. H. Nicholson

Capton
Commandant.

Queen Mary's Convalescent Hospital.

6868

QUEEN MARY'S CONVALESCENT AUXILIARY HOSPITALS,

ROEHAMPTON HOUSE.

ROEHAMPTON, S.W.

THE REGIMENTAL PAYMASTER.

Newfoundland Contingent.
58 Victoria Street, S.E. 1,

I beg to inform you that the undermentioned men have been admitted as patients to this Hospital.

Regt. No.	Rank and Name.	Unit.	Date of Admission.
3849	18 West J <i>[Large handwritten mark]</i>	1 Newfoundland	Oct 19

After these men have been fitted with artificial limbs, they will appear before a final Invaliding Board for the purpose of discharge from the Service.

Oct 21 1918.

H. Nicholson *Captn.*
 Commandant.
 Queen Mary's Convalescent Hospital.

6367

11

Hard R.P. 9

London Gen Hosp
Denmark Hill

S.E. 5.

22. 4. 18

To
Paymaster 1st Newfoundland Regt.

Sir,
Would you please remit me
£10-0 and oblige

(S. Hatch for - Pr. J. West 3579)

D. Boy

1st Newfoundland Regt.

NEWFOUNDLAND COMMISSION I.
PAY & RECOR. OFFICE.

Ref. Nos. in 3650

Rec'd 23 APR 1918

Acc'd Am 6367/1/25/4/18

Ref. Nos. 001

Exp. Ut:

Comd

P & A

R. & C

B & E

P.S.

P44
45

6766/8

4th London General
Denmark Hill, S.E.

2nd May

8

3879

Pte

Joseph West

3:0:0

8037

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to Plt. Joseph West

NEWFOUNDLAND CONTINGENT 3879 1st Royal Newfoundland Regt
PAY & RECORD OFFICE
Ref. Nos. 3912 the sum of three pounds — s. (£3-0-0)

Rec'd on account of any balance that may be due to me.
Ack'd Ans'd

Ref. Nos. 6766/8
3.0.0
15/18

Regtl. No. 3879 Rank Plt
Name X Joseph West
Approved W. Pruitt
Officer I/C.,

4th London General Hospital.

Dated at 28 April
1918

6766/8

NEWFOUNDLAND CONTINGENT

N.F.P/44.

No. 6367/1.

Pay & Record Office,
58, Victoria Street,
London, S.W.,

25th April 1918

To: 3879, Pte. J. West,
Royal Newfoundland Regt.

4th London General Hospital, Demark Hill, S.E.

With reference to your request dated 22/4/18 (3850) Regulations do not permit a soldier to have money whilst in hospital without express permission of the Officer i/c. If the enclosed N.F.P/45 is completed and returned to this office it will be complied with, subject of course to the state of your account.

The Newfoundland War Contingent Association are notified of admissions to Hospitals, etc. and will supply you with comforts, but not cash. If one of their Visiting Committee has not already seen you, write to:

"The Hon. Secretary,
N. W. O. A.,
58, Victoria Street, S.W."

H. A. Guinness Major,
Paymaster & Officer in Charge

Ray, master
of the Royal

Newfoundland regt

sir

Queen Mary's Hall
Rochampton house

Rochampton

4/11/18

Please pay to ~~me~~
the sum of one pound
from his credit

Your ablyc

38 29^{10/100} Joseph West



No objection in this case. which
is of an exceptional character

W. H. Nicholson Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

Rochampton ⁴/₁₁/₁₈

OK
£ 1-0-0
W. H. R. 4/11/18

AG

Receipt 9509

W. H. R.

pay matter
of the

royal n f J.D.
right

queen marys Hall
Rochampton House
Rochampton

£
18

sir

Please pay to the credit
the sum of one Pound
from his credit
your oblige

3879 J.D. West



D.R. £10-0-0 n.r. 8/11/18
Receipt No. 9589

AC

No objection



Rochampton

8. 11. 18.

W. H. Nicholson
Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

pay

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix		Code		SENT		FOR STAMPS	
WORDS		CHARGE		At _____			
11		1		To _____			
				By _____			
				VIA WESTERN UNION			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.							

7/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To HENRY WEST

MUSGRAVEHARBOUR (Newfoundland)

CABLE TEN POUNDS THROUGH MINISTER MILITIA

J WEST

change of

3879



CHARGED	
PAY BACK	10/19/18
Date	13/1/18
	M.R.

Authorized.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Receipt for Army Book 64

No. 3879 Name. Gos. West

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

Name. James West

Date. 29-7-20

Place. St. Johns

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



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here

July 8th, 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1303), is forwarded herewith to

Joseph West,

in respect of his service as No. 3879 Rank Evte.

Name Joseph West, Corps Royal Hfld Regt.

Receipt of the same should be acknowledged *mgf* thereon.

Received Kings Certificate

Signature Joseph West

Date 8/7/21

Address Board of Pensions

1871

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Signature

Date

Address

1871

SEP 28 11
1921.

The accompanying Victory Medal and/or British War Medal
is/are forwarded herewith to

Joseph West

in respect of his service as No. 3879 Rank Pte.

Name J. West Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Medals & R

Signature Joseph West

Date Sept 28/21

Address Base of Penison Commis
St Johns

[P.T.O.]

A3879

Dec. 13th, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

3879 Pte. Jos. West

The above noted man was recommended for discharge as permanently unfit by Medical Board held on Thursday, December 12th.

I am sending him herewith for your attention and necessary action, please.

AWC

Reg. No. 3879 Rank Pvt Name West J.

Attested _____ Address _____

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas 12-18

Embarked for Overseas _____ Cause _____

<u>12-12-18</u>	<u>Rec Discharge unfit for Gen Service</u>	
<u>26 12 18.</u>	DISCHARGED—MEDICALLY UNFIT	

COPY

St John's, Nfld.

Jan. 6th, 1919

The Officer Commanding,
Royal Newfoundland Regt.
Headquarters

SIR:

The undermentioned men have been discharged
on the dates given.

Kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J. M. HOWLEY,

Capt etc.

404	CSM.	LeGraw, F.P.	Dec. 31/18	Med. unfit
301	Cpl.	Windsor, S.	26	"
396	"	McConnell, I.	27	"
37	Pte	White, Dougald	31	"
3130	"	Pilgrim, Lewis	27	"
3230	"	Finn, Peter	31	"
3879	"	West, Jos.	26	"

Declared

21-2-60

COPY.

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT

Rank The Surname West Christian Name Joseph

Religion Methodist Age on Enlistment 20 years 7 months

Enlisted (a) 25-6-17 Terms of Service (a) Actual Service reckons from (a) 25-6-17

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....
or Corps Trade and rate.....

Occupation Fisherman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 103, Army Form A. 30, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 103, Army Form A. 30, or other official documents.
Date	From whom received				
			Embarked ... <u>3 Feb 1918</u>		
			Disembarked... <u>6 Feb 1918</u>		
			<u>James Ballalyn</u> <u>15 Feb 1918</u>		
<u>11/3/18</u>	<u>of Lieut</u>	<u>Wounded in action</u>	<u>3rd Class R.C.B.</u>	<u>11/3/18</u>	<u>B 213</u>
	<u>872a</u>	<u>Ad. knee and face, arms, legs</u>	<u>Boulogne</u>		<u>ED 8941</u>
	<u>83 Genl Hqs</u>	<u>Do - - -</u>		<u>13. 3. 18</u>	<u>td. 20611</u>
<u>179</u>	<u>Canbnai</u>	<u>In England</u>		<u>8-4-18</u>	<u>W 3083</u>
			<u>Co for Major</u>		
			<u>Infantry Section</u>		
			<u>Gr. Q 3rd Echelon</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, Sholing-Heath, etc.
 W. 2027-20280 18968 7/17 20000 C. P. & S., Ltd. Forms B. 709 B. 1034. I.P.T.C.



Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. 3879 Army Rank Private

Name West Joseph
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps of Regular Forces Royal Newfoundland Regiment
Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)

Date of Discharge December 26/1918

Place of Discharge St. John's, Nfld

1. Description at the time of Discharge.

Age <u>24</u> years _____ months	Descriptive Marks.
Height <u>5</u> feet <u>9</u> inches	
Chest Measure- ment { Girth when fully expanded <u>37 1/2</u> ins. Range of expansion <u>2 1/2</u> ins.	amputation of right arm scar on nose, legs and arms
Complexion _____	
Eyes _____	
Hair <u>dark</u>	
Trade <u>Fisherman</u>	
Intended place of Residence <u>My home St. John's Newfoundland</u> (To be given as fully as practicable)	

(This description should be carefully taken on the day the man leaves his Unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service on account of wound received in action.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the Discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military Character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 267.

Initials of Commanding Officer.

A.C. B. 2079/188

6
27
27
30
31
30
26
185

To be filled in on the soldier quitting the Colours.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. 2879 Army Rank Plt.
 Name West
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps of Regular Forces _____

Battalion, Battery, Company, Depot, &c. _____
 (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)

Date of Discharge _____

Place of Discharge _____

1. Description at the time of Discharge.

Age _____ years _____ months
 Height _____ feet _____ inches
 Chest Measure-ment { Girth when fully expanded _____ ins.
 Range of expansion _____ ins.
 Complexion _____
 Eyes _____
 Hair _____
 Trade _____

Descriptive Marks.

Intended place of Residence { _____
 (To be given as fully as practicable)

(This description should be carefully taken on the day the man leaves his Unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the Discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military Character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

COPIES SENT		
To	No.	DATE
M. of M.	1725/174	19 18
O.C. Inst. Eng.		
" 2ND BR.		

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067.

Initials of Commanding Officer.

Report of Medical Board.

Station St. John's, Nfld Date **DECEMBER 12th., 1918.**
 No. and Rank **3879. PRIVATE** Age **21 years** Height **5' 9"**
 Name **WEST, JOSEPH** Complexion
 Unit Royal Newfoundland Eyes Hair **DARK**
 Address **MUSGRAVE HR., Nfld.**
 Former Trade **FISHERMAN**
 Enlisted at **ST. JOHN'S** On **25-6-17.** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original

G. S. W. BOTH THIGHS.

Subsequent **G.S.W.BOTH THIGHS. G.S.W.NOSE. G.S.W.LEFT FOREARM AND AMPUTATION RIGHT UPPER ARM.**

Present Condition (Compare with previous Board)

TWO SMALL SCARS LEFT LEG, HEALED, NO DISABILITY. THREE LARGER SCARS RIGHT LEG, HEALED, NO DISABILITY. SCAR OVER RADIAL SIDE OF LEFT WRIST AND SCAR ACROSS ARM NEAR ELBOW. ARM SLIGHTLY CROOKED FROM LOSS OF BONE FROM RADIUS. SOME LOSS OF POWER IN WRIST. SCAR OVER LEFT ALARNAZI, HEALED. AMPUTATION RIGHT ARM BELOW INSERTION OF DELTOID

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

100%

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

100% for 6 months

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

(SGD) W. E. FRASER

J. SINCLAIR TAIT

L. PATERSON, Major

Approving Medical Officer.



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:

I am going home to see my people & will return
to Ft. Detrick after I have seen the V. O.

Joseph Carl * His Mark
Signature of Man.

Reg. No. 3879.

Lowell MacCall.

Signature of the Vocational Officer or his Representative.

Place

A. J. W. 's

Date

Dec. 12

1918

8

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T) of the Reserve, as follows:

- (a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.
 (b) By the Officer in Charge Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.
 It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity for signing the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of the entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.
 This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer in Charge, and Parts A. and C. completed, so that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Bureau Court, King's Road, London, S.W.3.

PART Soldier's Name *West Joseph* (Surname) *Joseph* (Christian names in full)

A. Unit from which discharged *Royal Artillery*

Regimental Number *3879* Rank on discharge *Plt* Age on discharge *21*

Married, widower with children, or single *Single*

Occupation before enlistment *Fisherman*

Special qualifications (if any) for employment in civil life } *Fisherman*

Nature and locality of employment desired *Fisherman Africa*

Full postal address to which proceeding on discharge *Musgrave Park Africa*

Name of Approved Society (if any) *X*

PART

Period of service, and in what Corps	Regiment	Years	Days	All services abroad, with Stations	Years	Days
	Disallowed				India South Africa	
Service towards pension						

Number of G.C. Badges *2* medals

PART

C. Wounds and actions in which received

PART

D. Where born (parish, town and county), and date *Ferley Cove Africa 4/1/89*

Colour of hair on discharge *DK* Colour of eyes *Blue* Complexion *Light*

Christian name of father

Christian name of mother

NOTE.—Army Forms D. 400 and W. 3468a and a are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3468a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3468a and a are to be completed by the Officer in Charge hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and B. of Army Form D. 400 and on Part A. of Army Form W. 3468a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full
Date and place of marriage

Single

Christian names
of children and
dates of birth

Date and place of 1st enlistment

25.6.17 St John's Wood

Figure on discharge

Medium

5ft 9ins

Descriptive and other distinguishing marks

Scars on Nose legs from K. Home Service

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and B. above are, to the best of my knowledge, correct.

(Signature in full)

Joseph West

Station

4th Reg. P.

Rank

Platoon

Date

6.9.18

I certify that the above-named soldier signed the foregoing declaration in my presence.

Joseph West

(Rank)

4th London Coy. Officer i/c Hospital

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para.

King's Regulations

or

Transferred to Class *

of the Reserve.

Strike out
whichever
inapplicable.

Military character

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

Station

Officer i/c Records

Date

1918

* Insert F, or P(T).

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

MEDICAL HISTORY of

Surname West Christian Name Joseph

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Soqo County _____

Examined { on 25 day of June 1917.
 { at Head quarters

Declared Age 20 years 8 months days.

Trade or Occupation .. Fisherman

Height 5 feet, 9 inches.

Weight 145 lbs.

Chest Measurement { Girth when fully Expanded 37½ inches.
 { Range of Expansion 2½ inches.

Physical Development .. _____

Vaccination Marks { Arm .. Right Left
 { Number _____

When Vaccinated _____

Vision { R.E.—V = 6/6
 { L.E.—V = 6/6

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

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

Approved by .. (Signature) L. A. Paterson
 (Rank) Major Medical Officer.

Enlisted { at St John's
 { on 25 day of June 1917.

Joined on Enlistment ..	Corps	Regtl. No.
Transferred to ..	<u>1st Bn. F.R.D. Regt</u> <u>Royal Newfoundland</u>	<u>3879</u>

Became non-effective by
 on _____ day of _____ 1917.

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Si

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital
	Day	Month	Year	Day	Month	Year		
4 th London General Hospital, R.A.M.C. Denmark Hill, S.E. 5.	8	4	18	11	9	18	G. S.W. both thighs, both arms and nose (severe) Amputation R. Arm.	125
General Hospital Pavilion, Brighton	11	9	18	19	10	18	Amputation R. Arm	38
Queen Mary's Convalescent Hospital Roehampton	19	10	18	14	11	18	Amputation R. Arm	27

ck List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Only disability at present is loss of R. arm.
 Still healthy; general condition good
 For Brighton

(Sgd) Fisher
 Major R.A.M.C.,
 for Officers Commanding
 4th London General Hospital
 R.A.M.C., T.

Amputation R. Arm - 14-9-18 M. U. M. Sp. nerves exposed.
 Healed - Transferred to Rochester.

(Sgd) Smith
 Colonel
 Registrar
 Pavilion Hospital
 Brighton

Artificial Limb provided

(Sgd)
 F. F. Harvey, Q.M. & Capt.
 Adjuvant Queen Mary's
 Convalescent Hospital.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Wheat Joseph 1918

A. (Surname) Royal Infantry (Christian names as full name)

Unit from which discharged 2079 Rank on discharge Sergeant Age on discharge 21

Regimental Number 2079 Rank on discharge Sergeant Age on discharge 21

Married, widower with children, or single single

Occupation before enlistment fisherman

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired Fisherman Wheat

Full postal address to which proceeding on discharge Imgrave Park Wheat

Name of Approved Society (if any) Wheat

PART Nature of medical unfitness _____

B. Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 _____

Station _____

Date _____

Officer i/c Records _____

NOTE 1.—Part B. of this Army Form W. 3463A can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi) or (xvi.a), King's Regulations.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 2879Rank PrivateName West Joseph

(Surname)

(Christian Names)

Unit and Corps } St Newfoundland

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Enlisted 25-6-17 (in Canada)
Newfoundland 1. $\frac{3}{12}$

(b) In what capacity?

France $\frac{1}{12}$
Private

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

(A) Loss of right arm above the elbow

(B) Two shrapnel wounds on the left forearm affecting the movements of the wrist

(C) Five shrapnel wounds on the leg
All due to G. S. W. 11-3-18

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3rd Australian L.C.S. - Paschendale
83rd - Mc H. Dublin
4th London Genl.
Pavilion Brighton

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

Dr Whitaway
Mungave Harbour
Newfoundland

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

None

7. What is the name and address of your last employer before joining the Army?

Own employer (Fisherman)

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

(To be checked by A.F.B. 84 or A.F.B. 103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Queer Man's Equivalent to Regal

Station Rochampton

Signed (Soldier)

Joseph West

Date 26 Oct. 1918

Signed

Gratian Grant Lt Col

Witness

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve:

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or F.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, so, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that Officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, Kings Road, London, S.W.2.

Part A. of Army Forms W. 303A and W. 303B are to be filled in at the same time by using only one paper.

Part A. of Army Forms W. 303A and W. 303B are to be completed by the Officer i/c Records.

PART A. Soldier's Name West Joseph
(Surname) (Christian names in full)

Unit from which discharged 1st New Zealand

Regimental Number 3879 Rank on discharge Private Age on discharge 21

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } ✓

Nature and locality of employment desired Fisherman New Zealand

Full postal address to which proceeding on discharge } Marsden Harbour, New Zealand

Name of Approved Society (if any) Fishermen's Protective Union

Part B. and C. are to be completed by the Officer i/c Records.

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
Disallowed						
Service towards pension						

Number of G.C. badges 2 medals 1

INDIA COPIES SENT		
To	No	DATE
South Africa	18728/194	1913/4
G.C. 1st. Bd.		
G.C. 2nd. Bd.		

PART C. Wounds and actions in which received

PART D. Where born (parish, town and county), and date Leedley Cove New Zealand 14/1/1896

Colour of hair on discharge Dark Brown Colour of eyes Brown Complexion Dark

Christian name of father James } Deceased

Christian name of mother Leah }

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children and dates of birth _____

Date and place of 1st enlistment 25th June, 1917 St John's, New Brunswick

Figure on discharge Medicinal

Descriptive and other distinguishing marks Scars on nose, lips, chin, Rt Arm Amputated

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Lester West

Rank PO

Station 4th London General Hospital

Date 6-9-18

I certify that the above-named soldier signed the foregoing declaration in my presence.

O.C. unit or Officer i/c Hospital W. H. H. G.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character _____

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

Officer i/c Records.

Station _____

Date _____ 191_

* Insert P. or P(T)

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART Soldier's Name Wheat Joseph
 (Surname) (Christian names in full)

A. Unit from which discharged 1st Newfoundland
 Regimental Number 3879 Rank on discharge Private Age on discharge 21
 Married, widower with children, or single Single
 Occupation before enlistment Fisherman
 Special qualifications (if any) for employment in civil life }
 Nature and locality of employment desired Fisherman, Newfoundland
 Full postal address to which proceeding on discharge } Musgrave Harbour, Newfoundland
 Name of Approved Society (if any) Fishermen Protective Union

PART Nature of medical unfitness _____
 B. _____

To be completed by the officer i/c records.

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____
 Anything against the soldier to render his recommendation undesirable _____
 Date of discharge _____ 191 _____.
 Station _____
 Date _____ Officer i/c Records _____

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Wheat Joseph
(Surname) (Christian names in full)

A. Unit from which discharged 1st Newfoundland
Regimental Number 3879 Rank on discharge Private Age on discharge 21
Married, widower with children, or single Single
Occupation before enlistment Fisherman
Special qualifications (if any) for }
employment in civil life }
Nature and locality of employment desired Fisherman, Newfoundland
Full postal address to which } Musgrave Harbour Newfoundland
proceeding on discharge }
Name of Approved Society (if any) Fishermen Protective Union

PART Nature of medical unfitness

B. Service with Colours _____ years _____ days, of which _____ years
_____ days were served abroad during the present war.
Military character _____
Anything against the soldier to render his recommendation undesirable _____
Date of discharge _____ 191_____
Station _____
Date _____ Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi) or (xvi.a), King's Regulations.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179a, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3879.....Rank Private.....Name West Joseph.....
(Surname) (Christian Names)Unit and Corps } 1st New Brunswick

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Enlisted 25-6-17 (in Canada)
New Brunswick 1. $\frac{3}{12}$
France $\frac{1}{12}$

(b) In what capacity?

etc

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

(A) Loss of right arm above the elbow.

(B) Two shrapnel wounds on the left forearm affecting the movements of the wrist

(C) Five shrapnel wounds on the legs

all due to G. S. W. 11-3-18

[P.T.O.]

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To	No.	DATE
M. of M.	18/28/1918	19/18
O.C. 1st Bn.		
2nd Bn.		

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3rd Australian
C.C.S. (unknown) P. Schendall
83rd in H. Dublin
4th Ldn Gen.
Position Brighton

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

Dr Whitaway
Murray Harbour
Newfoundland

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

None

7. What is the name and address of your last employer before joining the Army?

own employer (fisherman)

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Queen Marys Convalescent Hospital,

Station Roehampton.

Signed (Soldier) Joseph M. M. M. M.

Date 28 OCT 1918

Signed Graham Grant Lt Col

Right arm 3/31, 1770
10.3. Stamp

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 for 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.

- Unit and Corps. *1st. Newfoundland*
- Regtl. No. *3879* 3. Rank. *Pte*
- Name *West* *Joseph*
(Surname) (Christian Names)
- Age last birthday. *21*
- Posted for duty on *2.5.17* at *St. John's Newfoundland*
in category (or grade) *A.I.*
- If the disability is an injury was it caused
(a) in action *Yes* (b) on field service —
(c) on duty — (d) off duty? —
- If a Court of Inquiry was held on an injury state: —
(a) When —
(b) Where *✓*
(c) Opinion of Court —
- Former Trade or Occupation } *Fisherman*
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos. —
(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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

- Date of origin of disability. *11.3.18*
- Place of origin of disability. *France*
- 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.
S.S.W. both thighs, both arms & nose (severe)
Amputation of right arm above elbow.

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To	No	DATE
M of M	<i>18/28/174</i>	<i>1976</i>
O.T. Form 513		
2ndly DR		

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. }

Battle casualty

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

✓

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

15. What is his present condition ?

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

Amputation

right arm.

General condition good

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

Yes - amputation

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

✓ 23 March 1918.

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 ?

Yes. P. U.

(b) ~~Change to United Kingdom?~~

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

J. H. [Signature]
Medical Officer in charge of case.

Station

Date

* 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.—(1) 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.

GSW

(b) The present condition thereof.

*Amputation rt. arm 10 3/4" below shoulder.
limb fitted
GSW. l. wrist Scar ? fracture. Some weakness.*

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

yes
.....
.....
.....
No

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? 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?

100% (disabled) for the 80% (eighty)

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.

Yes

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?

Yes

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

No.

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?

No.

Signatures:—

John Major President or Chairman.
A. Stone Captain Members.

ROEHAMPTON S W
 Station

Date .. 13 NOV 1918

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

Station .. 4 NOV 1918 *W. J. ...* **WOLWEL, R.A.M.C.**
 Officer in charge, Central Hospital.

Only applicable in case of Patients in Hospital.

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

O.C. Discharge Centre.

Date

B9

17707.

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

MEDICAL HISTORY

Surname West OF Christian Name J.



Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 25 day of June 1917		on day of 191	
	at Headquarters		at	
Declared Age	20 years 89 days		years days	
Trade or Occupation	Fisherman			
Height	5 feet 9 inches		feet	inches
Weight	145 lbs.			lbs.
Chest Measurement (Grith when fully expanded)	37 1/2 inches			inches
Measurement (Range of Expansion)	2 1/2 inches			inches
Physical Development				
Vaccination Marks				
{ Arm				
{ Number				
When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V= 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)	<i>J. M. Pearson</i>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's		at	
	on 25 day of June 1917		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st FLD 3879			
Transferred to	Royal Newfoundland			
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

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



619 LONDON GENERAL HOSPITAL, BRIGHTON
DENMARK HILL, S.E. 5.

General Hospital
Pavilion, Brighton.



Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	8	4	18	11	9	18	9.5 in. ball thigh, ball arm, & wrist - Amp. R. arm.	125	only disability at present is loss of R. arm. Stump healthy; general condition good for Brighton	<i>J. Wilson</i> Major R.A.M.C. V. for Officer Commanding 619 London General Hospital. S.M.M.C.
General Hospital Pavilion, Brighton.	11	9	18	19	10	18	Amp. R. Arm	38	Amp. R. Arm - 14/9/18 M. U. M. sp. nerves excised. Healed - transferred to Roehampton	<i>J. Wilson</i> COLONEL REGISTRAR, PAVILION HOSPITAL, BRIGHTON.
	19	10	18	16	11	18	Amp. Right Arm.	24	ARTIFICIAL LIMB PROVIDED.	<i>Dr. Harvey</i> C.M. for Captain. Adjutant Queen Mary's Convalescent Hospital.

Casualty Form - Active Service.

Regiment or Corps *Royal Newfoundland*

Rank *Pvt.* Surname *West* Christian Name *Joseph*

Religion *Meth.* Age on Enlistment *20* years *7* months

Enlisted (a) *25.6.17* Terms of Service (a) *Duration* Service reckons from (a) *25.6.17*

Date of promotion to present rank Date of appointment to lance rank

Extended (.....) Re-engaged (.....) Qualification (b) *1st* or Corps Trade and Rate *Capt.*

Occupation *Fisherman* Signature of Officer *[Signature]*



Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.103, Army Form A. 26, 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.103, Army Form A. 26, or other official documents.
Date	From whom received				

Embarked **3 FEB 1918**
Disembarked **6 FEB 1918**

11/3/18 *of* *Wounded in action* *11/3/18* *2013*
892a *Ad. Hospital, base, 1st Canadian Div. Can* *3rd class* *Ad. 20611*
23rd Coy *do* *Boulogne* *13-3-18* *Ad. 20611*
Canadian *do* *do* *Ad. 20611*

[Handwritten signature]

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To	No.	DATE
M. G. P.	27	6/17
O.C. 1st Coy		

P. T. [Signature]
D, 1/c No. *[Signature]*
Major
Infantry Section
G.H.Q., 3rd Division

(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 catered.
(b) Signaller, Shoeing-Smith, &c.
W. 1184-M118 10400 5/12 (1917) G.P.O. Co. Ltd. Forms B. 103/1 & 2/24. (P.T.O.)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
32.

Regiment of 1st Newfoundland.

Number sheet First
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3879 West Joseph.</u>	Age on <u>20</u> years <u>8</u> months	<u>Fisherman</u>	
Joined _____ Date _____		Place and Date of Enlistment } <u>St. John's 25-6-17</u>	Religion <u>Method.</u>	
Joined _____ Date _____			Place of Birth _____	
Joined _____ Date _____		Period of } with Colours <u>185</u> years.		
Joined _____ Date _____		with Reserve <u>365</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Apr.</u>	<u>28th</u>	<u>Plt.</u>		<u>Failing to comply with an order</u>	<u>sergt. Surge.</u>	<u>7 days. C. B.</u>	<u>28th</u>	<u>Capt. J. J. Fox.</u>	<u>T. E. H.</u>
				<u>Discharged Medically unfit</u> <u>St. John's 26th</u>					

To be carried over

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To	No	DATE
M. of M.	<u>18728/194</u>	<u>17.7.17</u>
O.C. 1st. Bn.		
2nd. Bn.		

Army Form B. 121.