



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4366 Name Charles H. ... Corps Mtch

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

- 1. What is your name? ..... I. Charles H. ...
- 2. What is your full Address? ..... } 110 St. John's ...
- 3. Are you a British Subject? ..... 3. ....
- 4. What is your age? ..... 4. .... Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Electrician
- 6. Are you Married? ..... 6. ....
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. ....
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. ....
- 9. Are you willing to be enlisted for General Service? ..... } 9. ....
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. .... { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } II. No

I, ..... 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.

Charles H. ... ..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

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

I, Charles H. ... 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..... day of..... 1917

Signature of Attesting Officer George Leary

### †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..... 1917 } Approving Officer.  
Place..... }

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

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

Dec 26 1917



Name Charles Whalen

Apparent age 18 years — months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Whalen  
Western Bay Co. Ltd. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

No 4506



H 1ST. NEWFOUNDLAND REGIMENT |

ALLOTMENTS

I, John A. Whelan, Regl. No. 4266

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

Allotment begins Jan'y. 1<sup>st</sup> 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3421.</u>	<u>Father</u>	<u>John G. Whelan</u>	<u>Western Bay CB</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

Sig.) [Signature]  
 Officer Commanding  
Company

(S) Charles Whaley  
 (Rank) Pvt.

[Signature]  
Dec 26 1917.





# FIRST NEWFOUNDLAND REGIMENT

4266

## ATTESTATION OF

No. 4266 Name Charles Whalen Corps Inf

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

1. What is your name? ..... 1. Charles Whalen
2. What is your full Address? ..... } 2. Western Bay C. Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 years — Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
9. Are you willing to be enlisted for General Service? ..... } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name .....  
Corps .....  
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. Yes

THE LIBRARY OF THE WAR

I, Charles Whalen 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.

H. 21-12-17

Charles Whalen SIGNATURE OF RECRUIT.  
Robert [unclear] Signature of Witness.

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

I, Charles Whalen 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 21st day of Dec 1917

Signature of Attesting Officer George Learty Major

### †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 Dec 21 1917 Place St. John's } Approving Officer.

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

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



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Whalen  
 Apparent age 18 years — months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Whalen  
Western Bay L.D. | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited/engagement reckons from <u>21-12-17</u>									
Joined at <u>M. King's</u> on <u>December 21-1917</u>									
<u>Discharged July 12/1919</u>									
<u>Embarked at John's St. Hospital to Halifax N.S. 29-18.</u>									
<u>Embarked for 1368 539-18. Joined 1st Battalion in the field. 6-11-18.</u>									
<u>Admitted Hospital in the field. 6-11-18. Admitted 64000. 7-11-18.</u>									
<u>Transferred to England 2-12-18. Admitted 3rd Lt. of 1st Battalion. 2-12-18.</u>									
<u>to 1st Battalion, 17-2-19. Sent back to 16, 3-19. Sent to 1st Battalion, 24-3-19.</u>									
<u>to 1st Battalion, 24-3-19. To 1st Battalion for demobilization 22-5-19.</u>									
<u>Arrived Newfoundland 1-6-19.</u>									
<u>Demobilization at John's 17-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-19 (date of discharge) 1 years 204 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 4266 Rank Pr. Name Whalen C.  
Attested 29/12/17 Address Western Bay  
Allotment 60 Allottee Jno J. Whalen  
Date of Allotment 1/1/18 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

1  
Nac. 22/12/17 <sup>1<sup>st</sup></sup> 12/18 <sup>2<sup>nd</sup></sup> 18/18  
Sick leave 29/12/17 - 18/1/18, Retd. 9.1.18

C.F.

4266

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st  
Battn. 6-11-18.

The U-m has been admitted to hospital today.

4266 Dte. Whalen

.C Coy



C.R. 4266

Extract from Nominal Roll Embarked for B.S.F. (Left Hassey  
Down Camp, 21-9-18.

2nd Lieut. H.J. Nugent, Conducting Officer.

4266 Pte. Whelan, C.

C.R. 4266

Extract from Daily Orders Part 11 Unit <sup>The</sup> Royal Wfld. Regt.  
St. John's, July 4th, 1919.

The discharge of the unfernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot with effect from 28-6-19.

4266 Pte. C. Whelan.

C.R. 4266

Extract from Medical Board held on Tuesday June 24th, 1918.

4266 Pte. C. Whelan

Recommended discharge from the Army.



C.R. 4266

Extract from Daily Orders Part A1 Depot, Sjt. Johns,

Date June 18th 1919.

4266, Pte. C. Whelan.

Reported at Headquarters 1/6/19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 4266

Extract from Daily Orders by L.Col. E.J. Barton, D.S30.  
Commanding 2nd Battn. Royal Newfoundland Regiment 28-3-19.

The following having reported back ~~off~~ from 1st  
Battalion is taken on the strength and posted to "H" Co. from  
27-3-19.

4266 Pte. C. Whelan

C.R. 4266

Extract from 2 Casualties received from Pay & Record Office,  
London dated 19th. March 1919.

4266 Pte. C. Whelan was discharged from the 3rd. London Gen.  
Hospital on 17/3/19 and granted furlough to 26/3/19. Classified  
B. ii.



C.R. 4266

Extract from casualties received from Pay and Record Office,  
London dated 20th., Feb. 1919.

The U/m was transferred from Military Hospital  
Mitcham, to 3rd. London Gen. Hospital S.W. on 15/2/19.

#4266 Pte. C. Whalen

C.R. 4266

Extract from Casualties received from Pay & Record  
Office, London, Feb. 15, 1919.

4266 Pte. C. Whelan.

Was transferred from 3rd London General Hospital  
10 Holborn Military Hospital, Mitcham, on 11-2-19.

C.R. 4266

Dec. 10th 18

Mr. John Whalen  
Western Bay, C.B.

Dear Sir:-

I beg to inform you that additional information concerning your son, No. 4266, Private Charles Whalen, has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association, to the effect that he is now progressing favourably

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.



C.R. 4266

Extract from Code Telegram from Secretary of State received  
December 7th. 1918. Dated 9th. December 1918.

December 7th. Following from Reeve:-  
Association Visiting Committee reports:  
Progressing Favourably.

4266 Pte. Chas. Whalen.

C.R. 4266  
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.

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 **Dept of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated **Dec. 5th, 1918**

To **John Whalen, Western Bay, C.B.**

Regret to inform you that Record Office, London, officially reports **No. 4266, Private Charles Whalen at 3rd London General Hospital Wandsworth suffering from appendicitis**

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

**J.R. Bennett**

**Chge Dept of Militia.**

Minister of Militia.

C.R. 4266

Extract of Telegram from Synoptical, London, dated Dec. 4th. 1918.

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Appendicitis #4266 Whelan.

C.R. 4266

Extract from NOMINAL ROLL of Sick and Wounded from France admitted  
to 3rd London General Hospital, Wandsworth, on 2nd December 1918.

4266 Pte. G. Whalen

R. Nfld..... Appendicitis.





CR 4266

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

4266 Pte. Whelan C.

C.R. 4266.

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Dec. 22nd, 1917.

4266 Pts. C. Whalen.

Attested for General Service with the 1st Nfld. Regt. with  
effect from 21st/17.

C. Q. Wilhelms

4866

P. + R. O. →



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

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

1. Unit and Corps *1st Roy Newfoundlands*
2. Regtl. No. *4266* 3. Rank *Pte*
4. Name *Whalen* *Charles*  
 (Surname) (Christian Names)
5. Age last birthday *18*
6. Posted for duty on *23-12-1917* at *St Johns*  
 in category (or grade) *A.I.*
7. 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. ✓
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge. ✓
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *appendicitis*  
*Nov. 6<sup>th</sup> 1917.*
12. Place of origin of disability. *France. Ypres.*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.  
*Several attacks. operated on at 64<sup>th</sup> Regt. appendix removed. ashes. to bladder.*

14. State whether the disabilities are
- |                                                           | (a) attributable to | (b) aggravated by |
|-----------------------------------------------------------|---------------------|-------------------|
| (i) Service during the present war .. .. .                | <i>yes</i>          |                   |
| (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. } | <i>No.</i>          |                   |

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

*No.*

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.)

*Condition improved  
appetite good.  
Completely healed scar.*

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

*yes. appendicectomy  
3.12.18.*

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

*not applicable.*

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?

*Scabies.  
not  
yes.*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

*for Disposal*

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

*3rd London General Hospital,*

*John Caff Raine*

Station ..... *WANDSWORTH, S.W.*

Medical Officer in charge of case.

Date ..... *14/3/19*

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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

*Appendicitis.*

*The operation scars is soundly healed.*

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

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

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

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

Give details:

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

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

(a) How long is the present degree of disability likely to last?

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

*Yes.*

*Yes*



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?

30, for two months

no.

✓

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?

Opinion of Military Member in case of disagreement.

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)?

Grade IV B

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?

no.

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

29. Does the soldier require:—

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

} no

Signatures:—

*Handwritten signature* President or Chairman.

Station *Wandsworth*

Date *15-3-79*

*Handwritten signature* Members.

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

Station .....

Officer in charge, Central Hospital.

Date .....

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 .....

Only applicable in cases of Patients in Hospitals.



*Open*

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

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

1. Unit and Corps..... **1st R. Newfoundland.** 7. Former Trade or Occupation } **Fisherman**
2. Regtl. No. **4266** & Rank..... **Pte** 7a. If the soldier claims previous service in Army, he should state—
4. Name **Whalen** **Charles**..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday..... **18**
6. Posted for duty on.. **23.12.17** at..... **St. Johns.**  
in category (or grade)..... **A1**
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

### Appendix.

11. Date of origin of disability. **6.11.18.**
12. Place of origin of disability. **France Ypres**
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

**Several attacks operated on at 64th C.C.S. Appendix removed adherent to bladder.**

14. State whether the disabilities are
- |                                                                                              | (a) attributable to | (b) aggravated by |
|----------------------------------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war .. .. .                                                  | Yes .. .. .         | .....             |
| (ii.) Previous active service .. .. .                                                        | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                                                    | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .                                       | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. }                                   | .....               | .....             |
| 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } | no                  |                   |

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

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

Condition improved,  
 appetite good.  
 Completely healed scar.

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

Yes. Appendicectomy.  
 3.12.18.

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

not applicable.

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?

Scabies Yes.

20. Do you recommend—

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

For. Disposal.

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

3rd London General Hospital

Station .. .. . WANDSWORTH, S.W.

Sgd. F. Hill Capt. R.A.M.C.T.  
 Medical Officer in charge of case.

Date .. .. . 14/3/19 .. .. .

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

**Appendicitis.**

**The operation scar is soundly healed.**

22. State whether the disabilities are:—

	(a) Attributable to <b>No</b>	(b) Aggravated by <b>Yes</b>
(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 .. .. .	.....	<b>no</b>
Give details:		

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

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

**Yes**

- (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).

30. for six months

(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?

no.

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?

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

Grade 11.B.

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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?

no.

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

29. Does the soldier require:—

No.

(a) An attendant for his journey home?

(b) Transport from railway station to his home?

(c) The constant attendance of another person in his own home?

Signatures:—

Sgd. Frank Bateson COO, President or Chairman.

Station ..... Wandsworth Common S.W. ....

, Thos. B. Carlton Capt. ....

Date ..... 15.3.19. ....

Members.

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

Station .....

Officer in charge, Central-Hospital.

Date .....

Only applicable in cases of Patients in Hospitals.

OR  
Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

O.C. Discharge Centre.

Date .....



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

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

1. Unit and Corps. *Regt. New Zealand Coy. R.F.C.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4266* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *W. H. Allen* *Charles* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos. —
5. Age last birthday... *18*
6. Posted for duty on *22 Nov. 1917* at *St. John's* in category (or grade) *A.1*
8. If the disability is an injury was it caused  
(a) in action — (b) on field service —  
(c) on duty — (d) off duty? — (b) Date of Discharge; —  
(c) Cause of Discharge. —
9. If a Court of Inquiry was held on an injury state:—  
(a) When — (d) Particulars of Pension or Gratuity (if any) —  
(b) Where —  
(c) Opinion of Court —

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

### Statement of Case.

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

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

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 }<br>man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what }  
specific condition do you attribute it ? }

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

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

✓  
Cured.

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

✓  
✓

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

✓  
✓  
✓  
Long Dispersal  
made (see)

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

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

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

21. Give diagnosis and particulars of :—

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

*Scabies*  
*Appendicitis Oper.*

22. State whether the disabilities are :—

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

Give details :

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

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

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

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

*Nil*

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?

Opinion of Military Member in case of disagreement.

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)?

*Grade I*

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station *Wandsworth Sw.*      *Naindooleson* President or Chairman.  
 Date *1-3-19*      *W. W. J. M. Major* Members.

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

Station .....  
 Date .....  
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date .....  
 O.C. Discharge Centre.





Nov. 9. 18

3<sup>rd</sup> London Gen. Hosp

To Paymaster's <sup>of</sup> Pay & Records  
Royal Newfoundland

Sir,

Please pay to  
No 4226 Pt. A. Bady the  
of One pound £1.0.0.  
that may be due me.

Pt. A. Bady  
Approved  
M. J. [Signature]

OK  
1-0-0

P.P.S.





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

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

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

#### Part I.

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

The Officer i/c Records,

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

58 Victoria St

58 Victoria St

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

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.\*

No. 4266 Rank Pte

Name

(Surname)

(Christian names in full)

Unit and Corps

Station

Date

\* Strike out if inapplicable.

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

The soldier claims repatriation to

(Country)

(Place)

(i) Where enlisted

(ii) Date of arrival in United Kingdom

(iii) Port of arrival

(iv) Ship on which arrived

(v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

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

#### Part II.

Officer i/c Hospital,

The soldier's claim to be repatriated abroad\* \_\_\_\_\_ accepted.

On termination of his leave he is to report to the Officer Commanding,

at \_\_\_\_\_

(Station)

Station \_\_\_\_\_

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

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

537/1/P&A

Red Cross

Exeter

*Esher*

10th January

9.

4266

Private

Charles Whaley

2 : 0 : 0d

*Chrgas no 11293*  
*Stats 11-1-19*

Major

*LGA*

NEWCASTLE CONTINGENT, Red Cross Hospital  
PAID RECORD OFFICE  
Essex

225 ✓

Dear Sir

531/1888  
allow me ~~the~~ sum of 2£  
from my credit

Yours sincerely  
#2660 to Charles Whalen

58 Victoria St  
London, W. 148

Approved  
Hil Talbot  
Essex Hosp.

Jan 7. 19.

A.K.  
£ 2.0-0  
W.R. 8/1/19

gpa

A.R. £10-0 M.R. 28/2/69  
Receipt No. 14574

To Chief Paymaster  
58 Victoria St  
London

Please Sir  
will you kindly  
allow me the sum of  
one £1 from my  
credit: -

4266 Pte G. Whalen  
3rd London gen. Hosp.  
Wandsworth  
S.W. 18

3rd LONDON GENERAL HOSPITAL  
No. 28 FEB 1919  
WANDSWORTH, S.W. 18

One pound  
Approved &  
Signed  
Capt.



To the Chief Paymaster  
Royal Field Regt.

Please pay to bearer the sum  
of two pounds (£2) and charge  
same to his account

£2-00.

18/1/19.

Receipt no

542.

4266 lbs 6 whalers

*[Signature]*

approved

W. Simpson  
Capt. R.A.M.C.



22a

No. 12958/1310

N.F.P./79.

From:

*12/8/18*  
NEWFOUNDLAND CONTINGENT

To:

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

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



10th August 1918

Aug 11th 1918

Subject: 4766, Pte. C. L. Whelan )

With reference to the following telegram ( 7218 ) from the Hon. Minister of Militia, received

Pay to 4766 Whelan £1:13:0

Draft £ 1:13:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. H. Marshall*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*From March 1918 for* **LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of One

Pound Thirteen Shillings on account of  
cable remittance from Newfoundland.

*Charles W. Gabley*  
No. 4466 Rank Private

Witness: *12/11/18*

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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
4966	Pte.	W. Wilson. C.	\$2 <sup>50</sup>	

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

*B. Whaley.*

Date

29-6-16



21486/395/P&A

3rd. London General  
Wandsworth.S.W.18.

27th. December, 8.

4266 Private

Whalen, C.

2:0:0

*Chq no 11241*  
*Date 28-12-18*





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

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

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

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

**Part I.**

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

A.F.W. 3977s has been sent to  
The Officer i/c Records,

The Regimental Paymaster,

*Victoria* ✓ *Victoria* ✓

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

No. 4266 Rank Pte  
Name Whalen (Surname) Charles (Christian name in full)  
Unit and Corps 1st Roy Newfoundland  
Station Wandsworth Officer i/c Hospital.  
Date 6th March 1919

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

The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).

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

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

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

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

Officer i/c Hospital.

No 2549/19

From:

NEWFOUNDLAND

CONTINGENT

N.F.P./80.

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

To: Officer Commanding,

3rd L.G.H.

14th February 1919

4266 Pte Whelan G.

With reference to the following telegram from the Minister of Militia, / / ( 21 )

"Pay to- 4266. Whelan

£8.0.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

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

*Streatlow*

*Deposited 14/2/19*



*Kindly place this remittance to the credit of 4266 Pte Whelan G.*

*H. Jagan [Signature]*

*for G. C.*

3rd LONDON GENERAL HOSPITAL,  
WANDSWORTH, S. W.

Admitted 212 18.

Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

Army Form W. 3016.  
(In Books of 200.)

No. 1 Date 11 2 19

- \* (1) To the Officer i/c Records } 58 Victoria St
- \* (2) The Officer Commanding } R Amed. Wmokeda
- \* (3) The Paymaster } 58 Victoria St Station.

\* Strike out that which is inapplicable.

Regimental No. 4266

Rank and Name PLE WHALEN. C

Regiment or Corps R Amed

has been granted a furlough from transferred on 11 2 19

His address while on leave will be Holborn Milly Hays  
Mitcham d W

- I consider he is fit for
  - \* I. DUTY.
  - \* II. COMMAND DEPOT.
  - \* III. EMPLOYMENT.

\* Strike out that which is inapplicable.

Officer in charge [Signature] Hospital.

Registrar R.A.M.C.T. Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.



To Chief Pay-Master  
58 Victoria St  
London

Dear Sir: -

I will yr kindly  
allow me the sum of:  
2 Pounds (two)  $\pounds$  2 0 0  
from my credit  
No 4266 Pte Charles  
Whalen.

14 Royal Newfoundland reg

OK £2.00  
WV 10/1/18

10 2 19

Receipt No 1253



one pound &  
approved  
J. W. H. as  
cap. H. O.

3774/35/P.&.A

Newfoundland Pay &  
Record Office.  
58 Victoria Street,  
London S.W.  
March 8th.

Officer Commanding  
3rd. London General  
Hospital,  
Wandsworth. S.W. 18.

9

4266 Pte. Whelan,  
Royal Newfoundland Regt.

With reference to your memorandum 5/3/19 (1905  
Amended counterfoil A.F.O.1823<sup>a</sup> herewith, please.

For Chief Paymaster & O.i/c. Recds.  
Asst. Paymaster.  
Capt.

Chief Paymaster  
Newfoundland Contingent 1905 ✓

The attached <sup>3774/35</sup> foil is returned  
herewith for alteration, please, the  
change in question should be charged  
to Whalers not Whets.

H. Jaganhera *pro C*

3rd LONDON GENERAL HOSPITAL,  
WANDSWORTH, S. W.

53  
19

To Chief Pay-master  
58 Victoria St  
London.

Please Sir

will you kindly  
allow me the sum of  
one Pound £1

from my credit  
4266 P/L Whalen  
1st Roy. Gren. Reg.

12. 3. 19.

one pound amount

Francis

Capt. Robert

4266 P/L Whalen  
12/3/19  
R 2628



3 London gen.  
Hospital

Dear Sir:—

Will you kindly  
put 1 £ (Ten Pounds) on  
credit—

allow  
1/2/8  
MAY



Yours sincerely

4266 Pt. C. Whalen  
Royal Newfoundland Reg.

OK #1  
with 30/1/78.

Reg  
58

Victoria St

London  
WANDSWORTH, S.W.

W. B. Clarke Esq  
Registrar, R.F.  
General Reg.



Whalen, Chas.

4266

Ray Sept.

July 17, 1919

#4266 Pte. Charles Whalen,

Western Bay, B.D.V.

Dear Sir:-

Please find enclosed Discharge Certificate #3968.

Yours truly

Captain & Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4266 Rank Pte. Name Whalen, C.  
 Intended place of residence Western Bay B. d. v.

2. Occupation Liberian  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN. 27. 1919

*H. H. Lait*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 27-6-19

*C. Whalen*  
 Signature of soldier

*J. A. [unclear]*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 27-6-19

*C. Whalen*  
 Signature of soldier

*J. W. Chaucey Esq.*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 21-12-17 No. of days on Military  
 Discharged from service 28-6-19 Plus 14 days Service 569

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 28 1919

*R. H. Lait Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 12/1919

*J. A. [unclear]*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*a 9 B 20 79 / 30 68*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4266 Rank Pvt Name Whalen, C. D.  
 Date of Enlistment 21-12-17 Address Westerway District B. 1  
 Occupation Fisherman Classification for Discharge B Medical Category 14  
 Recommendation S. M. B. fully fit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 27-6-19 O. C. Discharge Depot H. M. S. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am                      in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action

Date                     

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied                     

Date 27-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R1994* to his home  
 at *Western Bay* and Release Certificate No. *3066* issued.

Date *27-6-19*

*J.A. Snowcraft*  
 Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in con-  
 nection therewith settled. He has received pay and allowances to

Date *27-6-19*

*R.H. Sait*  
 Depot Paymaster.

Discharged approved for

*28-6-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*1/2 Form B*

Date *27-6-19*

*J.A. Snowcraft*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date

**JUN 28 1919**

*R.H. Sait* MAJOR  
 O. C. Discharge Depot.

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

Date



## Civil Re-establishment Committee



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

To resume former Occupation.

*L. Whaley*

Signature of Man.

Reg. No. 4266.

*J. H. Knowlton*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

JUN 27 1919

191

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No. 4266

Name W. W. W. W. Charles W. Rank \_\_\_\_\_

Address Western Bay

Present Medical Category E

Recommended for: { (a) ~~Immediate discharge~~  
(b) Standard Medical Board

Members of Board {

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

H. Peterson  
Senior Medical Officer

G. W. W. W.  
M. O. Depot

The Royal Field Regiment

DEMOBILIZATION

No. *4266* Rank

Name *Whalen G*

Warned for demobilization on

JUN 27 1919



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

# MEDICAL HISTORY

OF

Surname Whalen Christian Name Charles


Table I.—GENERAL TABLE.

Birthplace:—Parish Western Bay County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21 <sup>st</sup>	Dec		1917
at	St. John's		at	
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5	inches
Weight		136		lbs.
Chest Measurement	Girth when fully expanded...		35	inches
	Range of Expansion...		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arms	1	Less	
	Number			
When Vaccinated				
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6	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>Lammie Patterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	21 <sup>st</sup> day of Dec	on	day of 1917
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Nfld.			
Transferred to	Regt.	4266		
Became non-effective by	on	day of	on	day of
		1917		1917
[Signature]				
[Rank]				



Table II.—Only for admission to hospital or to the sick list in

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the course of syphilis, admissions and of treatment of
	Day	Month	Year	Day	Month	Year			
	10	MAR	1918	28	MAR	1918	Measles	18	Recovered
<i>3rd London General Hospital Wandsworth.</i>	2	12	18	"	2	19	Appendicitis	7	Appendicectomy
ALBORN MILITARY HOSPITAL, WESTERN ROAD, MICHAM	11	2	19	FEB	15	1918	Scabies cured	4	
	15	2	19	In Board.			Scabies.		Now Cured



al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case 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

Recount. Discharged 7 July

H. P. Lamm Capt. R.M.C.

Appendix containing

J. S. Andrew Thomas  
Capt. R.M.C.

He trans to Stratham Gun Hoop

W. T. Hants.  
Capt. R.M.C.

now cured : for result of medical Board see overleaf.

W. H. Rouse  
Capt. R.M.C.  
3rd London General Hospital  
WANDSWORTH, S.W.





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

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

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

Name in full *Charles W. Helen*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4266.*

Intended address *Western Bay, Bay de Verde.*

Height on discharge *5'* Feet *7*

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *1 scar on right side (Operation)*

Figure on discharge *Medium*

Christian name of Father *John. G.*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Western Bay, 23<sup>rd</sup> January 1900*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*St.*  
(Rank)

Station *St John's L. Whalen* Date *23-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date







Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

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

STATEMENT OF CASE

Station.....

Date.....

- |                   |                           |                               |                                              |
|-------------------|---------------------------|-------------------------------|----------------------------------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>19.</b>                                   |
| 2. Regimental No. | <b>4266.</b>              | 6. Enlisted on                | <b>23 Nov. 1917.</b>                         |
| 3. Rank           | <b>Pte.</b>               | at                            | <b>St. John's.</b>                           |
| 4. Name           | <b>Whalen Chas.</b>       | 7. Former trade or occupation | <del>XXXXXXXXXXXX</del><br><b>SCHOOLBOY.</b> |

8. Disability

**APPENDICITIS.**

9. History

He states that he was operated on in France for Appendicitis. Vide 103.

10. What is his present condition ?

Large operation near in R. Iliac Forc Appendectomy performed, at 3rd. L.G.H.  
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above). He complains of no trouble in side now Abdomen soft. Nothing to be made out.

Department of Medicine  
Medical Department

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

Signature

J. ST. P. KNIGHT... MAJOR.

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

No other detail was reported on the Form for Appendicitis. Vide 102.



## Opinion of the Medical Board

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

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

**Scar sound. No Hernia. Pulse 84.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil.**

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

(State in percentage.)

Remarks if any :—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanitorium is :— (a) Reasonable (b) Unreasonable

Remarks if any :—

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

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any :—

**M. S. FRASER,**.....  
President

Signature **J. S. TAIT,**.....

**L. PATERSON, MAJOR,**.....

Place St. John's.....

Date June 24/1919......

APPROVED  
Station Director of Medical Services.....  
Date June 24 1919.....  
NEWFOUNDLAND.

**(SGD) CLINCY MACPHERSON, MAJOR,**.....  
Administrative Medical Officer.

*Duplicate*

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *1st R. Dragoon Guards*
2. Regt. No. *4246* 3. Rank. *Pte*
4. Name *H. Haller* *Charles*  
(Surname) (Christian Names)
5. Age last birthday. *18*
6. Posted for duty on. *22/11/17* at. *S. John's*  
in category (or grade) *A. 1.*
7. Former Trade or Occupation } *Hookman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court
- (b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

*Scabies*

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

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

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

15. What is his present condition?

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

*Cured*

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

20. Do you recommend—

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

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

*Disposal. grade I*

*Thos B. Carlyle Capt*

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

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

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

21. Give diagnosis and particulars of :—

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

*Scabies  
Appendicitis open*

22. State whether the disabilities are :—

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

(a) Attributable to

(b) Aggravated by

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

Give details :

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

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

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

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

no

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?

Opinion of Military Member in case of disagreement

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)?

Grade I

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station *Wan der stadt* *S. Frank Batsoul* } President or  
*W. Wynter Major* } Chairman.  
 Date *1-3-19* } Members.

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

Station ..... Officer in charge, Central Hospital.  
 Date .....

Only applicable in cases of Patients Hospitals.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date .....  
 O.C. Discharge Centre.



Army Form B. 103.

Regimental Number 4286

**Casualty Form—Active Service.**

21. 12. 1899

Regiment or Corps Royal Newfoundland

Rank Pte Surname Wolsten Christian Name Charles

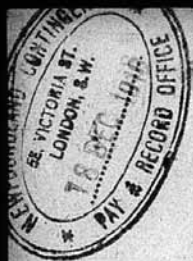
Religion Methodist Age on Enlistment 18 years — months

Enlisted (a) 21. 12. 17 Terms of Service (a) Duration Service reckons from (a) 21. 12. 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, &c., during active service, as reported on Army Form B 213, Army Form A 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>20-9-18</u>		<u>AI</u>	<u>Embarked ...</u>	<u>23/9/18</u>	
			<u>Disembarked</u>	<u>25 SEP 1918</u>	
		<u>ARRIVED "D" T.B.D.</u>			
	<u>James</u>	<u>James</u>	<u>6/10/18</u>	<u>6/1/18</u>	<u>B 213 11/1/18</u>
	<u>21st B Coy</u>	<u>Admitted Hospital</u>	<u>Fined</u>	<u>6/1/18</u>	<u>60-2378</u>
	<u>64 C.C.S.</u>	<u>Upon discharge</u>	<u>"</u>	<u>7/1/18</u>	<u>C.O. 9029</u>
		<u>"</u>			
	<u>"P. Taber de Courmel" England ex 53</u>	<u>Genl Spt</u>	<u>2/12/18</u>	<u>W 3083</u>	
		<u>Capt. for 2nd Lt.</u>			
		<u>1st Lt. Infantry</u>			

(a) In the case of a man who has re-engaged for or returned into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

Next of Kin: Mr. John Wolsten Western Bay Conception Bay Newfoundland

[Handwritten initials]

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

MEDICAL HISTORY OF

Surname *Whaler* Christian Name *Charles*

TABLE I.—General Table.

Birthplace { Parish .....  
County .....

Examined { on ..... day of ..... 191 ..  
at .....

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

Trade or Occupation .....

Height ..... feet ..... inches

Weight ..... lbs.

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

Physical Development .....

Vaccination Marks { Arm ..... RIGHT | LEFT  
Number ..... | .....

When Vaccinated .....

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

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

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

Approved by .....  
Rank .....  
Medical Officer.

Enlisted { at .....  
on ..... day of ..... 191 ..

Joined on enlistment

	Corps	Regtl. No.
Transferred to	<i>11 Rmpd</i>	<i>4266</i>

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

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

Date	Brief Details and Signature
<i>15.3.19</i>	<i>Boad held</i> <i>Blurred BTT</i> <i>Grimas Eye</i> <i>Stn London General Hospital</i> <i>WANDSWORTH, S.W.</i>

TABLE IV.—Service Table.

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





# 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. *4.266* .....Rank *Pvt* .....Name *W. Haley* .....

(Surname)

*Charles* .....

(Christian Names)

Unit and Corps

*1st Roy. Cav.*

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?

*in France and Belgium*

(b) In what capacity?

*Duty man.*

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.

*appendicitis  
Sept 15<sup>th</sup> / 18.*

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



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

No. 64 CES. 62. CES. 53 Gen. Hosp.  
France.  
3rd London Gen. Hosp.  
England

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.

No

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

No

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

No

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.

Station ~~Western~~ 3rd Lond. Gen. Hosp.

Signed (Soldier) Charles W. Hales

Date 7. 3. 19

Signed W. Hales

# 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. 4266 ..... Rank Pvt .....

Name Whalen ..... Charles ..... Unit and Corps } 1st Reg. Inf.  
(Surname) (Christian Names)

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?

*Five months in France + Belgium*

- (b) In what capacity?

*Infantryman.*

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:

*Appendicitis Oct 1st 1918.*

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

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

*L. L. S. 64. L. L. S. 66.  
55. <sup>rd</sup> Gen Hosp. Boulogne  
3<sup>rd</sup> Lon. Gen. Wardsworth*

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.

*[Blank lines]*

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

*[Blank lines]*

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

*John Whalen.  
Western Bay  
Conception Bay  
Newfoundland*

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.

Station *3<sup>rd</sup> Lon. Gen. Hospital*

Signed (Soldier)

*L. Whalen*

Date

*Feb 29<sup>th</sup> 1918*

Signed

*L. Rendell*

Witness.



*Re-stamped*

## 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 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, as, 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, King's Road, London, S.W.3.

**PART**

Soldier's Name Whalen Charles  
(Surname) (Christian name in full)

**A.**

Unit from which discharged 1st Coy Newfoundland

Regimental Number 4266 Rank on discharge Sgt Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment Student Fisherman

Special qualifications (if any) for employment in civil life None

Nature and locality of employment desired None

Full postal address to which proceeding on discharge Western Bay Conception Bay Newfoundland

Name of Approved Society (if any) None

**PART**

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

**PART**

Number of G.C. badges None medals None

**C.**

Wounds and actions in which received None

**PART**

Where born (parish, town and county), and date Western Bay Newfoundland 23-1-1901

**D.**

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

Christian name of father John

Christian name of mother Deceased

**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.

[P.T.O.]



Wife's maiden name in full Widely boarded

Date and place of marriage Transfer to the Reserve

Christian names of children and dates of birth ✓

Date and place of 1st enlistment 23 Dec 1917 St. John's

Figure on discharge 5ft 7"

Descriptive and other distinguishing marks — Nil —

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) \_\_\_\_\_

Station Handsworth Rank (No) Date 15-3-19

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

H. B. Carlyle (Rank) Capt  
O.C. unit or 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 } Strike out  
Transferred to Class \* \_\_\_\_\_ of the Reserve. } 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).

July 21, 1919

#4266 Pte. Charles Whelan,

Western Bay,

Bay de Verde Dist.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service gratuity.

Yours truly

Captain & Raymaster.



DEPARTMENT OF MILITIA.  
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Charles* ..... 2. Surname..... *Whelan* .....

3. Rank..... *Private* ..... 4. Regt. No..... *4266* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Sgt Charles Whelan - Western Bay District -*  
*of Bay de Verde - C. N. - 2* .....

6. Date of enlistment in the Regiment..... *28<sup>th</sup> November 1917* .....

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

8. Relationship of such dependents..... *Father* .....

9. Address in full of such dependents..... *John G. Whelan*  
*Western Bay, Bay de Verde, C. N.* .....

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 Mfld. If so, give dates and particulars of such service..... *England, February 1918*  
*France, Sept - 18, Belgium 28<sup>th</sup> Sept - 18* .....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *From 28<sup>th</sup> Nov. 17, to*  
*27<sup>th</sup> June 1919* ..... 1.3 .....

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

..... *no* .....  
..... *no* .....  
.....

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

..... *no* .....  
..... *no* .....  
.....

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

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

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

..... *no* .....  
.....

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

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

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

..... *not applicable* .....  
..... *27<sup>th</sup> June 1919* .....  
..... *Demobilization* .....  
.....

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

..... *Yes, 14<sup>th</sup> October 1918 - in Belgium and in other engagements in Belgium -* .....  
.....

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: *Charles W. Halan.*  
 Place of Residence: *San Mateo Bay, Bay de Verde, C. 75*  
 Declared before me at: *Atlix*  
 This *21<sup>st</sup>* day of *June* 19*19*....

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

*Wm. G. ...*

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

(21)

ST. JOHN'S, June 27<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To H. C. Whalen

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 20<sup>th</sup> /19

4266 - H. C. Whalen 21 00

ACCOUNT	<u>BTW</u>
CH. NO.	<u>25THY</u> INITIALS <u>JH</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	<u>BTW</u>

Certified correct for \$ 21

R. J.

H. C. Whalen  
Billeting Officer.

ST JOHN'S  
OC. 1901  
2  
NEWS

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

8 111

C.R. 4266

SEP 23 1111 1921.

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

Charles Whalen

in respect of his service as No. 4266 Rank Pte.

Name C. Whalen Royal Nfld. Regt.  
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Medals 

Signature Charles Whalen

Date Oct 1 / 23

Address Jf Barin

[P.T.O.]



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B. 121.  
23.

Regiment of

1<sup>st</sup> New Brunswick

Number of Sheets

2

Signature of O. C. Company

W. D. Kelly

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	18 years - months	Cookman	
1266	Whalen, Chas	Place and Date of Enlistment	St. John's 21-12-17	Religion	
Joined	Date	Period of	with Colours 204 years. with Reserve 365 years.	Meth	
Joined	Date			Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Angels D. Camp	27-8-18	Pvt		Absent from parade at 3 pm 27-8-18 next reported at 11 pm 27-8-18	Cpt & Recd.	3 days CB	28/8/18	Capt W. Long	W.H.
				Demobilized St. John's, 12/7					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 266 Rank Pvt Name Whalen, G.  
 Date of Enlistment 21-12-17 Address Wester Bay District DBF  
 Occupation Insularman Classification for Discharge B Medical Category 4  
 Recommendation S.M.B. passably unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. 1 <sup>st</sup> 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 83		

Date 27-6-19

H. News H.  
 R.O.C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

G. Whaley  
 Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.0.00

(b) Clothing Supplied Chubb Brothers

Date 27-6-19

O j.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B1994 to his home at 3069 30th St and Release Certificate No. 3069 issued.

Date 27-6-19 *J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 18-6-19

Date 27-6-19 *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 28-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B170c	B 120	M 93		

*Form B*

Date 27-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 28 1919 *R.H. Sait MAJOR*  
O. C. Discharge Depot.

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

Date July 15/19 *J.A. Knowlton*

Reg. No. *4266* Rank *Pfc* Name *Whelan, P.*

Attested ..... Address *Western Bay*

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

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*26-6-19 Recd Discharge from Army*

*27-6-19* **PASSED TO DEMOBILIZATION OFFICER**

*28-6-19* **DISCHARGE APPROVED ON DEMOBILIZATION.**



Western Bay

Post Office

Sept 22<sup>nd</sup> - 1923

Leis Jones

St. Johns

Dear Sir:-

Am returning whole's parcel  
by registered parcel mail.

Sorry I have given you so  
much trouble I thought some I  
had returned it to Great Basin  
as I had it addressed and  
Registered in my book ~~by~~ but  
by some mistake it was  
overlooked.

Yours Very Truly

E. S. Kennedy.

P. M.

C.R. 4266

Sept. 22nd., 23.

Chas. Whelan Esq.,  
Great Barin.

Dear Whelan,

I beg to inform you that I received a message from the Postmaster General this morning stating that your medals had been located at the Post Office at Western Bay.

They will be forwarded to you by Registered Post as soon as received.

Yours very truly,

Lieut.  
Officer i/c Records.

Jt Burin  
Feb 27<sup>th</sup>/20-

Major Howley

Dear Sir:-

I was reading a little while ago. that there was quite a number of survivors who have not yet received their Prize money.

I am one of them I have not yet received any Prize money.

which I think there are some due me if so please locate and

send on. my number was 4266  
Pte Charles Whalen.

I Remain

Charles Whalen

my address

Mr Charles Whalen

Burin Jt Burin

C. G. S. W.

Recd  
Aug 10/8/20



GENERAL POST OFFICE,  
ST. JOHN'S, NEWFOUNDLAND

C.R. 4266

Sept. 19, 1923.

*W. J. R.*

Lieut. H. C. Janes,  
Dept. of Militia,  
City.

Dear Sir;

In reply to yours of the 1st., respecting missing medals registered to Ex. Pte. Chas. Whelan, Royal Nfld. Regiment, Western Bay. It is noted that the P.M. at Western Bay acknowledges receiving them. His reply however, is not satisfactory, as he does not say what year he forwarded them to Great Burin or if sent by registered or ordinary mail. We have no record or trace of the articles here. I have wired him for full particulars of despatch, as I assume he sent them by ordinary post and in consequence, trace is impossible. If he so treated this registered article, we are liable to you and he to us, for \$10.00 compensation. The case of course, is still the subject of inquiry.

Yours truly,

*W. J. R.*

Min. Posts & Telegraphs.



Sept 2 / 23.

St Burin.

To Malitia

Department.

C.R. 4266

Dear Sir

I Received your message  
a while ago saying that medals  
was redressed from western Bay  
to St Burin the Post master here  
said there was no letter or medals  
can for me if there was I would  
get them I replied back  
saying what the Post master said  
and got no reply since.  
also I had a letter from western  
Bay saying that medals was  
redressed to Burin they never  
said nothing about St Burin on  
my letter they only said Burin  
and there are four (4) or five (5)  
Post offices here which I dont  
go to I dont know whether  
they are in them or not I would  
like to get them medals and Badges  
very much.

Yours  
Charles Whalen  
St Burin

Sept. 8th., 1923.

Chas. Whelan Esq.,  
Great Burin.

Dear Whelan,

In reply to your letter of Sept. 2nd. I beg to advise you we have forwarded copies of correspondence re the loss of your medals to the Postmaster General requesting an immediate and thorough search by the Postal Services. I will advise you the result of same in due course.

With reference to your enquiry re War Badge I have to inform you that as the Regulations governing the issue and wearing of War Badges are now cancelled by War Office, this Department is not making any further issue. I beg to remain,

Yours very truly,

Lieut.  
Officer i/c Records.

Sept. 1st. 23.

The Postmaster General,  
City.

Dear Sir,

This Department is in receipt of a letter from ExPte. Chas. Whelan, Royal Newfoundland Regiment, dated Aug. 12th. stating that he has not yet received his Service Medals and asking that same be forwarded to him.

I am enclosing certified true copies of messages between this Office and the Postmasters' at Western Bay and Great Burin, which speak for themselves. It is obvious that the registered package in question has been mislaid by your officials and trust that you will cause an immediate search to be made for same.

An early acknowledgement would be much appreciated.

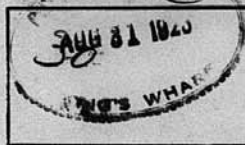
Yours very truly,

Lieut.  
Officer i/o Records.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 7 Sent by Great Britain Rec'd by Burin Check 9 No. 1000  
Place from Great Britain  
To Militia Dept



Dont know anything  
about parcel for  
Charles Whalen

Postmaster



# NEWFOUNDLAND POSTAL TELEGRAPHS



## Cable Connection with all the World

All messages sent are subject to the following conditions :

The Minister of Posts and Telegraphs may decline to forward the Telegram, 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 Telegram shall never reach its destination by reason of any neglect or default of the Minister of Posts and Telegraphs or his Servants whilst the Telegram remains under the control of the Minister of Posts and Telegraphs, he will refund the amount paid by the Sender for such Telegram.

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

LINE NUMBER	RC'D	BY	SENT	BY	CHECK

DATED Aug. 21st., 1923.

TO Postmaster,  
Great Burin.

Postmaster Western Bay states parcel forwarded to Charles Whalen  
greatburin July first address unknown before. Advise if in your  
possession.

MILITIA DEPT.

Chg. Militia Dept.

27/8/23 'Phoned Postals to send Service Message  
for a reply. HGF  
28/8/23 HGF  
30/8/23 Do. HGF  
2nd time. HGF  
3rd request. HGF  
FOR TYPEWRITER

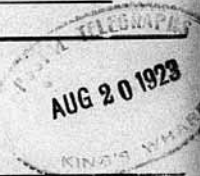
## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 91Rg Sent by J. Durin Rec'd by 20 Check 121 No. \_\_\_\_\_

Place from \_\_\_\_\_

To \_\_\_\_\_

Milicia Sept

Postmaster here says  
 no letter or  
 medals came here  
 readdressed from western bay  
 Chas Whalen

## NEWFOUNDLAND POSTAL TELEGRAPHS



## Cable Connection with all the World

All messages sent are subject to the following conditions :

The Minister of Posts and Telegraphs may decline to forward the Telegram, 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 Telegram shall never reach its destination by reason of any neglect or default of the Minister of Posts and Telegraphs or his Servants whilst the Telegram remains under the control of the Minister of Posts and Telegraphs, he will refund the amount paid by the Sender for such Telegram.

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

LINE NUMBER	RCD	BY	SENT	BY	CHECK

DATED

Aug. 18th., 1923.

TO

Chas. Whalen,  
Great Burin.

In answer your letter Postmaster Western Bay advises that  
 medals readdressed to greatburin on July first unknown before.  
 Locate and reply.

Militia Dept.

Chg. Dept. of Militia.

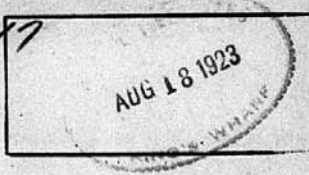
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 1 Rg Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check 11 Call

Place from \_\_\_\_\_

To Militia Dept



Parcel forwarded to  
Charles Whalen Greatburin  
July 1st address  
unknown before  
P. M.

Letter received from him dated August 12<sup>th</sup> 1923 E.



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LINE NUMBER	RC'D	BY	SENT	BY	CHECK

DATED Aug. 17th., 1923.

TO  
 Ew an Kennedy, Postmaster,  
 Western Bay.

Registered package No. Mal. 3209 dated Sept. 30th. 1921  
 addressed to Chas. Whalen Western Bay not received by him.  
 Advise to whom delivered. If in your possession return to  
 this Office immediately.

MILITIA DEPT.

Chg. Militia Dept.

Burin of Burin  
Newfoundland  
August 12/23

Dear Sirs

will you kindly tell me if  
there are any war medals ~~due~~<sup>due</sup> to  
me, if so where are they at:  
I think there are two because the  
same powers which served overseas  
with me. around here have them  
I volunteered in the ~~1st~~ Newfoundland  
Regt. in 1917 and served a good  
while in France so I think there  
are two medals due to me also a  
war Service Badge: maybe the  
medals was sent to my home in  
western Bay. I havent been home  
since I got my discharge because the  
most of my people is away. I volunteered  
at western Bay. and when I got my  
discharge I only got two Ribbons:  
so if the medals is there kindly  
send them to me. or tell me where  
~~there~~ they is at.

I remain your truly  
Mr. Address of Charles Whalen  
Mr Charles Whalen  
Burin of Burin  
Newfoundland

4266

BN V1.  
Issued 28-9-21

30-9-21