



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2864 Name Charley Wheeler Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Charley Wheeler</u> .....          |
| 2. What is your full Address? .....  | 2. <u>St. John's Harbor</u> .....        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>4</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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> .....                     |

FOR THE DURATION OF THE WAR

I, Charley 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.

Charley Wheeler SIGNATURE OF RECRUIT.

Chas. A. Cope Signature of Witness.

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

I, Charley 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 St. John's on this 9th day of June 1916

Chas. A. Cope Signature of Attesting Officer

**†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 compiled with. I accordingly approve, and appoint him to the 6th .....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....

Place..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Wheeler  
 Apparent age 23 1/2 years 4 months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Aaron Wheeler Longacre Harbor  
North Cove Bay | Relationship Mother

### 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									
" " " Pension " _____ [ " " ] _____ " _____ "									

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2864 Name Charley Wheeler Corps .....

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

- |  |  |
|--|--|
| <p>1. What is your name? .....</p> <p>2. What is your full Address? .....</p> <p>3. Are you a British Subject? .....</p> <p>4. What is your age? .....</p> <p>5. What is your Trade or Calling? .....</p> <p>6. Are you Married? .....</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....</p> <p>8. Are you willing to be vaccinated or re-vaccinated? .....</p> <p>9. Are you willing to be enlisted for General Service? .....</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. ....</p> <p>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? .....</p> | <p>1. <u>Charley Wheeler</u> .....</p> <p>2. <u>St. John's Harbour</u><br/><u>St. John's Bay</u> .....</p> <p>3. <u>Yes</u> .....</p> <p>4. <u>23</u> Years <u>4</u> Months .....</p> <p>5. <u>Insiderman</u> .....</p> <p>6. <u>No</u> .....</p> <p>7. <u>No</u> .....</p> <p>8. <u>Yes</u> .....</p> <p>9. <u>Yes</u> .....</p> <p>10. { Name .....</p> <p style="padding-left: 20px;">Corps .....</p> <p>11. <u>Yes</u> .....</p> |
|--|--|

I, Charley 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.

8 June 1916 .....

Charley Wheeler SIGNATURE OF RECRUIT.  
Chas. H. Aye Signature of Witness.

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

I, Charley 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 St. John's on this 8th day of June 1916.

Signature of Attesting Officer Chas. H. Aye Capt

**†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 compiled with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1916 .....

Place .....

} Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name St. John's

Apparent age 27 years 6 months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 38 1/2 inches  
Range of expansion 3 1/2 inches

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

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Aaron Wheeler Fitzgerald Harbor  
Relationship Mother

### 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>7-6-16</u>									
Joined at <u>St. John's</u> on <u>June 7<sup>th</sup> 16</u>									
<u>Discharged July 15, 1919</u>									

Embarked St. John's S.S. Harbor for U.S. 28<sup>th</sup> 8<sup>th</sup> Embarked for St. John's 3-6-17

Joined Bethel 2-7-17 Admitted Strathmore to 89<sup>th</sup> A.I.D. 1-9-17 Transferred to England 16<sup>th</sup> 9<sup>th</sup>

Admitted 3<sup>rd</sup> 4<sup>th</sup> W. Somerset 16-9-17 Served then attached 4<sup>th</sup> Coy. Depot Coy. 8<sup>th</sup> 3<sup>rd</sup>

Embarked for St. John's 31-8-18 Joined Bethel in the field 31-8-18 Wounded 29-9-18

Admitted 36<sup>th</sup> Coy. R.N. Alderson 29-9-18 Dis to 5<sup>th</sup> Coy. Camp St. John's 9-10-18 Arrived Queen 11-10-18

Joined Bethel in the field 19-10-18 Wounded 25-10-18 Admitted 36<sup>th</sup> Coy. R.N. Alderson

R.N. Alderson 26-10-18 Transferred to England 30-10-18 Admitted 3<sup>rd</sup> London Troop 30<sup>th</sup> 10<sup>th</sup>

Wanted Special leave from 6-12-18 to 27-2-18 to return to hospital on expiry of leave later to Wey

Winchester 15-1-19 to U.S. for demobilization 22-5-1919 Arrived London 1-6-1919

Total Service forfeited as above: Demobilization St. John's 15-7-1919

Total Service towards Engagement to 15-7-19 [date of discharge] 3 years 39 days

" " " Pension " [ " " ] " " "



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Lesley Wheeler  
aged 23 yrs. conducted at C. L. B.  
Date: June 4/16 Recruiting Officer:

NO OF TEST	FINDING
1	No
2	No
3	No
4	No
5	No
6	No
7	Yes
8	Yes
9	No
10	n
11	n
12	n
13	Teeth to be attended to
14	n
15	n
16	n
17	n
18	n
19	69 at 9/16 lt.
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	yes 4 yrs ago.
34	5' 5 1/2"
35	131 lbs
36	35" - 38 1/2"
37	\$1000 approx
38	Mother Miss Leon Wheeler Tizard's Harbour
39	none

28624

70

Signature of Medical Examiner: D. W. Borden Lieut.



C.R. 2864

Extract from Daily Orders Part 21 Depot, Sj. Johns,

Date June 18th 1919.

2864, Pte. C. Wheeler.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 2864  
D.R.

Extract from Daily Orders part II, Depot Winchester dated 1-4-19.  
The following having reported back from the first battalion  
is taken on the strength and posted to "H" Company.

#2864 Pte. Wheeler.

6-

from 15-1-19.



C.R. 2864

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/18.

The following arrived to-day and is posted to the  
following Company.

D. COMPANY.

2864, Pte. C. Wheeler.

C.R. 2864

**Chesley Wheeler** was attested for General Service  
with the NEWFOUNDLAND REGIMENT on **June 7th 1916...**  
Regimental No. **2864** was allotted to Pte **Ches. Wheeler**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

C.R. 2864

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 19th, 1919

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 15-7-19

2864 Pte. Chesley Wheeler.

C.R. 2864

Extract from Daily Orders part II, Unit  
Newfoundland Regiment from G.H.Q. 3rd.  
Echelon dated Sept. 22nd. 19.19

#2864 Pte. C. Wheeler

Invalided to England.

16/9/17 Sick.

C.R. 2864

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 20th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 1-7-19.

2864 Pts. C. Wheeler.

C.R. 2864

Extract from Casualties received from Pay & Record  
office, London, Feb. 5th, 1919.

2864 Pte. C. Wheeler.

Ex 3rd London General Hospital was granted furlough  
from 6-1-19 to 15-1-19 classified 1Duty.

Authority;- O.C.Hospital.

C.R. 2864

Extract from Casualties received from Pay & Record  
Office, London, Dec.16th, 1918.

2864 Pte. C. Wheeler.

Has been granted special leave from 3rd Lon. G. H. from  
16-12-18. to 27-12-18, with orders to return to Hospital  
on latter date.

C.R. 2864

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED "21/11/18.

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TO ENGLAND

#2864 Pte. Wheeler, G.

30/10/18.



C.R. 2864

Extract from War Office List No. G. 1737 dated 6/11/18.

WOUNDED 25-10-18.

#2864 Pte. C. Wheeler.

C.R. 2864

Extract from Telegram received from Synoptical London, Nov. 2nd. 1918

Wandsworth gunshot wound arm shell burns 2864 Wheeler.

# NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. \_\_\_\_\_



## Cable Connection with all the World

**C.R. 2864**

### 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	Rcd	By	Sent	by	Check

**Dated** Mrs. Aaron Wheeler, Tizzard's Hr. N.D.B.  
**To** Nov. 2nd, 1918

Regret to inform you that Record Office, London, officially reports **No. 2864, Private Chesley Wheeler at 3rd London General Hospital Wandsworth suffering from G.S.W. arm, shell burns**

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.**

**FOR TYPEWRITER**

C.R. 2864

Extract from War Office List No. H.A. 30982.

ADMITTED TO 83 GENERAL HOSPITAL BOULOGNE 27th., Oct. 1918.

#2864 Pte. C. Wheeler

G.S.W. ARM. R. BURNS. SEVERE

2185

C.R. 7864

C. 2.—Casualties.

**COLONIAL CONTINGENTS ONLY.**

Army Form W. 3026A.

(Continuation Sheets are supplied separately.)

3rd LONDON GENERAL HOSPITAL, at WANDSWORTH

Affiliated to \_\_\_\_\_

NOMINAL ROLL of Sick and Wounded from the \* FRANCE

admitted on 30/10/18 from Hospital Ship \_\_\_\_\_

\* Here insert which Expeditionary Force.



**NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :**


- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

\* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty  * (See note in large type above).
2864	Pte	Wheeler, C.    (Sgd) E. H. BINGLEY	R. Nfld R.   Capt R.A.M.C.T., Registrar.	GSW. Arm & Shell burns  

C.R. 2864

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

WINCHESTER . . . . . RECORD OFFICE

No. H. A. 30135.

Adm. 12 Con. Dep. Aubengue 9 Oct '18.

324102 Pte. Skipp R.W.	2/16 Londons	GSP. Blue X Wd.	Slt.
425700 L/C. Newman H.S.	10 Ldns. att 60 TMB.	Must. Wd.	"

Dis. to 5 Rest Camp. St. Martins ex. 12 Con. Dep. 9 Oct '18.

531279 L/C. Risborough C.	2/15 Ldns.	GSW. Nose.	Slt.
43686 Pte. Beaver A.W.	1/16 "	GSW. Leg. L.	"
37591 L/C. Clark S.C.	2/17 Ldns.	Trench Fvr.	"
470498 L/C. Wade C.	2/17 Ldns.	Malaria.	"
P/20 Pte. Eddy W.J.	2/17 "	GSP. Must. Wd.	"
393935 L/C. Ashbridge C.	13 Ldns.	GSW. Over L. Ext. Malleolus.	Slt.
38729 " Hughes H.	18 K.R.R.C.	Gassed Wd.	Slt.
201736 Pte. Warnes G.E.	18 do.	Gassed Wd.	Slt.
581308 " Pratley E.	8 Ldns. att 61 Lab. Co.	Myalgia.	"
0/686 " Griffiths	2 Rfl. Bde.	Gassed Wd.	"
9370 " Nelson J.	12 R. B.	do.	"
315352 " Hunter G.	1 Rfl. Bde.	GSW. Leg. R.	"
21831 " Herbert A.	12 R. B.	Gassed Wd.	"
40038 " Hunt H.	18 K.R.R.C.	do.	"
46742 " Sutton G.	12 R. B. att 2/10 Ldns.	Shl. Wd. Arm. R.	"
28339 " Humphries W.G.	12 R. Bde.	Gassed Wd.	"
A/200840 " Fitzgerald J.	11 K.R.R.C.	Gassed Wd.	"
532628 " Haines A.W.	2/15 Ldns.	ICT. Arm. & Head.	"
553820 " Norris W.T.	1/16 Ldns.	ICT. Arm.	"
7200720 " Lambeth H.S.	13 K.R.R.C.	PUO. Tr. Fvr.	"
305869 " Turnbull J.	1 Ldn. R. B.	ICT. Legs.	"

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H. A. 30135.

Dis. to 5 Rest Camp. St. Martins ex. 12 Con. Dep. 9 Oct '18.

2864 Pte. Wheeler C.	2/1 Newfd.	GSW. V. (1)	Slt.
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1994  
1996

C.R. 2864

Extract from List of Wounded and Sick N.C.Os. and Men of the  
Expeditionary Force - France, dated 16th. Oct. 1918.

List. NO: H.A. 30100.

2864 Pte. C. Wheeler .

Newfoundland Regiment ..... G.S.W. V (1).... Adm. 12 Con.

Dep. Aubengue 5 Oct. 1918.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World **CR 2864**

## 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 finally 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	Rcd	By	Sent	by	Check

Dated

**Oct 11th, 1918**

To

**Mrs. Aaron Wheeler, Tizzard's Harbour, N.D.B.**

Regret to inform you that Record Office, London, officially reports **No. 2864, Private Chesley Wheeler at 25th General Hospita. Hardelet Sept 30th suffering from G.S.W. abdomen**

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

**J.R. Bennett**

Minister of Militia.

**FOR TYPEWRITER**



C.R. 2864

Extract from War Office List. No.C. 1716 dated 1910-18.

#2864 Pte. C. Wheelar.

WOUNDED 29-9-18.

BC.  
—

C.R. 2864

Extract from Casualties No. H.A. 29693.

ADMITTED 25 GEN. H. HARDELOT 30th., SEPT. 1918.

# 2864 PTE. C. WHEELER.

G.S.W. ABDOMEN.

C.R. 2864

Extract from Nominal Roll of Draft No. 24; from 2/1st Newfoundland Regiment  
Newton on Apr. to 1/1st Newfoundland Regiment, B.S.F. 1/6/17.

2864 Pte. G. Wheeler

MP.

ROAD BOARD

BLANCK

QUALITY

STRAIT

C.R. 2864

Extracts from Nominal Roll Draft (SI, to D.S.F. Embarked

Folkestone, 31-8-18.

2864 Pte. Wheeler C.

C.R. 2864

Extract from Nominal Roll Embarked St. John's for Overseas,  
28/8/18.

2864 Pte. C. Wheeler.

C.R. 2854

Nov. 13th, 18

Mrs. Aron Wheeler,  
Tizzard's Hr.,  
N. D. B.

Dear Madam:-

I beg to inform you that additional information has to-day been received by this department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that your son, No. 2854, Pte. Chesley Wheeler, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 John M. Bennett Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated September 19, 1917.

To Mrs. Aaron Wheeler,  
Tizzard's Hr., N.D.B.

Regret to inform you that Record Office London, officially reports No. 2864, Private Chesley Wheeler, has been admitted to Wandsworth; case not yet diagnosed.

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

~~JOHN R. BENNETT~~, R.A. SQUIRES  
Colonial Secretary.

FOR TYPEWRITER

C. Wheeler

C.R.

2864

PRO



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

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

1. Unit and Corps... *Royal Artillery* }  
 2. Regtl. No. *2864* 3 Rank... *P.L.* }  
 4. Name *W. S. ...* }  
 (Surname) (Christian Names)  
 5. Age last birthday. *24*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)  
 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

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

### Statement of Case.

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

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

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | ✓                   |                   |
| (ii.) Previous active service.. .. .                               | ✓                   |                   |
| (iii.) Climate in pre-war service .. .. .                          | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .             | ✓                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | V.D.G. V.D.S.       | cured             |
- 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, &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.)*

*he complains of no disability*

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W.E. Procunier - Capt Rame*

Medical Officer in charge of case.

Station *Haydock Park*

Date *27-3-19*

\* 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

No. 2696



3 1ST. NEWFOUNDLAND REGIMENT 11

ALLOTMENTS

*Chesley Wheeler*, Regl. No. *2864*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Five* Dollars and *50* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins *August 16*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2719</i>	<i>mother</i>	<i>Mrs. Amelia Wheeler</i>	<i>Tiggan's Hill B.N.S.F.</i>	<i>50</i>
		<i>Commencing 1/9/16.</i>		
Total Allotment, \$				

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.) *Chas. H. Aye Capt.*  
Officer Commanding  
*6* Company

*St. John's*  
*July 27 1916.*

(Sig.) *Chesley Wheeler*  
(Rank) *Private*  
*W. A. ...*

May 28<sup>th</sup>

1 Monument Rd.  
Ayr.

Dear Sir

Could you please give me any information concerning Pte. Chesley Wheeler, 2864. 1<sup>st</sup> Royal N. F. L. B. Regt. H. Coy. stationed at Hazely, down, camp, Winchester.

He was last heard of at Hiltshire Military Hospital, Portsmouth. Any information would be gladly received by yours. sincerely

Elizabeth Downie  
1 Monument Rd.  
Ayr.

New South  
2<sup>nd</sup> Bn Royal New Zealand Regt  
Camp  
Hazely  
Winchester  
Hants

See lists of men  
in hospital received  
15 and 22 May Respectably

??

NEWFOUNDLAND CONTINGENT.	
PAY & RECORD OFFICE.	
Ref. Nos. 14	4877
Rec'd	30 MAY 1916
Ack'd	
Ret. Nos. 001	
APPROVED	
ENALCH	
Comd.	
P & A.	2/5/16 Jh
R. & C.	
B & E	
P.S.	

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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
2864	Pte	Wheeler	2.50	G ZP

I have the honour to be, Sir,  
~~Yours faithfully,~~  
Your obedient servant.

Date 12-7-18

Gherley Wheeler

*pay*

# WESTERN UNION



## ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM

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

12/12/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To GEORGE WHEELER

MORETONSHARBOUR (Newfoundland)

CABLE TWENTY POUNDS THROUGH MINISTER MILITIA

CHESLEY WHEELER

*2864 →*

*change of*

CHARGED  
 PAY LEDGER  
 Date 20/12/18 by MR

CHARGED  
*[Signature]*

Authorised.

NOT TO BE TELEGRAPHED.

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

Signature \_\_\_\_\_

Address 58 Victoria St. S.W. 1.

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

No.

109

*pay*

# ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES

## CABLEGRAM

SENT

FOR STAMPS

Prefix \_\_\_\_\_ Code \_\_\_\_\_  
 WORDS *11* CHARGE \_\_\_\_\_

At \_\_\_\_\_  
 To \_\_\_\_\_ By \_\_\_\_\_

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

13/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To WM WHEELER  
 MORTONSHARBOUR (Newfoundland)

CABLE THROUGH MINISTER MILITIA TWENTY POUNDS

CHESLEY WHEELER

*2864*

*11/-*

CHARGED  
 PAY BOOK  
 Date *19/11/18* by *MR*

CHECKED.  
*19-11-18*

Authorised.

NOT TO BE TELEGRAPHED.

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

58 Victoria St. S.W. 1.

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

PLEASE CREDIT MAN'S ACCOUNT WITH RATION ALLOWANCE.

From Officer Commanding,  
3rd London General Hospital.

To Regimental Paymaster.

58 Victoria St. S.W.

NOTIFYING for your information that the undermentioned has  
been granted 12 days leave under Headquarters' telegram  
H.L. 1697 of 7-12-18.

From 8 am. 16.12.18. . . . . to 8 pm. 27.12.18. . . . .

He will return to Hospital on the expiration of his leave.

2860 Plé Wheeler G. R. Agled.

WANDSWORTH, WILLE ON LEAVE IS:-

16.12.18.

*E. H. M. G. T.*  
Capt. R.A.M.G.T.  
Registrar for Officer Commanding.

*Notes J.G.B. 20/12/18*

NEWFOUNDLAND CONTINGENT	
PAY & RECORD OFFICE	
Ref. Nos. IN	10982
Rec'd	17 DEC 1918
Ack'd	Ans'd
Ref. Nos. OUT	
ACTED	
Comd	
P & F	
R & C	
B & F	
P.S.	

*His address while on leave is:  
21, Battersea Rise, London S.W.*



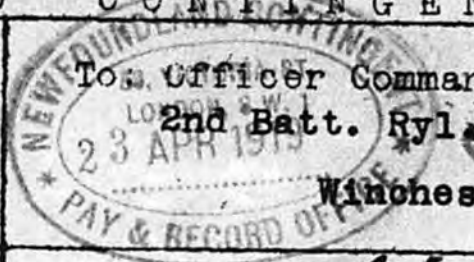
No. 6099/888

N.F.P. /79.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Winchester.



19th April 1919

April 20 1919

2864 Pte. C. Wheeler

Receipt hereunder.

J. A. Barton LIEUT. COLONEL,

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

With reference to the following telegram from the Minister of Militia / / ( 143 )

"Pay to- 2864 Pte. C. Wheeler  
£10. 6. 0.

Received the sum of Ten

ounds Six Shillings in respect of

telegraphic remittance from the Minister of Militia.

Cheque £ 10. 6. 0s enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

C. Wheeler

No. 2864 Rank PT

Witness [Signature]

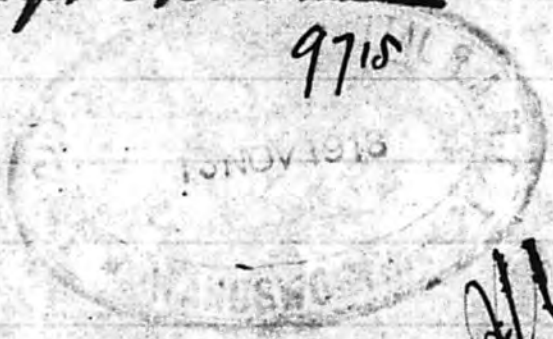
J. H. Marshall  
Chief Paymaster & Q.i/c Records.  
act

So + partner Nov. 13<sup>th</sup>  
12 West Street and Regt  
58 Victoria St

Please permit to me  
the sum of one pound in account  
of my balance that may be due  
to me.

Ch. £1-0-0 No. 2864  
A.P. 13/14/18 Pte. C. Wheeler

Receipt No. \_\_\_\_\_

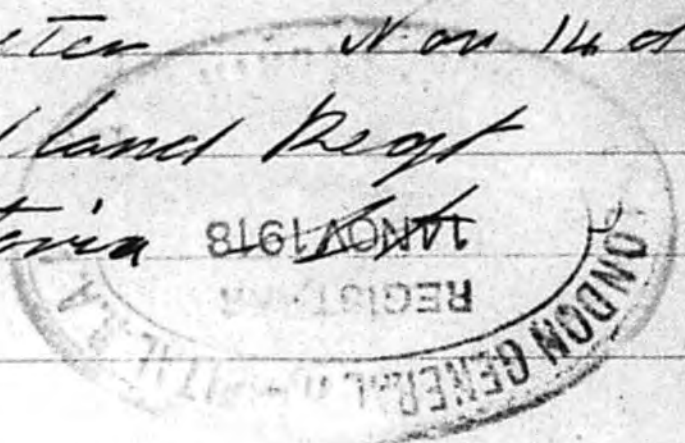


Approved: *[Signature]* Capt. Moore

*[Signature]*

R.S.A.

To Pastor  
of Plymouth Church  
58 Victoria



Please permit to draw  
the sum of one pound  
on account of my  
balance that may be due  
to me.

~~W~~ No. 2864  
P. C. Wheeler

Approved  
Subscription  
Capt. Name  
O.K. f 1-0-0  
m R. 14/11/18  
Receipt No. 9750  
P.C.

WON GENERAL HOSPITAL  
REGISTER  
19 NOV 1918

RECEIVED  
NOV 11 1918

13 *of Somerset*  
*Sturford Road*  
*38 Victoria St*  
*Nov 11/18*  
*Receipt*  
*OK 205 985*  
*AC*

Please permit to me  
the sum of one pound on account  
of any balance that may be due  
to me.  
*approved*  
*19. 11 18.*  
*St L Wheeler*  
*P.P.S.*



To The Paymaster  
Royal Newfoundland Hospital

Please pay bearer the sum of One  
pound (£1-0-0) + charge the same  
to his account. *HC*

Approved. *2864* The B. Wheeler,  
*Robinson Cash*  
*O.K. £1-0-0* *pg 1.*  
W.R. 29/11/18 Receipt No 10056

No. 99/2/P&A

NEWFOUNDLAND CONTINGENT

N.F.P. /90.

From:

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

To:

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

99/2  
66543  
LONDON DIVISION  
No. 6 - JAN 1919  
4th January 1919  
ANSWER

2nd. January, 1919

Subject: 2864 Pte. C. Wheeler.

With reference to the following telegram (19&20) from the Hon the Minister of Militia, received

Pay to 2864 Wheeler - £13:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

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

My records show that Pte Wheeler returned to 58 Victoria Street on the 6th instant, please

*H. J. [Signature]*

for O.C.

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

99/2/P&A

3rd. London General Hospital,  
Wandsworth.S.W.

2nd. January, 9  
2864 Pte. C. Wheeler.

19&20

Pay to 2864 Wheeler - £13:0:0

*g r a*

No. 12933/1307

NEWFOUNDLAND CONTINGENT

N.F.P./55.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

To: Officer Commanding,

2/Bn Royal Nfld. Regt.

Winchester.



Reference 2864, Pte. C. Wheeler

Herewith A. F. O. 1618 received from A.P.M. London District, 4063/a  
7/8/18 (7179) for your attention, please.

Please acknowledge receipt hereon

(Sig.)

*Akam*

CAPTAIN

ADJUTANT 2ND BN. ROYAL NEWFOUNDLAND REGT.

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



No. 2864 Rank Plt Name Wheeler L

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			50
Net Rate			60

N.P.P./35.

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d		
						From	To							
Balance			4	6	Balance		8/6/17				9	8	0	
Accittance Rolls		2	9	11	Pay @ Net Rate	9/6/17	30/9/17	144	60	86	40	17	15	1
Hospital Advances		1	14	0	Ration allow 10 dys	30/9/17	8/11/17	10	2			1	0	0
A.B. 34					2 of	3/10/17	2/11/17	3	60	1	80	7	5	
P. & R.O. Payments														
Cheque no 6952	30/10/17	23	10	0										
Cash 4325	2/11/17		12	0										

23-14-8 ✓  
7.5  
 24-2-1  
23-10-6  
 -12-1

29-5-2  
7.5  
 28-10-6

4-8-5  
 29-10-5

Admitted 2070-18

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

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

No. .... Date 6-1-1919

- \* (1) To the Officer i/c Records } 58 Victoria Street
  - \* (2) The Officer Commanding } Hazeley Down, Winchester
  - \* (3) The Paymaster } 58 Victoria Street - Station.
- \* Strike out that which is inapplicable.

Regimental No. 2864

Rank and Name P. Wheeler, Lt

Regiment or Corps R.F.C.

has been granted a furlough from } Jan 6<sup>th</sup> to Jan 15<sup>th</sup>  
58 Victoria Street

His address while on leave will be } A.B.W.

- I consider he is fit for
- \* I. DUTY.
  - \* ~~II. COMMAND DETACHMENT.~~
  - \* ~~III. EMPLOYMENT.~~
- \* Strike out that which is inapplicable.

Officer in charge J. M. Capt Registrar, R.A.M.C. Hospital. 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.

admitted 3070-15  
Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

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

No. \_\_\_\_\_ Date 6-1-1919

- \* (1) To the Officer i/c Records } 53 Victoria Street  
\* (2) The Officer Commanding } Hagley Town Junction  
\* (3) The Paymaster } 53 Victoria Street Station.

\* Strike out that which is inapplicable.

Regimental No. 2864

Rank and Name Private

Regiment or Corps Rifle

has been granted } a furlough from } Jan 4 to 15  
to 53 Victoria Street

His address while } on leave will be } SW

I consider he } is fit for } I. DUTY.

\* Strike out that } which is } II. COMMAND DEPOT.  
inapplicable. } III. EMPLOYMENT.

Officer in charge J. M. Capt. 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 Postmaster  
to Newfoundland Post  
58 Victoria St

Nov 16 d

APC

Please permit to me  
the sum of one pound on account  
of any balance that may be due  
to me.

C. H. 1-0-0. R 16/11/18

Receipt No 9797

No 2864

16/11/18 P to

C. H. 1-0-0. R

Approved  
S. H. 1-0-0. R  
Capt. H. H. 1-0-0. R

P. H. 1-0-0. R

Wheeler, C

2864

Hay & rest

# The Royal Newfoundland Regiment

Class for Demobilization:—

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*16.6.19*

Regimental No *2864*

Name

*W. Lecker Chesley*

Rank

*Pls.*

Address

*Tizzard Hls. N.S. Bay*

Present Medical Category

*A 1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. H. Lait Major*  
O.C. Discharge Depot.

*Watson*  
Senior Medical Officer

*De Burden*  
M. O. Depot.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 2864 Rank Plt Name Whyles, E  
 Date of Enlistment 6-6-16 Address Suggan St District 2 Gate  
 Occupation Postman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

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	CU
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	2 ME 2		<u>1238-1</u>	" 6	
B 179c	B 120	M 93				

Date 16-6-19 for H. M. W. H. O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am E. Whyles 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 #65.00

(b) ~~Clothing Supplied~~ \_\_\_\_\_ Amel Constan

Date 17-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R 1833* to his home at *Tizzards Hill* and Release Certificate No. *2877* issued.

Date *17-6-19*

*J.A. Snowball*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date *17-6-19*

*15-7-19*  
*H.M. [unclear]*  
Depot Paymaster

Discharged approved for .....  
Forwarded with following documents to *1-4-19* 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
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.	<i>1238-1</i>	

*2 Form B*

Date *17-6-19*

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

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUL 1 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.

*B. Wheeler*

Signature of Man.

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Reg. No. 2864

Place

ST. JOHN'S.

Date

17-6-19.

191

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2864 Rank. Pte Name. Wheeler C.  
 Intended place of residence. Siggards St.  
 2. Occupation Fisherman  
 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 17 1919

*[Signature]*  
 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 JUN 17 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 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 JUN 17 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness SP1

## STATEMENT OF SERVICE

7. Enlisted for service. 6-6-16 No. of days on Military  
 Discharged from service. 1-7-19 Plus 14 days Service. 1135

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 1 1919

*[Signature]* 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 15/1919

*[Signature]* Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten note]* 2864/3039

July 15, 1919

#2864 Pte. Chesley Wheeler,

Tizzards Harbor, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3039.

Yours truly

Raymaster & O.i/c <sup>Captain.</sup> Records.

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

# MEDICAL HISTORY

Surname Wheeler OF Christian Name Chester

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_



	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 6 day of June 1916	at St John's, N.S.	on _____ day of _____ 191	at _____
Declared Age	23 years 4 mo days		_____ years _____ days	
Trade or Occupation	Fireman			
Height	5 feet 5 1/2 inches		_____ inches	
Weight	131 lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... 38 1/2 inches		_____ inches	
	Range of expansion... 3 1/2 inches		_____ inches	
Physical Development				



Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number
When Vaccinated				

Vision	R.E.—V= 6/11	L.E.—V= 6/11	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 (Signature) Lamin Paterson (Rank) \_\_\_\_\_ Medical Officer.

Enlisted at St John's on 6 day of June 1916

	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Recpt	2864		
Transferred to	Requient			

Became non-effective by \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_ (Rank) \_\_\_\_\_

6/19 Records

Wheeler  
9/22.64

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4TH SCOTTISH INFANTRY HOSPITAL, S.W.	OCT	1916	5	12	16	Gonorrhoea 20.	45	no discharge present on discharge from here	J. Hunter W.B.	
3rd London Gen Hospital, Wandsworth	16	9	17	30	10	7	P. U. O	41	Repat'd sick in France August 1917 - no acute symptoms on adm	Worsley Capt R.A.M.C.
Md P Hilsea	11	2	18	31	3	18	92 <sup>1</sup> Syphilis	92 <sup>2</sup> Fore on penis. Wassermann positive. Vidette 11238. Goshly. To continue treatment as out pt. Fit to rejoin unit. Urinary discharge. G.C. present. Urigation & Pot. Permang. Fit to rejoin unit.	J. Hunter W.B.	
Md H Hilsea	5	18	13	5	18	20	Gonorrhoea		J. Hunter W.B.	
3rd London Gen Hospital, Wandsworth	30	10	18	6	1	19	G.S.W. R am	68.	Wounded 25.10.18. F.B removed from pressure good recovery	Worsley Capt R.A.M.C.
Hilsea	21	1	19	15	2	19	94 <sup>1</sup> Gonorrhoea	26	Ant: 7 prob. Infection. G.C. found. Urination & P.H. Permang. Fit to rejoin unit	Worsley Capt R.A.M.C.





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

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

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

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

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

Name in full *Wheeler, Charles*

Regiment from which discharged **Royal Newfoundland**

Regimental number *2864.*

Intended address *Triggard H. Kelly*

Height on discharge *5ft 6*

Color of hair on discharge *black*

Complexion *dark*

Color of eyes *blue*

Descriptive Marks *no dim.*

Figure on discharge *no dim.*

Christian name of Father *Amelia Ann*

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 *Triggard H. 24-12-1894*

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) *C Wheeler* *Ho*  
(Rank)

Station \_\_\_\_\_ Date *16-6-19.*

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 \_\_\_\_\_



The Royal Nfld. Regiment

DEMOBILIZATION

No. *2864* Rank

Name *Whitely*

Warned for demobilization on



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

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

1. Unit and Corps. *Royal A.F.L.P.*
2. Regtl. No. *2864*
3. Rank. *Pte*
4. Name *Wheeler* *Chesley*  
(Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 (d) Particulars of Pension or Gratuity (if any)
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

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

### Statement of Case.

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

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

14. State whether the disabilities are
- |  | (a) attributable to     | (b) aggravated by |
|--|-------------------------|-------------------|
| (i.) Service during the present war .. .. .                | ✓                       |                   |
| (ii.) Previous active service.. .. .                       | ✓                       |                   |
| (iii.) Climate in pre-war service .. .. .                  | ✓                       |                   |
| (iv.) Ordinary military service before the war .. .. .     | ✓                       |                   |
| (v.) Serious negligence or misconduct on the man's part. } | U.D.G and U.D.S. (Care) |                   |
- 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, &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.)*

*Complains of no disability -*

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

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

*Repatriation*

*W.E. Procurier, Cap R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hanley*

Date *2-7-37*

\* 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

**SYPHILIS CASE-SHEET.**

Regtl. No. *2864* Rank and Name *Pvt. Whelan, C.* Corps *1st Inf. Div. H.*  
 Placed on Syphilis Register at *Helena* on *11-2-18* No. in Register *1915*  
 Disease contracted at \_\_\_\_\_ Primary sore appeared on (date) \_\_\_\_\_

**CONDITION WHEN PLACED ON REGISTER.**

Primary sore—character and site *Balanitis, unable to retract fully. In*  
*durated, nodule felt under prepuce.*  
 Lymphatic glands *Doubt in genital part, cerv. adenitis.*  
 Skin (nature and distribution of rash) *Normal*  
 Mucous membranes *Normal*  
 Other symptoms *Nil*

Examination of exudate from sore—*Spirochaeta Pallida* (present or absent)

Examination of blood serum — Method employed (original or modification) *Inguinal*  
 Wassermann reaction { Result (positive or negative) *Positive*

Station *Helena* Date *9/5/18* Signature of M.O. *J. J. ... Capt. R. H. ...*

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register { (a) Recovered }  
 { (b) Transferred to Army Reserve }  
 { (c) Discharged from Army }

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_

11.—On completion of a course of treatment a red line is to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.18." The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine	Wassermann Reaction	Treatment				Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialed)			
						Normal (N) Albumen (Alb.)	Method (Original (O.) Modification (M.)	Result (Positive (+) Negative (-))	Arterial		Intravenous Injection. Dose in grammes	Mercurial	Other Methods
Hiloca	11-2-18	admitted to Hospital											
	14-3-18	WASSERMANN. + + +											
		WASSERMANN. + + +											
	27-3-18			N				.45					
	27-3-18		B.G.						+				
	3-4-18			N				.45					
	3-4-18		B.G.						+				
	10-4-18			N				.45					
	10-4-18		B.B.						+				
	17-4-18	WASSERMANN TEST RESULT + + +		B.B.					+				
	1-5-18			N				.6					
	1-5-18		B.B.						+				
	8.5.18			N				.6					
	8.5.18		B.B.						+				
	15.5.18			r				.6					
	15.5.18		B.B.						+				
	22.5.18			r				.75					
	22.5.18		B.B.						+				
		WASSERMANN TEST RESULT neg											

*Janet  
Capt. R.A.F.*

*Red*

The O.C.

2/1st Bde. Regt. H Coy.  
Hayley Down. Winchester.



Please note that No. 2864 Pte. Wheeler. b.  
will be discharged hospital to-morrow, the 13.5.18. He will be required to  
attend here at 9.30 a.m. on as below for further treatment.  
As he will be detained until 5.30 p.m., kindly send one day's rations with him,  
but no meat. If unfit to return the same day, he will be kept overnight, and  
you will be notified accordingly. It is essential for his future efficiency  
that he attend regularly at the time and dates given. Patient should have a  
bath and put on clean underclothing, or if this be impracticable, clean socks,  
on the morning of his attendance.

Please acknowledge receipt of this memo, and state if the man  
can and will attend on the dates named, as numerous cases occur where men do  
not attend, resulting in loss of time in their becoming efficient and fit for  
active service.

Kindly note that this man is not fit for transfer to any other  
station, until his treatment is completed.

May 15. 22.

29. Wass. West.

W. G. Clements.

Lieut. Colonel R.A.M.C.  
Officer in Charge.

July 21, 1919

#2864 Pte. Chesley Wheeler,

Rizzards Hr., N.D.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 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, *Chesley* ..... 2. Surname, *Wheeler* .....

3. Rank, *Che* ..... 4. Regt. No. *2864* .....

5. Address in full to which future payments of gratuity are to be forwarded, *Sizzards St. N.S.B* .....

6. Date of enlistment in the Regiment, *June 12/16* .....

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

8. Relationship of such dependents, .....

9. Address in full of such dependents, .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service, *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas, *From June 12/16* .....

*To June 17/19.* .....

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

*No*

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

*No*

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

*No*

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

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

*No*

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

*No*

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

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

*No*  
*17/19*  
*Temporary*

*Rehabilitation*

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 - from Sept 1914 to Oct 21/18 - Monchy, Guisby, Beaubert, Woubecke, Caillotte, Valenciennes*

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.



his  
-5- Chesley X wheels

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17th

day of

June 19, 1911

Mark A. N.S.B.  
St. Johns field

John M. Carthy

Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, 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.	



3 1st. NEWFOUNDLAND REGIMENT 11

ALLOTMENTS

*Chesley Wheeler*, Regl. No. *2864*  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
*fifty* Dollars and *00* Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
concerned, viz.:

Allotment begins *August 7/16*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in full)	ADDRESS	AMOUNT (each person)
<i>2719</i>	<i>not</i>	<i>Mustakow Wheeler (Amelia)</i>	<i>Tigyard H 0 B N.S.P.</i>	<i>50</i>

Total Allotment, \$

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.) *Chas. H. Aye Capt.*  
Officer Commanding  
to Company  
*John*  
July 27 1916.

(Sig.) *Chesley Wheeler*  
(Rank) *Private*  
*with address*

Reg. No. *2864* Rank *Pte* Name *Wheeler C.*

Attested ..... Address *Jaggard HI*

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

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

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

DEMobilIZATION OFFICER

*16.6.19*

*1.7.19*

DISCHARGE APPROVED ON DEMOBILISATION.

**Casualty Form—Active Service.**

Regiment ~~or Corps~~ 1st. Royal Newfoundland.

Rank Pte. Surname Wheeler Christian Name Wesley

Religion Methodist Age on Enlistment 23 years 4 months.

Enlisted (a) 7/6/16. Terms of Service (a) Duration Service reckons from (a) 7/6/16.

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 i/c Records. [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				
		Embarked ...		31 AUG 1918	
		Disembarked...		1 AUG 1918	
		ARRIVED P.I. B. D.		2 85	
		Joined Battalion		5 SEP 1918	
	36 CCS	Wounded in Action	29-9-18	50 7947	
	25 Gun Sq	"G.S.W."	Hardelot	30/9/18	A.A. 29693.
	1 Coursep	Ad. Wounded	Boulogne	3/10/18	A.A. 29795
12/10/18	"D" Coy	Amused	Loos	11/10/18	A.A.
		Re-engagement		19/10/18	
		Wounded in Action		25/10/18	
	36 CCS	Ad GW Amused Boulogne	Yield	26/10/18	B 28607
	83 Gun Sq		Boulogne	27/10/18	A.A. 30982
	St. Denis	Transferred to England	"	30/10/18	W 3088.

Wounded. Capt  
 Fox Officer i/c No 1 Infantry Section  
 3rd Echelon, General Headquarters

(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) Signalist, Shoeing-smith, &c.

Rest of K. [Signature], Mr. [Signature] Wheeler [Signature] [Signature] [Signature]

**Casualty Form—Active Service.**

Regiment or Corps 2<sup>nd</sup> Newfoundland

Rate Pte Surname Walter Christian Name C. Harley

Religion Methodist Age on Enlistment 23 years 4 months

Enlisted (a) St. Johns Terms of Service (a) Duration Service reckons from (a) 7.6.16

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. D. Howarth Qualificat



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				
		Embarked <u>Folkestone</u>	<u>3.6.17</u>		
		Disembarked... <u>Boulogne</u>	<u>3.6.17</u>		
		Joined Battalion	<u>2 JUL 1917</u>		<u>B 213</u>
<u>1.9.17</u>	<u>89 F.A.</u>	<u>Ad. &amp; trans. f. U. S.</u>	<u>14.6.18</u>	<u>1.9.17</u>	<u>E.A. 9897</u>
<u>10.9.17</u>	<u>65 661</u>	<u>Ad. N.Y.P. ? T.B.</u>		<u>8.9.17</u>	<u>E.D. 433</u>
	<u>"St. Andrew"</u>	<u>Invalided to England in</u>		<u>16.9.17</u>	<u>W 3083</u>
		<u>2 Aust. S.H., Boulogne</u>			

Salmon  
MAJOR

G/1/a No. Reg Infantry Section  
G.H.Q. 3rd Echelon

(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, Shoening-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Crispin & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (605) W5017/2124 1000m 6/11ms 53 58

Forms  
B. 121.  
29.

Regiment of

Newfoundland

Number of Sheet

First

Signature of O. C. Company

J. Fleming  
Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. 2801 Sgt. Wheeler		Age on <u>27</u> years <u>4</u> months		Fishermen	
Place and Date of Enlistment		St. John's 17/6/16.		Methodist	
Period of		with Colours <u>3</u> years <u>3</u> months		St. John's	
		with Reserve <u>3</u> years <u>3</u> months			
Joined	Date				
Joined	Date				
Joined	Date				
Joined	Date				

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
N.P. School	14.3.17	Pte.		Absent from tattoo till 10 <sup>25</sup> pm	Sergeant	2 days C.B.	2.3.17	Capt. Robertson	
"	18.3.17	"		" " " " 10 <sup>5</sup> pm	Cop. Quirk	3 days C.B.	19.3.17	Capt. Robertson	
"	22/3/17	"		" " " " 10 <sup>30</sup> pm	Cop. Lynch	4 days C.B.	24/3/17	Capt. Robertson	
Camp	21-4-17	"		" " " " 10 pm	Cop. McWhirter	3 days C.B.	23/4	Capt. Robertson	
"	28.4.17	"		Breaking out of barracks whilst a defaulter and remaining absent until apprehended by R.P. about 11 <sup>20</sup> pm.	Cop. Paine	48 hrs detention	28.4.17	Capt. Whiteaker	Forfeits 1 day's pay
Blushion	16/4/17	"		Absent from tattoo till 10.10 pm (bank)	Cop. Lawrence	3 days C.B.	17/4/17	2nd Newman	H.M.
"	18/4/17	"		Absent from defaulter's parade from 2.30 pm to 4 pm 18/4/17	Cop. Roberts	48 hrs detention	17/4/17	48/2nd Seymour	H.M.
"	11/2/17	"		Absent from tattoo till 11.15 P.M.	Sergeant	4 days C.B.	12/2/17	Major March M.C.	Forfeits 1 day's pay
Camp	4/8/19	"		Absent from draft leave from Monday 4-8-19 until created back at 1 am on the 7-8-19	Cop. Killian Cop. Hayward	10 days detention		Capt. Paine	Forfeits 1 day's pay
				Demobilized 15/7/19.					

Army Form B. 121.

Hayden Sam	21 9/19	pk
90.	22 7/9	"

Brought forward  
Leaving Sandeart  
Pernice  
About from tallo & riville

Sgt. Parker  
Cpl. Caravan

9 day C.A.  
2.. C.B.

22 9/19  
22 7/9  
Capt. White  
Capt. Whitty

9/19  
22

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2864 Rank Pls. Name Wheeler B.  
 Date of Enlistment 6-6-16 Address Liggins H. District 2 Gate  
 Occupation Soldier Classification for Discharge By Medical Category A  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	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	2	<u>1238-1</u>	" 6	
B 179c	B 120	M 93				

Date 16-6-19

H. M. S. H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am B. Wheeler 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~~ Amelton

Date 17-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *Pn 1833* to his home at *Jozzandes* and Release Certificate No. *2877* issued.

Date

*17-6-19*

*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

Date

*17-6-19*

*15-7-19*  
*H.M. [unclear]*  
Depot Paymaster.

Discharge approved for

*1-7-19*

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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<i>1238-1</i>	" 6
B179c	B 120	M 93		

Date

*17-6-19*

*J.A. Snow Capt.*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

*JUL 1 1919*

*R.H. [unclear] Capt.*  
O. C. Discharge Depot.

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

Date

*July 1, 1919*

*[Signature]*  
O. C. Discharge Depot.