

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Simon W hatley
 Apparent age 20 years months. Height 5 feet 6 1/4 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 { Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Uriah W hatley
Belloram | 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 " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6875 Name Simoneon Whattley Corps Cofe

Questions to be put to the Recruit before Enlistment.

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

I, Simoneon Whattley 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.

Simoneon Whattley SIGNATURE OF RECRUIT.
W. D. Downam Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 20 day of August 1918

Signature of Attesting Officer J. H. Knowlton

†CERTIFICATE OF APPROVING OFFICER.

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

Date 21-8-1918
Place St. John's } Approving Officer. J. H. Knowlton

† 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

6075

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

Name Simon Whalley
 Apparent age 20 years 0 months. Height 5 feet 6 1/4 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Uriah Whalley
Belloram | 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 to Re-serve not allowed to reckon towards G. C. Pny		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 " _____ [" "] _____ " _____

Discharged by Order Jan 9/1919

C.R. 6075

Extract of Daily Orders Part II, dated Jan. 10th 1919

DEMOBILIZATION.

The discharge of the Undernoted man has been confirmed
by the Officer i/s Records on noted dates.

6075 Pte. Simeon Whatley

Discharged 9-1-19

C.R. 6075

Extract from Daily Orders, Part II, WHIF: The Royal Newfoundland
Regiment, dated Nov. 26th. 1916.

REGIMENTAL.

6075 Pte. S. Whatley.

Discharged from Escason 26/11/16.

C.R. 6075

Extract from Daily Orders Part 11 Unit The Royal Field Artillery,
St. John's, Dec. 12th, 1918.

The undernoted man discharged on Demobilization has been approved by G.O. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

6075 Pte. Simson Whatley.

12-12-18.

C.R. 6075

Extract from Daily Orders part 11, Depot. St. John's dated
November 11th., 1918.

•HOSPITAL.

#6075 Pte. S. Whatley.

Transferred from General Hospital to Escasoni 9/11/18.

BC.

CR. 6075-

Extract from Medical Board held Saturday Nov.30th,1918.

6075 Pte. S. Whatley.

Recommended Discharge - Permanently Unfit.

M.M.

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 St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated

Oct. 23, 1910.

To

Mr. Urial Whatley,

Belleoram.

beg to inform you that your son #6075 Pte. Whatley is improving

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6075
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check
	<u>Oct. 22, 1918</u>				

Dated **Mr. Uriah Whatley,**

To **Belleoram.P.P.**

Req to inform you that your son #6075 Pte. Whatley is now *dismissing*

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

Form No. —

C.R. 6075

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Check

No.

Place from

To

Bellevue

For J R Bennett



*please inform us
 immediately when
 6075. ple whatever
 Condition Changes
 John Whalley*

CR 6075
Customer No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's, Dept. Of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 21, 1918.

To Mr. Uriah Whatley,
Belleoram.

beg to inform you that your son #6075 Pte. Whatley is improving.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6075
Quarter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender Dept. of Militia. Address St. John's.

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 18th, 1918.

To Mr. John Whatley,
Belleoram.

Regret to inform you that #6075 Pte. Whatley, is still seriously ill.

J. R Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 15, 1918.**

To **Mr. Utah Whatley,
Belloram,**

Regret to inform you that #6055 Pte. Piercey Whatley, admitted to General Hospital on Saturday ~~is~~ seriously ill of Influenza.

**J.R. Bennett,
Minister of Militia.**

FOR TYPEWRITER

C.R. 6075

Extract from Daily Orders, Part 11, UNIT The Royal Newfoundland
Regiment, dated October 12th 1918.

Hospital.

6075 Pte. S. Whatley.

Admitted to Barracks Hospital 11/10/18.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by ms Paid by _____ Check _____ No. _____

Place from Belleoram N

To Hon J R Bennett



Mother anxious. Let me
know ⁶⁰⁷⁵ the whatleys condition
at present

John Whalley

Still seriously ill

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 70 Sent by msj Rec'd by _____ Check ST No. _____

Place from Pelleoran 18

To Hon J R Bennett



*If 6075 pte whatley
 Still in serious condition*

John whatley

Still seriously ill

C.P. 6075

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____

Address _____

~~ST. JOHN'S DEPT. OF MILITIA.~~

Line Number	Rcd	By	Sent	by	Check

Dated

Oct. 16, 1918.

To

Mr. John Whatley,

~~Bellefleur.~~

Regret to inform you that #6075 Pte. Whatley, is still seriously ill.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6075

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Oct. 14th, 1918.

6075 Pte. S. Whatley.

Admitted to General Hospital 12-10-18.

C.R. 6075

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Oct. 12/18.

Admitted to Barracks Hospital 11-10-18.

6075 Pte. S. Whatley.

C.R. 6075

Extract from Daily Orders Part 2B unit The Royal Wfld. Regt.
St. John's. Dated Aug 22, 1918.

6075 Pte. Simeon Whatley.

Attested for General Service with the Royal Wfld Regt.
22-8-18.

U
Whalley, S

6075

Ray Sept.

January 9th., 1919

#6075 Pte. Simeon Whatley,

Belloram,

Fortune Dist

Dear Sir:-

Please find enclosed "Discharge
Certificate No.351."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc¹ 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *6075* Rank *Pvt.* Name *Whalley, Simon*
 Intended place of residence *Bellmore*

2. Occupation *fisherman*
 Classification of soldier *20* Medical Category *F1*

3. The above named man is discharged in consequence of *Demobilization*

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

Place

Date *DEC. 9. 1918*

Whalley Capt
 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 and date *St Johns*

Dec 9th 1918

Simon Whalley
 Signature of soldier
Edwards Capt
 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 and Date *Dec 9th 1918*

St Johns

Simon Whalley
 Signature of soldier
J Raymond Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *20. 8. 18*

No of days on Military

Discharged from service *12. 12. 18 plus 28 days*

Service *143 days*

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 *DEC 12 1918*

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

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place *St Johns, Nfld*

Date *January 9/1919*

M Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

W.S.S. 2069/351

12
30
31
30
31
9
143

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6075 Rank Plt Name Whalley - Simon
 Date of Enlistment 20.8.18 Address Bellefleur District Fortune
 Occupation Lieutenant Classification for Discharge B Medical Category 6
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 30%
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	<u>2</u>	N.F. Med.	D.F. 1.	<u>1</u>
B 178	W 3494	B 122		Board 1st.	" 2.	
B 178a	<u>1</u> D 400A	<u>2</u> B 1915	<u>2</u>	do 2nd.	" 3.	<u>3</u>
B 179	<u>2</u> D 400B	Form L.		do 3rd.	" 4.	
B 179a	D 400C	Form K.	<u>1</u>	do 4th.	" 5.	
B 179b	B 108	ME 2			" 6.	
B 179c	B 120	M 93	<u>1</u>			

Date 9.12.18

W. H. C. Cash
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Simon Whalley

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) Supplied *Joseph H. Snow*

Date 9.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 153 to his home at Bellorau and Release Certificate No. 227 issued.

Date 9-12-18 C. S. Dickson Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-1-19

Date 9-12-18 Stanley Capt
Depot Paymaster.

Discharge approved for 12.12.18

Forwarded with following documents to O.C Discharge Depot.

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

Date 9.12.18 C. S. Dickson Capt
Demobilization Officer.

APPROVED.

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

with following additional documents.

Date DEC 12 1918 R. H. Lat Capt
O. C. Discharge Depot.

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

Date Dec 12/1918

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

MEDICAL HISTORY

OF

Surname *Whalley*

Christian Name *Simon*

Table I.—GENERAL TABLE

Birthplace :—Parish *Bellman* County *Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>20</i> day of <i>Aug</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>20</i> years		years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet <i>5 1/4</i> inches		feet	inches
Weight	<i>153</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>37 1/2</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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>Lamont Peterson</i>			
(Rank)	<i>Sgt</i>	Medical Officer		Medical Officer
Enlisted	at <i>St. John's</i>	at		
	on <i>20</i> day of <i>Aug</i> 191 <i>8</i>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>Royal Nfld Regt 6045</i>			
Transferred to	<i>Regiment E</i>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of
				191

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilia, admissions of treatment
	Day	Month	Year	Day	Month	Year			
St. John's General.	12	10	18	9	11	18	Influenza c Pneumonia Rt. 28		
<i>Escaamc lower Hospital</i>	9	11	18	26	11	18		17	

list in case of Warrant Officers treated in quarters

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Temp. & Pulse normal for fifteen days.

W. H. Ryan

L. P. Anderson

It is hereby certified that this soldier
has been before the Standing Medical Board
and has been classified as
for discharge on Convalescent
from Medical category

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 work as Clerk.

Ernest Whalley

Signature of Man.

Arthur Hall

Signature of the Vocational Officer or his Representative.

Reg. No. *6970*

Place

St John's N.Y.C.

Date

9/12/18



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *St. John's*
 Date *Nov. 24/18*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6075*
- 3. Rank *Pte*
- 4. Name *Whalley Simeon*
- 5. Age last birthday *21 years*
- 6. Enlisted on *20th August*
1915 at *St. John's*
- 7. Former trade or occupation *Fisherman*

8. Disability

Influenza & Pneumonia

- 9. History *Entered General Hosp. St. John's 12.10.18 suffering from Influenza & Pneumonia Discharged to Convalescent Hosp (Escaconi) 9.11.18 and discharged to barracks 26.11.18*

10. What is his present condition?

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

General condition good
No accompaniments - dest.
Complains of weakness & lumber
region back
No albumen urine.

Medical Report on an Invalid

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as permanently unfit?

Yes

STATEMENT OF CASE

Signature

J. O. Peterson

Rank or Qualification

Major

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board .

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

13. For pension purposes, the disability x *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.

Yes
Had pleurisy when 17 years of age
relative dulness in right axilla

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

- (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?

(State in percentage.)

less than 20%

Remarks if any:—

16. Is the disability permanent? *no*

17. Has the disability been aggravated by (a) Intemperence *no* (b) Misconduct *no*

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. *no*

20. We recommend discharge from ~~retention in~~ the Army *permanently unfit*

Remarks if any:—

.....
President

Signatures.....
[Signature]
[Signature]

Place *Sophus*
Date *Nov 30 1918*

APPROVED

Station

Date



[Signature]
Administrative Medical Officer
D. M. S. NEWFOUNDLAND

E

Fortune

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 6075

Name Whalley, Simon

Address Bellisrum

Fortune Bay Dist.

Present Medical Category A¹¹ E

Proceedings of S.M.B. in file

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

R. H. Lant Capt.
O.C. Discharge Depot.

Members of Board } J. Paterson
Senior Medical Officer

J. W. Burden
M. O. Depot



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Whalley, Regl. No. 6075

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of, the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins Sept 1st 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6137	Mother	<i>(Mother)</i> Mrs Whisk Whalley	Belleoram	- 60
			Total Allotment, \$	- 60

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.) L. E. Keenan Lieut

Officer Commanding

Company

St. John's Nfld.

26/8/1918

(Sig.) Simon Whalley

(Rank) Private



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Whalley, Regl. No. 6075
 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 ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins Sept 10th 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6137	Mother	(Matilda) Mrs Uriah Whalley	Bellefleur	— 60
			Total Allotment, \$	— 60

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

(Sig.)

A. K. Hickey
 Officer Commanding

Company

St John's Nfld.

26/8/1918

(Sig.)

Simon Whalley

(Rank)

Private

COPY

ROYAL NEWFOUNDLAND REGT

Examination held at Headquarters on Aug. 30th, 1918

Name Simeon Whatley Age 20 years

Do you know of anything wrong with you? No

What severe illnesses have you had? None

Eyes Brown
Comp. Dark.

Height 5 ft. 5½ Weight 153 lbs.

Eyesight (a) Left 6/6 (b) Right 6/6

Physical Defects --

Examination of Lungs --

Expiration 33½ Inspiration 37½

Examination of heart --

Examination of urine

Examination of mouth(Defective speech) --

Teeth --

Throat --

Nose --

Ears (Otorrhoea) --

(Deafness) --

Have you been successfully vaccinated and when? No.

Name and address of next of kin Father, Uriah, Belleoram

Remarks All

(sgnd)

Arch Tait
F. W. Burden

Medical Examiners

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on Aug 20 1918

1. Name Simon Whalley Age (a) Declared 20
 (b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes Brown
Complex dark
marks

6075

3. Height 5' 5 1/4 Weight 153
 4. Eyesight (a) Left 6/1 (b) Right 6/6
 5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~
 Measurement (a) Expiration 33 1/2 (b) Inspiration 37 1/2

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father Uriah Belloram

REMARKS—

A 11

Arthur Galt
Ed. Curran
 Medical Examiners.



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov. 26. 1918.

Regimental No. 6075.

Name W. Kelly. Simons.

Address Bellaram.

Disease or Disability Influenza & Pneumonia.

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation Standing Medical Board.

Category E

Members
of
Board

_____	O. C. Depot
<u>H. Paterson</u>	D. D. M. S.
<u>Geo. Burden</u>	M. O. Depot
<u>Coj</u>	



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 *Whalley Simeon*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6095*
 Intended address *Bellouant*

Height on discharge *5* Feet *5 1/4*
 Color of hair on discharge *Black*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father
 Christian name of Mother *Matilda*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children

Place and date of soldier's birth. *Bellouant, Sept 12th 1897*
 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)

Simeon Whalley

(Rank)

Pte

Station

St. John's

Date

Nov 26th

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.

H. Stinson

Medical Officer i/c Hospital,
Unit, or Command Depot.

Station

St. John's

Date

Nov 26/18.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station **St. John's**

Date **Nov. 26th. 1918.**

- | | | |
|-----------------------------------|-------------------------------|--------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 21 years |
| 2. Regimental No. 6075 | 6. Enlisted on | August 20th |
| 3. Rank PTE | at | St. John's |
| 4. Name WHATELY, SIMEON | 7. Former trade or occupation | Fisherman |
| | 8. Disability | |

INFLUENZA AND PNEUMONIA

9. History **Entered General Hospital, St. John's 12-10-18, suffering from Influenza and Pneumonia. Discharged to Convalescent Hospital (Kecasoni) 9-11-18, and discharged to Barracks 26-11-18.**

10. What is his present condition?

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

General condition good.
No accompaniments chest.
Complains of weakness in lumbar region
back.
No albumen urine.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes

Signature

L. PATERSON

Rank or Qualification

Major

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **may** be considered as aggravated by due to

(a) ~~Service during this war.~~ (b) ~~Cum gratia.~~ (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.

Yes. Had Pleurisy when 12 years of age. Relative dulness in right axilla.

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

(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?

(State in percentage.)

Less than 20%

Remarks if any:—

16. Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance **No** (b) Misconduct **No**

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con- **No**
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **Permanently unfit**

Remarks if any:—

(Sgd) **H. S. FRASER**

J. SINCLAIR TAIT

President

Signatures

L. PATERSON, Major

Place **St. John's,**

Date **Nov. 30th., 1918**

APPROVED

Station

Date



(Sgd) **CLUNY MACPHERSON, Major**

D. M. S. NEWFOUNDLAND,
Administrative Medical Officer

COPY

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **6075**.....Rank **Pte**.....Name **Simson Whatley**.....

Intended place of residence.....**Belleoram**.....

2. Occupation**Fisherman**.....

Classification of soldier ... **C** Medical Category **B**.....

3. The above named man is discharged in consequence of....**Demobilization**.....

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

Place **C.G.DULEY, CAPT**.....

Date ... **DEC 9th, 1918**..... **for** 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 and date **ST. JOHN'S** **SIMSON WHATLEY**.....

Signature of soldier

..... **DEC 9th, 1918**..... **C.B.DICKS, A. CAPT**.....

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 and Date ... **DEC 9th, 1918**..... **SIMSON WHATLEY**.....

Signature of soldier

..... **ST. JOHN'S** **J. DAYMOND (SGT)**.....

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **20-8-18**..... No of days on Military

Discharged from service..... **12-12-18 plus 28 days**..... Service **143 days**.....

APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S** **R.H. TAIT, CAPT**.....

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date **DEC. 12, 1918**.....

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
.....

Officer i/c Records

Date
..... The Royal Newfoundland Regiment

COPY

C. R. C. Form B.
25-10-18-5000

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 WORK AS CLERK

(SGD) SIMEON WHATLEY

Signature of Man.

Reg. No. **6075**

C.B.DICKS, A/CAPT (SGD)

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S, N.F.L.D.**

Date **9-12-18** 191.....



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov. 26th, 1918

Regimental No. 6075

Name Whatley, Simeon

Address Bellaoram

Disease or Disability Influenza and Pneumonia

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation S M B

Category E

Members
of
Board

O. C. Depot

(sgnd) L. Paterson

D. D. M. S.

(sgnd) F. W. BURDEN

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6075 Rank Plt Name Whalley - Simon
 Date of Enlistment 20.8.18 Address Bellefleur District Sophus
 Occupation Fisherman Classification for Discharge B Medical Category 2
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 70%
 Passed to Demobilization Officer with following documents:—

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

Date 9.12.18

Whalley Capt
C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Survivor Whalley

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~~ Joseph H. Snow

Date 9-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 153 to his home at Bellorau and Release Certificate No. 227 issued.

Date 9-12-18 C. B. Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters, in connection therewith settled. He has received pay and allowances to 9-1-19

Date 9-12-18 W. Bowley Capt
Depot Paymaster.

Discharge approved for 12-12-18

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-12-18 C. B. Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 12 1918

R. H. Lant Capt
O. C. Discharge Depot.

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

Date Dec-12/1918

W. Bowley Capt
D. Y. M.

Reg. No. 6075 Rank *Plt* Name *Whalley Simeon*

Attested *20-8-18* Address *Bellefleur Fortune*

Allotment *60* Allottee *Mrs Uriah Whalley (mother)*

Date of Allotment *1-9-18* Returned from Overseas

Embarked for Overseas Cause

Vacc 22-8-18. Ist issue 26-8-18. 2nd issue 29-18.

3rd issue 9-9-18.

Proceeded on H.L. 11-9-18. Retd from H.L. 3-10-18.

9-12-18

PASSED TO DEMOBILIZATION OFFICER

12-12-18

DISCHARGE APPROVED ON DEMOBILISATION