



FIRST NEWFOUNDLAND REGIMENT

4227

ATTESTATION OF

No. 4327 Name Baxter Wheeler Corps S.A.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Baxter Wheeler
2. What is your full Address? 2. Clarendon P. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 8 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 DURATION OF THE WAR

I, Baxter Wheeler 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 7-12-17 Baxter Wheeler SIGNATURE OF RECRUIT.
Robert [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Baxter Wheeler 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 Clarendon P. Bay on this 7th day of Dec 1917.
Signature of Attesting Officer W. J. [unclear]

†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 rank of Private.
If enlisted by special authority, such will be attached to the original attestation.
Date Dec 7th 1917 } Approving Officer.
Place Clarendon P. Bay }

† 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 Paul W. Wheeler
 Apparent age 18 years 8 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Wheeler
Greenwood Ave. | 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>7-12-17</u>									Lt. Col. 31-12-18. Capt. 7-4-19.
Joined at <u>St Johns</u> on <u>December 7-1917</u>									
Discharged July 21/1919									
Embarked <u>St Johns S.S. Royal to Halifax</u> <u>21-12-18.</u>									Dis. 29-1-18. Disembarked France 5-7-18 Joined <u>Bathn.</u> 9-7-18. <u>Admitted 3rd Coy. Royal Fusiliers</u> 2-2-19. <u>Wrote duty</u> 14-7-19 <u>Regiment unit</u> 14-2-19. <u>Transferred from Royal</u> 22-4-19. <u>Arrived Winchester</u> 23-7-19 <u>S. transferred for demobilization</u> 22-5-19. <u>Arrived Hfle.</u> 1-6-1919
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)					1		210		days
Pensions									

Demobilization St Johns 4-7-19

C.R. 4227

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.
France 21-4-19.

Promotions.

4227 L/C. B. Wheeler

to be A/Cpl. 17-4-19.

C.R. 4227

Extract from Daily Orders part II Royal Newfoundland Regiment.
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from 4-7-19.

4227, Cpl. Baxter Wheeler.

C.R.

4227

~~427~~

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. Depot, St. John's, June 10th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 20-6-19

4227

~~427~~ Cpl. B. Wheeler.

C.R. 4227

Extract from Daily Orders Part II Depot, St. John's,

Date

9-6-19

4227 Epl. B. Wheeler

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4227

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

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

#4227 A/Cpl. B. Wheeler.

WOUNDED & SICK M.C.O's. & MEN OF THE EXPEDITIONARY FORCE - FRANCE. FRANCE.

C.R. 4227

NO 1 RECORD OFFICE - PRESTON.

LIST NO.H.A. 34952.

240950 Pte. Marcroft R. 1/Lanc.Fus.
33261 Pte. Pring G. 13/E.Lances. att
4 R.Camp.
202961 Pte. Stobbart R.F. 1/5 Bord R.

Infl.Stomach ..Adm. 3 Can.Gen.H.Boulogne 15 Feb.19.
Slt.
NYD.Slt.....Adm. 3 Can.Gen.H. Boulogne 15 Feb.19.
Conjunctivitis..Adm.7 Sty.H.Boulogne 15 Feb.19.

TWO RECORD OFFICE - PRESTON

LIST NO H.A. 34952.

52362 Cpl. Flaherty M. 10/K.L'pools
332923 Pte. Farrimond W. 9/K L'pools.
357231 Pte. Murray R.J. 1/10 K.L'pools.
att. AP & SS
Boulogne.
49525 Pte. Lee A. 8/K.O.R.L.
95849 Pte. Wellock A 4/ K.L'pools.
51208 Pte. White T. 4/ -dc-
224386 Pte. Potts S. 256 A.E.Coy.
1 Army Hqrs.
(4/5 N.Lances.)
465942 Pte. Miller H. 25/K.L'pools
att. MS.Accountants.
243092 Pte. Ferguson A. 1/5 K.O.R.L.

? Appendicitis..Adm. 3 Can.Gen.H.Boulogne 15 Feb.
Slt.
Syno.Rt.Knee Slt..Adm.3 Can.Gen.H.Boulogne 15 Feb.19.
ICT Rt.Knee ..Dis. to duty ex 3 Can.Gen.H.Boulogne 15 Feb.19.
Slt.
Myalgia.....Adm. 7 Sty.H. Boulogne 15 Feb.19.
BronchitisS....Adm. 40 Sty.H.Harflleur 15 Feb.19.
Br.Pneumonia...DIED in 40 Sty.H.Harflleur 3.5. pm.15 Feb.19.
Obs.Influenza..Adm. 46 Sty.H.Etaples 13 Feb.19.
Mild.
Obs.Pleurisy...Adm. 46 Sty.H.Etaples 13 Feb.19.
Mild.
Obs.Pulmonary..Adm. 15 Sty.H.Etaples 13 Feb.19.
Catarrh.Mild.

NEW FOUNDLAND EXPEDITIONARY FORCE

LIST NO.H.A. 34952.

4227 L/C. Wheeler B. 2 1/Newf.Inf.
2 E.B.D.

Influenza.....Dis. to duty ex 3 Sty.H.Rouen 14 Feb.19.

240

X

C.R. 4227

Extract from War Office List No. H.A. 34667.

4227 L/C. B . Wheeler

ADM. 3 STY. H. ROSEN 2 FEB. 1919.

N.Y.D. SLIGHT.

C.R. 4227

Extract of Daily Orders, Part 11, Royal Newfoundland Regiment
in France, Jan. 16th 1919.

#4227 Pte. E. Wheeler.

Appointed Lance Corporal 31/12/18.

C.R. 4227

Extract from Nominal Roll to B.E.F.embarked
Folkestone. 2-7-18

#4227 Pte. B. Wheeler.

C.R. 4227

Extract from Telegram despatched to Synoptical, London,
dated May 31, 1918.

Pay to as follows:-

#4227 Pte. Wheeler,

24.

C.R. 4227

Extract from Nominal Roll Draft "H" Company Embarked

S.S. Florissal Jan. 29th, 1918.

4227 Pte. Wheeler B.

4227

CR.

Extract from Daily Orders Part 11 Unit The Royal Newfoundland
Regt., St. Johns, Dec. 8th, 1917.

4227 Pte. F. Wheeler.

Attested for General Service with the Newfoundland Regt. with
effect from Dec. 7th, 1917.

B. Wharton

C.R. 4227

~~PAID~~

Medical Report on an Invalid.

Station Hazelton
 Date 1-5-19

- | | | |
|----------------------|---------------------------|---|
| 1. Unit | <u>Royal Newfoundland</u> | 7. Former Trade } <u>Fisherman</u>
or Occupation } |
| 2. Regimental No. | <u>4227</u> | 7A. If with previous service in Army, state— |
| 3. Rank | <u>Cpl</u> | (a) Former Unit; |
| 4. Name | <u>Wheeler Th.</u> | (b) Regimental No.; |
| 5. Age last birthday | <u>21</u> | (c) Date of Discharge; |
| 6. Enlisted { | <u>7-12-17</u> | (d) Cause of Discharge. |
| at | <u>St John's</u> | |

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- | | |
|---|------------|
| 9. Date of origin of disability. | <u>nil</u> |
| 10. Place of origin of disability. | <u>nil</u> |
| 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. | <u>nil</u> |
| 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— | <u>nil</u> |
| (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). | |
| (b) constitutional or hereditary, and not aggravated by service during the present war. | |
| (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. | |

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains good naturedly

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

u

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

u

16. Was an operation performed? If so, what?

u

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

u

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

u

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

u

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Preparation in

Wm. J. ...

Regimental ...

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley House*

Officer in charge of Hospital.

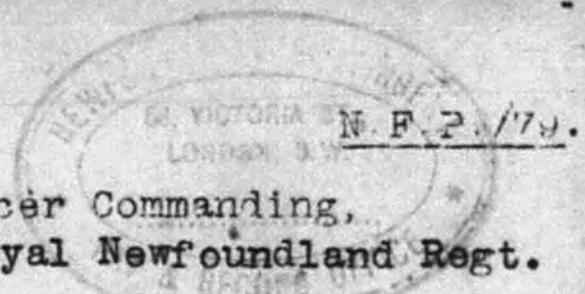
Date *1-5-19*

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

† Delete this word if no exceptions are to be made.

No. 8722/774

NEWFOUNDLAND CONTINGENT



038960

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

To: Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.

DATE: 4th June 1918

Subject: 4227, Pte. B. Wheeler

With reference to the following telegram (4945) from the Hon. Minister of Militia, received

Pay to 4227 Wheeler £4:0:0

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

Chief Paymaster & O. i/c Records.

June 8th 1918

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
1st Newfoundland Regiment

Received the sum of £ 4-0-0.

on account of cable remittance from Newfoundland.

[Signature] B. Wheeler

No. 4227 Rank Pte.

Witness J. Murphy. Pte.

No. 4227 Name Wheeler B. Sqn., Batty. or Company *Royal Newfoundland* Corps Date of enlistment 17-12-17 G.C. (Badges) Service or Proficiency Regt. (23)
 Date of last entry in Company Conduct Sheet () No. and date of last drink () Period not reckoning towards freedom from extra fine () Sheet No. 1 Signature O.C. Company, etc. *Wheeler* Character *Good*

Army Form B. 122.

Place	Date of offence	Rank	Clases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Feld</i>	<i>9-12-18</i>	<i>Privt.</i>		<i>Inattention on Sentry Duty</i>	<i>RSM Gulliver</i>	<i>3 days C.B.</i>	<i>9-12-18</i>	<i>Wallinson Capt</i>	
				<i>Lt. Gen. Holdell & Capt. Stark</i>					
				<i>Gen. Messrs. Paragon, Goulet</i>					
				<i>Capt. Kirk, Kerswell, and Batts</i>					
				<i>Subaltern, leather farker 34/8</i>	<i>C2N, New</i>		<i>14-1-19</i>	<i>Agst. Tom. Roy for Gen.</i>	
				<i>Super. of Hot Luff 9/18</i>	<i>C2N, New</i>		<i>8-1-19</i>	<i>Agst. Tom. Roy for Gen.</i>	

Wheeler, B

H 227

Ray Sept.

July 5, 1919

#4227 Cpl. Baxter Wheeler,

Greenspond, B.B.

Dear Sir:-

Referring to your application I enclose
cheque for Seventy dollars (\$70.00), being amount
of first payment due you on account of the War
Service Gratuity.

Yours truly

Paymaster ^{Captain} C. i/c Records.

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. 1918.

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..... *Bocha* 2. Surname..... *Wheeler*
3. Rank..... *Captain* 4. Regtl. No..... *4227*
5. Address in full to which future payments of gratuity are to be forwarded..... *Greenwood B.B.*
-
6. Date of enlistment in the Regiment..... *December 21 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *not applicable*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *no*
-
-
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Eighteen months*
- Twelve days* 1. *2*

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

not applicable

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.

ye
\$86.18 Clothing boots + pay

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

no

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

no

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

no

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

no

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

no

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

no

June 20/19. (b) Reason for discharge: 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.

France Belgium + Germany

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.

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: *Whelan B*
 Place of Residence: *Greenspond R.B.*
 Declared before me at: *St John's nfd*
 This *6th* day of *June* 19*19*.....

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

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

July 4, 1919

#4227 Cpl. Baxter Wheeler,
Greenspond.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2298."

Yours truly

Capt.
Paymaster & D.i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4227 Rank Cpl Name Wheeler B.
Intended place of residence Greenpoint

2. Occupation Interman
Classification of soldier E Medical Category AI

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 6 1919
Comanding 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
JUN 6 1919
Signature of soldier Wheeler B.
Signature of witness J. A. Snow Capt.

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 ST. JOHN'S
JUN 6 1919
Signature of soldier Wheeler B.
Signature of witness W. J. Sealton Esq.

STATEMENT OF SERVICE

7. Enlisted for service 1-12-17 No of days on Military
Discharged from service 20-6-19 Plus 14 days Service 575

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
Date JUN 20 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld
Date July 4/1919
Officer in Charge of Records
The Royal Newfoundland Regiment

Handwritten note: WJ B w 79/2298

Vertical handwritten notes on the right margin:
25
26
27
28
29
30
31
32
33
34
35

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11-6-19*

Regimental No. ... *4227*

Name *Wheeler* *Baxter* *Cpl*

Address *Greenspond: B.B.*

Present Medical Category *A.I.*

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

Members of Board {

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

Paterson
Senior Medical Officer

McBurdett
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 41727 Rank Lt. Col. Name Wheeler Bertram
 Date of Enlistment 7-12-17 Address Greenspan District Donairsta
 Occupation Artist Classification for Discharge F1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 5-6-19 O. C. Discharge Depot. *H. M. ...*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Wheeler-B

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 none left

Date 6-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1538.9607* to his home
 at *Greenspond* and Release Certificate No. *2355* issued

Date *6-6-19*

J.A. Snow 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 *4-7-19*

Date *6-6-19*

Depot Paymaster.

20-6-19

Discharge approved for.....

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.....
B 179c.....	B 120.....	M 93.....		

2 Form B

Date *6-6-19*

J.A. Snow Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 20 1919*

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation

Whitely-B

Signature of Man.

Reg. No.

J. A. Snowbust

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

6-6-19.

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The Royal Mfld. Regiment

DEMOBILIZATION

No. 477 Rank _____

Name Whitby J

Warned for demobilization on

JUN 6 1919

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
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Name Wheeler, B No. Cpl. Rank 4227 R. N. R. or Regiment

Home Address Grimspond City Address

Age 22 Height 5 ft. 6 ins. Complexion Fair Eyes Blue Hair Brown Character

Date of enlistment 7-12-17 Where enlisted St. John Where seen service France

Ship returned by Corbin Date of return JUN 1919 How Long 1 1/2 yrs

Birthplace Grimspond Date of discharge 2-16-19 Religion Methodist

Name and address next of kin Atter, Geo. Grimspond

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment fisherman

Regular trade or profession

Average earnings previous to enlistment \$600 @ wife's sale Any other income

Name and address of last employer

If in receipt of sick benefits or other insurance—name of society Am. per mo. \$

At what age left school? 13 yrs What grade, standard, &c., was he in? 10 Standard

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References

Witness W. J. Beaton, Qms I declare that the above statement is correct.

Date JUN 6 1919 Signature Wheeler, B

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class Amount per month, \$ Period granted for Dating from

First Payment date

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

MEDICAL HISTORY

OF

Surname Wheeler Christian Name Bastie

Table I.—GENERAL TABLE.

Birthplace:—Parish Greensboro N. B. County N. C.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	7 th day of Dec 1917	St. Johns	day of	191
Declared Age	19 years	8 Mos	years	days
Trade or Occupation	Fisherman			
Height	5 feet	6 inches	feet	inches
Weight		141 lbs.		lbs.
Chest Measurement	Girth when fully expanded	36 inches		inches
	Range of Expansion	2 inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arms	/		
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	<u>Lamont Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	7 th day of Dec 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	Regtl. No.
Transferred to	1st Regt N. C. Res. 4227			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

Medical Report on an Invalid.

Station Tracy A Camp
 Date 1 6 19

- 1. Unit Royal Newfd
- 2. Regimental No. 4227
- 3. Rank Cpl
- 4. Name Whaler B.
- 5. Age last birthday 21
- 6. Enlisted { on 9. 12. 17
 at St John
- 7. Former Trade or Occupation } Lushman
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). nil
 - (b) constitutional or hereditary, and not aggravated by service during the present war. nil
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

No complaint of no disability

14. If the disability is an injury, was it caused—

Na.

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

Na

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

Na

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

Na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Na.

Repatriation

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

M. J. /
M. J. /

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp*

Officer in charge of Hospital.

Date *1. 5. 19*

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

† Delete this word if no exceptions are to be made.



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 *Walter Baxter*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4227*

Intended address *Sharnford St*

Height on discharge *5 Feet 6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Annella*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Sharnford 15-3-1897*

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) *Baxter Walter* *Cpl.*
(Rank)

Station **ST. JOHN'S.** Date *4-6-19*

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 _____



Casualty Form—Active Service.

7-4-1899

Regiment or Corps Royal Newfoundland

Rank Private Surname Wheeler Christian Name Baxter

Religion S.A. Age on Enlistment 18 years 8 months

Enlisted (a) 7-12-17: Terms of Service (a) Duration Service reckons from (a) 7-12-17

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

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

Occupation fisherman Wheeler Signature of Officer.

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				
		AI 28-6-18	Embarked ...	2 JUL 1918	
			Disembarked	5 JUL 1918	
			Joined Battalion	Field	9.7.18 Bnsd. 13/7/18
7.1.19	O.C. Unit.	App'd Lance Corporal		31.12.18	B 213 Part 2 2/E
	3rd Lt H. Rowen	Adm. 4th Div		27/1/19	Ha 34667
		Discharged to Duty		14/2/19	OTW 2034
		to be O/Ce.		17/4/19	3213
		Arrived in UK		23/4/19	

Int

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. W. 5527—M2093 1000m 7/17 (25696) C. P. & S., Ltd. Forms B/103 E/1555. I.P.T.O.

NEXT OF KIN: George Wheeler, Greensford B Baxter

The Department of Militia

(\$6. ⁷⁵/₁₀₀)

The sum of Six -----

MR -----

Reg No. 4237. Rank... Cpl. Name Wheeler B. for passage

From Gambu
From -----

Cashed for 6. ⁷⁵/₁₀₀ *[Signature]*

ACCOUNT	<u>Trans.</u>
CH. NO.	<u>8042</u> INITIALS <u>Fle.</u>
IND. LEDGER	INITIALS
<u>75</u> DOLLARS IS DUE	INITIALS
GEN. LEDGER	INITIALS

Captain *[Signature]*
Demobilisation Officer.



No. *5* 607

TRAVELLING WARRANT

Date *JUN 6 1915*

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. *4227* Rank *Cpl* Name *Wheeler B.*

From *St. John's* - *ST. JOHN'S* - To *Greenfield*

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

J. H. Lawless

SIGNATURE OF ISSUING OFFICER.

Demobilisation Office:
Discharge Depot-Newfoundland

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

Aug. 21, 1919

Cpl. B. Wheeler,
Greenspond.

A. C. B.

Dear Sir:

I enclose herewith cheque for
\$6.75, amount of refund due you on account of
travelling expenses to your home.

Yours truly,

Capt.
Paymaster

LM/

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
33.

Regiment of 1st Newfoundland

Number of Sheet One

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4227</u> <u>Wheeler B</u>	Age on	<u>18</u> years <u>8</u> months	<u>Sailor</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u>	<u>S.C.</u>	
Joined		Date	<u>7-12-17</u>	Place of Birth	
Joined		Date	Period of	with Colours <u>210</u> years.	with Reserve <u>365</u> years.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's 4 ²/₁₉</u>					

To be carried over

Army Form B. 121.

24227

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 24227 Rank l/cpl Name Wheeler Baxter
 Date of Enlistment 7-12-17 Address Greenspang District Donavista
 Occupation Soldierman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 5-6-19 J.W. H. News Jr.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Wheeler-B

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £100.00
- (b) Clothing Supplied none left

Date 6-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1538.9607* to his home at *Greenspond* and Release Certificate No. *2355* issued.

Date *6-6-19* *J.A. [Signature]*
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 *4-7-19*

Date *6-6-19* Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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 *6-6-19* *J.A. [Signature]*
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

JUN 20 1919

R.H. [Signature]

Date O. C. Discharge Depot.

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

Date *June 17 1919* *[Signature]*

Reg. No. *4227* Rank *Pfc* Name *Wheeler B.*
Attested Address *Greenspond*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

5-6-19

PASSED TO DEMOBILIZATION OFFICE

20-6-19

DISCHARGE APPROVED ON DEMOBILISATION.