



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2075 Name Ernest W. Wheeler Corps C of E.

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

1. What is your name? ..... 1. Ernest W. Wheeler
2. What is your full Address? ..... 2. 19 Longville St. St. Johns
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 20 Years ..... Months
5. What is your Trade or Calling? ..... 5. Seaman
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

I, Ernest 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.

Ernest Wheeler SIGNATURE OF RECRUIT.  
Geo W Pittman Signature of Witness.

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

I, Ernest 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. Johns on this 16 day of May 1918  
Signature of Attesting Officer Asst. Dirks Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

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



Reg. No. 5075 Rank Pte Name Wheeler Ernest

Attested 16-5-18 Address St. John.

Allotment 50 Allottee Louie Wheeler (Mother)

Date of Allotment 1-7-6 Returned from Overseas

Embarked for Overseas SEP 20 1918 Cause

4 Report 1-6-18 reported for duty 1-6-18.

1918 Dec 20 1918 1st Ind.

M.A. 17/4/19 - 19/6/19

15-5-15. Admitted to Barracks. 20-5-15. Discharged from Barracks 15/6/19

CR 5075  
Army Form B. 179A

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 New Foundland*
- 2. Regtl. No. *5075*
- 3. Rank. *Pvt*
- 4. Name *Wheeler Ernest*  
(Surname) (Christian Names)
- 5. Age last birthday. *21*
- 6. Posted for duty on ..... at .....  
in category (or grade) .....
- 7. Former Trade or Occupation } *Transfer*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

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

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

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

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

*No Complaints 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. Percussion. Capt R.D.M.C.*  
 Medical Officer in charge of case.

Station ... *Mazley Down*

Date *11/11*

\* 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

C.R. 5075

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED BY Officer i/c Records from noted date, 30-7-19.

5075, Pte. E. Wheeler.

C.R. 5075

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  
APPROVED by O.C. Discharge Depot with effect from 16-7-19

5075 Pte. E. Wheeler.

C.R. 5075

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, July 24th 1919.

5075 Pte. E. Wheeler.

Reported at Headquarters 1-7-19 on "Massandra" which sailed  
Glasgow 24th June, 1919.



C.R. 5075

**Extract from Daily Orders By Major H.S. Sullivan,  
Commanding Newfoundland Forestry Company, 6-2-45.**

The undermentioned having reported for duty from 2nd Bn. Royal Nfld. Regt. is attached to the strength for rations, from this date and posted to "B" Company.

5075 Pte. W. Wheeler.

C.R. 5075

Extract from telegram to Synoptical London, Dec. 11th, 1918.

With reference my telegram Nov. 8th 5075 Wheeler  
please report what action has been taken.

C.R. 5075

Extract from Telegram to Synoptical, London, from Military,  
St. Jehn's, dated Nov. 8th. 1918.

Instruct 5075 Wheeler to cancel present allotment and  
declare one in favour of wife. Wire particulars.

C.R. 5075

Extract from Hospital Roll obtained St. John's for Overseas.  
Sept. 22, 1918. "H"

5075 Pts. Wheeler Ernest.

C.R. 5075

Extract from Daily Orders Part 11 Unit The Royal Wfld.Regt.,  
St. John's, Sept.21/18.

5075 Pte. E. Wheeler.

Permission has been granted marginally noted Soldier to marry  
Miss Nora French, of St. John's Wfld.

C.R. 5075

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated August 20th, 1918.

5075,, Pte. E. Wheeler.

Discharged from Barracks Hosp. 20-8-18 and admitted

C.R. 5075

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 17, 1918

#5075 Pte. E. Wheeler

Attested for General Service with the Royal Hfld. Regt.  
from 16.5.18 to report 1.6.18

E. Wharles

C.R. 5075

~~1110~~

X



ORIGINAL

NEWFOUNDLAND CONTINGENT

ENTERED
PAY LEDGERS
NUM. NO. P. <i>138</i>
ALLOT. INDEX
REGISTER
EXAMINED

CANCELLATION OF ALLOTMENT

1. I, (No) 5075 (Rank) Plt (Name) Wheeler, E.  
 hereby apply for cancellation of Allotment made by me on N.F.P./11  
 No. 4145 dated July 1/18 in favour of  
4823. Mother. Lucie Wheeler 79 Lingo Hill  
 for 50 cts per diem.

Such cancellation to take effect on the 30<sup>th</sup> day of  
November 1918

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

Dated at Hazlet Drive Camp.  
Nov. 21 - 1918

Ernest Wheeler  
 Allotter:

Approved and Witnessed:

J. M. Lunn  
 O.C. "C" Company.

COPIES SENT		
TO	NO.	DATE
M. of M.	<u>1938/195</u>	<u>27/1/18</u>
O.C. 1st. Bn.		
.. 2ND. BN.		

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

ORIGINAL

ENTERED
PAY LEDGERS
NUM. ROLLS <i>P.P.A.</i>
ALLOT. INDEX
REGISTER
EXAMINED

*K. 5021*

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) *5074* Rank) *Pte* (Name) *Wheeler E.*

hereby agree, until further notification by me, and in required form, to make an Allotment of \_\_\_\_\_ dollars and *50¢* cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ &
<i>Wife</i>	<i>Mrs Nora Wheeler</i>	<i>67 Mess meeting Rd. St John's Newfoundland</i>	<i>50</i>
			<i>50</i>

This Allotment to take effect from and including *December 1st 1918*

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P. & R.O. C.L. 10, 9/12/18

(Sig.) *J. M. Linnell*  
Officer Commanding,  
"C" Company.

Dated at

*Mazely Down Camp*  
*Nov 21st 1918*

1921/195
1911/2

(Sig.) *Ernest Wheeler*  
Allotter.









1145 ✓  
4/2/19

From: O.C. "C" Coy.  
2/Lst. Bn. R. Nfld Regt.

To: Chief Paymaster.

C.P.&O.i/c Records,  
Newfoundland Contg.  
58, Victoria St, S.W.1.

Officer Commanding,  
2nd. Bn. R. Nfld. Regt.  
Hazeley Down Camp,  
Winchester.

WF/MN

2958

Pay & Record Office.


19th. February, 9

5075. Pte. Wheeler, E.

The above named Soldier states that his wife Mrs. Nora Wheeler 67, Merrymerting Rd St. John's, N.F. has not yet received either his allotment money or her separation Allowance although he has left Newfoundland some five months ago. As this is a matter of some urgency will you adjust by cable, please.

(Signed) G.M. ? (Capt)  
2nd. Bn. R. Nfld. Regt.

Reference obverse:  
Pte. Wheeler had an allotment in favour of his Mother of 50¢ per day which was cancelled 3/11/18, new allotment 50¢ per day in favour of his wife did not become effective until 1/12/18, consequently first payment would not be made until January, 1919, please.

  
Captain.  
Asst. Paymaster.  
Chief Paymaster & O i/c Records.

Wheeler, E

5075

Sept



The Paymaster

Dep<sup>t</sup> of Militia

Sir,

I hereby solemnly affirm  
that the allotment paid to me for  
October and November 1918, on account  
of my son No. 5075 Pte Ernest Wheeler,  
was passed in full to his wife, Mrs  
Norah Wheeler.

ST. JOHN'S, NEWFOUNDLAND

DEPARTMENT OF MILITIA



NOTICE

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)  
(Information for Board of Review)

W I F E

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each Statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate or Justice of the Peace and returned to:-

THE PAYMASTER  
Separation Allowance Branch,  
St. John's, NEWFOUNDLAND.

*5021*  
*50 4 per commented*  
*1/8/18*  
*for wife*

1. Name in full of soldier. Rank. Reg't of Unit. Reg't No.  
Ernest Wheeler Private 1st Newfoundland Reg 5075.
2. Age of soldier. Married or single.  
26 yrs. Married
3. Name in full of wife.  
Margaret Wheeler
4. Address in full.  
67 Murrayparking Rd., St. Johns.
5. Date of marriage. *Embarked on Sept 22*  
Sept. 20: 1918.
6. Place of marriage.  
Cathedral C. of E.
7. Did marriage take place since soldier's enlistment.  
yes.
8. Was Commanding Officer's permission obtained? If not, why?  
yes.
9. If not married, how long have you been dependent on the soldier for your maintenance, and supported regularly by him on a bona fide permanent domestic basis.
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated.  
no - were not married
11. Is separation a legal one?

*J. A. D.*

12. If legal, are you in receipt of alimony? If so, state amount.

13. If not legal, how long since your husband contributed to your support? Explain fully

14. State amount of allotment received by you from soldier monthly

*\$15.00*

15. From what date have you received allotment.

*From Dec<sup>19</sup>: 1918.*

16. Names of children. Age last Birthday. Names of Children. Age last Birthday.

*No children*

17. Are you already in receipt of Separation Allowance from any Source? If so, state amount.

*No.*

18. Are you in receipt of payment from any Patriotic Fund? If so, how much?

*No.*

19. Have you made a previous claim for Separation Allowance, If not, why? Give particulars.

*No. Have been to District Office but could get no satisfaction.*

20. Was your husband at the time of his enlistment an employee of the Nfld. Government?

*No*

21. In what capacity and in what place.

22. Is he in receipt of a salary as such while serving in the Nfld. Regiment. If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant... *Norah Wheeler 67 Merry meeting Rd*

Place of residence... *67 Merry meeting Rd. St. John's*

Declared and subscribed before me  
at St. Johns, N.Y.C.

this 9th day of January 1919

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

This application must be signed by two responsible parties  
one of whom must be a Clergyman, the other a representative of your  
local Patriotic Fund Committee, certifying that to the best of their  
knowledge, after careful enquiry, the above statements are correct.

Signature of Clergyman... John Brennan

Signature of member of Patriotic  
Committee... Thomas Joseph Ed Court

**M.B.** Marriage Certificate must accompany this application, and will  
be returned after perusal. If marriage is after enlistment,  
Commanding Officer's permission in writing must be forwarded.

*Approved 13/1/19.*  
*J.P.B.*  
*W.P.A.*  
*[Signature]*

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

# MEDICAL HISTORY

Surname Wheeler OF Christian Name Ernest

Table I.—GENERAL TABLE.

Birthplace:—Parish S. John County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	16 day of May 1918	S. John		
Declared Age	26 years			
Trade or Occupation	Seamster			
Height	5 feet 5 1/2 inches			
Weight	118 lbs.			
Chest Measurement	Girth when fully expanded	34 inches		
	Range of Expansion	3 1/2 inches		
Physical Development				
Vaccination Marks	Right		Right	
	Left	1 Scar	Left	
When Vaccinated	7 Nov 1910			
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>Laminus Paterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at S. John		at	
	on 16 day of May 1918		on	day of 191
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	1075	Regtl. No.	
Transferred to	Nfld Regt			
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191





## 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 *Ernest Wheeler*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5078*

Intended address *29 Cook St.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Lulu*

Wife's maiden name in full *Kora French*

Date and place of marriage *St John's, Sept. 21<sup>st</sup>, 1918*

Christian names of children *Kellie*

Place and date of soldier's birth *St John's, Oct. 6<sup>th</sup>, 1895*

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)

*Ernest Wheeler* (Rank) *Pvt.*

Station **ST. JOHN'S.**

Date *14-2-19*

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.



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

Date

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

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

1. Unit and Corps. *Royal Newfoundland Regt.* Former Trade or Occupation } *Steamer*
2. Regt. No. *5075* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps with Regt. Nos.
4. Name *Wheeler Ernest*  
(Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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

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

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

*The complainant 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.

*Reputation*

*W. E. Prosser, Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Hazley Down* .. .. .

Date *11/4/19* .. .. .

\* 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.

## 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.

*E. Wheeler*

Signature of Man.

*M. Blomster*

Reg. No. 5025

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

16-7-19

191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 8075 Rank Plt Name Whieder E  
 Date of Enlistment 16 2 18 Address 39 Brook St District St John's  
 Occupation Scrameter Classification for Discharge E1 Medical Category A.1  
 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 10 7 19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

E Whieder

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

Chas. Hunter Lt

Date 16 7 19

O i/c. Re-clothing.

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home

at 39 600th St and Release Certificate No. 3662 issued.

Date 16-7-19

*Ambleton*  
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 30-7-19.

Date 16-7-19

*H. News H*  
Depot Paymaster.

Discharge approved for 14-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
E 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 178a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 17-7-19

*Ambleton*  
Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 16 1919

*N.R. Coope Capt*  
O. C. Discharge Depot.

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

Date .....

# 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

*July 15/19*

Regimental No. *5075*

Name

*Wheeler E.*

Address

*29 Cook St*

Present Medical Category

*A1*

Recommended for:— (a) ~~Immediate~~ discharge

(b) ~~Standing Medical Board~~

*L. R. Cooper Capt.*  
O. C. Discharge Depot.

Members of Board

*Waterson*  
Senior Medical Officer

M. O. Depot

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5075 Rank Pte Name W. Heeler  
 Intended place of residence 39 Cooke St - St John's

2. Occupation Teamster  
 Classification of soldier E Medical Category A 1

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 JUL 16 1919

J. M. St. John  
 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 JUL 16 1919

E. W. Heeler  
 Signature of soldier

W. M. Clouston  
 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 JUL 16 1919

E. W. Heeler  
 Signature of soldier

James O. Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 No. of days on Military  
 Discharged from service JUL 16 1919 Plus 14 days Service 441

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 16 1919

J. R. Cooper Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 30 1919

M. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

ASB 2079/3268

July 30th 1919.

#5075, Pts. E. Whelan,  
39, Cook Street.

Dear Sir:

Enclosed please find Discharge Certificate # 3268.

Yours truly,

Capt. & Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *Ernest* ..... 2. Surname..... *Wheeler* .....
3. Rank..... *A/C* ..... 4. Regtl. No..... *507<sup>th</sup>* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *39 Coak's St. City* .....
6. Date of enlistment in the Regiment..... *Nov. 16/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Mrs. Hannah Wheeler* .....
8. Relationship of such dependents..... *Wife* .....
9. Address in full of such dependents..... *39 Coak's St. City* .....
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..... *Fourteen months* .....
- ..... 1. *2* .....



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.

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

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

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

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

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

19. Are you now serving in the Regt? If not give: (a) date of discharge *July 24/19* (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.  
*Scotland, and*

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: *E. Wheeler*

Place of Residence: *39 Cook Street City.*

Declared before me at: *St. John's*

This *17* day of *July* 19*19*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. Carthy J.P.*

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



ST. JOHN'S, JUL 16 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Lt. E. Wheeler

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> /19 to July 16<sup>th</sup> /19

5025 - Lt. E. Wheeler 16.60

*B. M. Lee*

ACCOUNT	<u>3142</u>	INITIALS	<u>Lee</u>
CH. NO.			
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
QZN. LEDGER		INITIALS	

Certified correct for \$ 16.60

M. J. McEwen  
Billeting Officer.  
E. Wheeler

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

Army Form B. 121.

Forms  
B. 121.  
99.Number of Sheet 02Regiment of Royal New ForestSignature of O. C. Company C. B. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	months		
5075	Wheeler Ernest	26			Leamster	
Joined	Date	Place and Date of Enlistment			Religion	
Joined	Date	16.5.18			C of E	
Joined	Date	Period of } with Colours 176 years. with Reserve 365 years.			Place of Birth	
Joined	Date				St John	

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hagley Down Camp	Nov 27/18	Pte		Drunk & unable to look after himself	Pte Howard P.M.P. Sgt Bradley	8 Days C.B.	28/11/18	Lt. Col. B. J. Barton DSO	<i>J.M.C.</i>
				Demobilized	John's	30/19			

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5073 Rank Plt Name Whitely E  
 Date of Enlistment 16-5-18 Address 39 Broad St District St John's  
 Occupation Teamster Classification for Discharge E1 Medical Category H1  
 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 12-7-19 O. C. Discharge Depot St John's

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

RECEIVED AT HQ.  
E Whitely

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 16-7-19 O i/c. Re-clothing \_\_\_\_\_

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home  
at 39 boat st and Release Certificate No. 3662 issued.

Date 16-7-19

Adelstein  
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 30-7-19

Date 16-7-19

W. H. H.  
Depot Paymaster.

Discharge approved for 16-7-19

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

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

2 Form B

Date 16-7-19

Adelstein  
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 JUL 16 1919

R. R. Cooper  
O. C. Discharge Depot.

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

Date July 28 1919

R. R. Cooper

Reg. No. *5075* Rank. *Plt* Name. *Wheeler E*  
Attested ..... Address. *79 Longs Hill*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas. *JUL 1919*  
Returned on S.S. *Cassandra* Cause. *Discharge*

*15719*  
*16719*

**PASSED TO DEMOBILIZATION OFFICE**

**DISCHARGE APPROVED ON DEMOBILISATION**



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) of 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.

- Unit and Corps... *Royal Dragoon Guards* } Former Trade } *Yeomanry*  
or Occupation }
- Regtl. No. *5070* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- Name... *Tucker* } *Joseph* }  
(Surname) } (Christian Names)
- Age last birthday... *24*
- Posted for duty on..... at.....  
in category (or grade).....
- If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
- If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case:

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

- If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- Date of origin of disability. *nil*
- Place of origin of disability. *nil*
- 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
- |  |       |                     |                   |
|--|-------|---------------------|-------------------|
| (i.) Service during the present war                      | ..... | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service                            | ..... |                     |                   |
| (iii.) Climate in pre-war service                        | ..... |                     |                   |
| (iv.) Ordinary military service before the war           | ..... |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. | ..... |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

*No complaints 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. Trocmier, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazeleytown*

Date *3/4/19*

\* 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