



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4036 Name John Wheeler Corps Militia

Questions to be put to the Recruit before Enlistment.

1. What is your name? I. John Wheeler
2. What is your full Address? } 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 0 Months
5. What is your Trade or Calling? 5. None
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? } II. Yes

I, John 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.

John Wheeler SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John 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..... on this..... day of..... 1911
Signature of Attesting Officer W. H. [Signature]

†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..... 1911
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: John Wilson

Parent age: 31 years 5 months. Height: 5 feet 9 inches

Weight Measurement { Girth when fully expanded: 33 3/4 inches
 Range of expansion: 3 3/4 inches

Distinctive marks: _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin: James Wilson

Relationship: Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

Total Service towards Engagement to: _____ (date of discharge) _____ years _____ days

" " Pensions " _____ (" ") _____ " _____ "

40341



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4034 Name John Wheeler Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>John Wheeler</u> |
| 2. What is your full Address? | 2. <u>T. Fitzgerald Harbor N.D. Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years, <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Postman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, John 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.

John Wheeler SIGNATURE OF RECRUIT.
Robert [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John 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.....
on this 30 day of Oct 1917
Signature of Attesting Officer Robert [unclear]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the rank
If enclosed by special authority, such will be attached to the original attestation.
Date Oct 30 1917
Place St. John's } Approving Officer. [Signature]

† 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 John Wheeler
 Apparent age 31 years 5 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 33 3/4 inches
 Range of expansion 3 3/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Adam Wheeler
Liggards St. N.D. Bay. Relationship Son

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>30-10-17</u>									
Joined at <u>St John's</u> on <u>October 30-17</u>									
<u>Discharged July 15, 1919</u>									
<u>Embarked St John's S.S. Messana to</u>					<u>11-12-17</u>				<u>Embarked</u>
<u>for S.S. 25-5418</u>									<u>for S.S. 25-5418</u>
<u>Joined Battalion in the field</u>					<u>31-5-18.</u>				
<u>Wounded 3-10-18</u>					<u>Admitted 3</u>				<u>Wounds Buttock (Arm Shoulder 4 10/14)</u>
<u>transferred to Coy Land 7-10-18</u>					<u>Admitted 3</u>				<u>then Hosp. 7-10-18.</u>
<u>transferred then sent to Hosp. Wounded 27-12-18</u>					<u>6</u>				<u>for demobilization 22 5/19</u>
<u>Arrived Newfoundland 1-6-19</u>									
<u>Demobilized at St John's</u>									<u>15-7-19</u>

Total Service forfeited as above.....

Total Service towards Engagement to 15-7-19 (date of discharge) 1 years 259 days

Pensions " " " " " " " " " " " "

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

MEDICAL HISTORY

OF

Surname Wheeler Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Liggans Harbor N.D. Bay County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	30th day of Oct 1917	St. Johns	day of	191
Declared Age	21 years	5 Mos	years	days
Trade or Occupation	Fisherman			
Height	5 feet	7 inches	feet	inches
Weight		118 lbs.		lbs.
Chest Measurement	Girth when fully expanded...			
	Range of Expansion..			
		33 3/4 inches		inches
		33 1/4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Wm. Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	30 day of Oct 1917	on	day of 191
	Corps.		Corps.	Regtl. No.
Joined on Enlistment				
Transferred to		1st Nfld Regt 4034		
	ROYAL NEWFOUNDLAND REGIMENT			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	4	10	18	16	12	18.	BullOCKS & SHOULDER STAM. Simple flesh.	70	Wound entrance 3. 10. 18. Salicylic Progen	W. M. M. M. CAPTAIN.
Hazley Down	5	2	19	18	2	19	Influenza	13	Discharged to duty.	C. S. M. M. CAPT., R. A. M. C.

Admitted 7-10-18



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

No. _____ Date 16. 12. 18. 1918
*(1) To the Officer i/c Records } 58 Victoria St
*(2) The Officer Commanding } R Mlad Wmchesber
*(3) The Paymaster } 58 Victoria St Station.
* Strike out that which is inapplicable. 4272 P

Regimental No. 4034

Rank and Name: Plt Wheeler J

Regiment or Corps: R. Mlad.

has been granted a furlough from } 16/12/18 25/12/18

His address while on leave will be } 58 Victoria St

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

Officer in charge: G. J. ... Hospital Registrar, R.A.M.C.I. 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.

Reg. No. 4034 Rank Plt Name Wheeler J.

Attested 30-10-17 Address Tiggards St. N. D. Bay.

Allotment 504 Allotee Adam Wheeler Father

Date of Allotment 1-11-17 Returned from Overseas _____

Embarked for Overseas 11/12/17 Cause _____

Service 1st 30-10-17 2nd 3-11-17 3rd 8-11-17 Vac 10-11-17
H.Q. 16-11-17 to 26-11-17 Rtd 30-11-17

4034 Giggards
Harbour
Sydney, N.S.W.

Dear Sir

Am writing to you to ask you
if there is any way you could
give me a little Pension I served my
time in the army and now I cant make
do its awful hard not have and
thing to live on there is 4 of us in
family if I could get 15 or 20 dollar
amonth it would be a good help
I did not trouble you before now I
been trying to do all I could since
I came home from the war so I
am not to good and cant make
any money to live on will you
try to do what you can to help me
I will be looking forward for a
little help from you answer this will
you and let me know if you can do
any thing for me yours Truly

John Wheeler
Giggards
Harbour
N.S.W.

Love

C.R. 4034

Extract from Daily Orders Post 11 Unit The Royal N.Z.A.
Regt. "In the Field" 31-3-19.

4034 Pte. A. Dawe

Leave to U.K. 19-3-19 to 3-4-19.

C.R. 4034

Extract from daily orders part II Royal Newfoundland Regiment
depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilisation has been
COMPLETED by officer i/o records from noted date.

15-7-19.

4034, rte. John Wheeler.

C.R. 4034

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

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 1-8-19.

4034 Pte. John Wheeler.

C.R. 4034

Extract from Daily Orders part II, Depot ~~Winchester~~
Winchester by Lieut. Col., B. J. Barton, D.S.O.
Officer Commanding 2nd., Battalion of the Royal
Newfoundland Regiment, dated 28-12-18.

The following having reported back from the 1st.,
Battalion ~~is~~ is taken on the strength and
posted to "H" Co., from 27/12/18.

#4034 Pte. J. Wheeler.

C.R. 4034

Extract of Casualties from Pay & Record Office, London
Dec. 18th/18.

4034 Pte. J. Wheeler.

was discharged from the 3rd London General Hospital
16/12/18 and granted furlough to 25/12/18.
Fit for I Duty.

Auth:

A.F. W.3016 from 3rd L.G.H.

C.R. 4034

Dec. 12th 18

Dear Mr. Wheeler:

We have received a cable from our Pay and Record Office stating that your son #4054 Pte. John Wheeler, is progressing favourably and will soon be convalescent. Any further information we get regarding him will be at once communicated to you.

Yours faithfully,



Lieut.

CASUALTY OFFICER.

Mr. Adam Wheeler,
Tizzards Harbor.

VW/MP.

C.R. 4034

Extract from telegram received from Sympson London,
Dec. 11th, 1918.

With reference your telegram Dec. 7th Progressing
favourably 4034 Wheeler.

C.R. ~~404~~
4034

Extract from Telegram to Synoptical, London, dated Dec.
7th. 1918.

Inform condition and whereabouts:

4034 Wheeler.

Copy. For Original see
file # 2946

C.R. 4034

Dec. 7th 1918.

Dear Mr. Wheeler:

I beg to acknowledge receipt of your letter of October 16th, which has just been brought to our notice, enquiring the condition of your sons #2946 Ambrose Wheeler and #4034 John Wheeler, and in reply would state that we have forwarded your enquiry on to our Pay and Record Office, London, and upon receipt of an answer we will immediately communicate with you.

Yours faithfully,

Lieut.

CASUALTY OFFICER.

Mr. Adam Wheeler,
Tizzards Hr.

WWW/MP.

C.R. 4034

Extract from Casualties No. 0. 1731 dated 31-10-18.

4038 Pte. J. Wheeler.

WOUNDED 3-10-18.

C.R. 4034

October 23rd, 1918.

Adam Wheeler,

Tizzard's Hr. N.D.B.

Dear Sir:-

I beg to inform you that additional information concerning No. 4034 Pte. John Wheeler, has been received through the Visiting Committee of the Newfoundland War Contigent Association, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

C.R. 4034

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

List No: H.A. 30084.

4034 Pte. J. Wheeler

1/R. Nfld. Regt..... G.S.W. L. Shoulder Mild.....Adm. 30 Gen. Hos. Calais
4th. October 1918.

C.R. No. 4034

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Oct 10th, 1918**
To **Adam Wheeler, Tizzard's Hr.**

Regret to inform you that Record Office, London, officially reports **No. 4034, Private John Wheeler at 3rd London General Hospital, Wandsworth suffering from G.S.W. buttock**

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. 4034

Extract from Nominal Roll of Sick and Wounded from France.

Admitted 3rd., London General Hospital 7~~2~~10~~2~~18.

#4034 Pte, J. Wheeler.

G.S.W. Buttocks.

NEWFOUNDLAND CONTINGENT. C.R. 4034

Extract of Nominal Roll of Draft No. 46,- 130 Other Ranks from 2nd. Batta
Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.E.F.
Embarked Folkestone, 25/52/8.

4034 Pte. J. Wheeler.

A.Fs. B. 103 (one for
each soldier) sent to
3rd. Echelon, B.E.F.

C.R.

4034

Extract from Nominal Roll of Nfld. Regt. Draft No.46
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone
25-5-18.

4034 Pte. J. Wheeler.

C.R. 4034

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florizel" Dec. 11, 1917.

#4034 Pte. J. Wheeler

C.R. 4034

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Oct. 30th, 1917.

4034 Pte. J. Wheeler,

Attested for General Service with the Nfld. Regt., with
effect from Oct. 30th, 1917.

Wheeler, J.

C.R. 4034

P.V.R.Q.

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* 7. Former Trade }
 or Occupation }
2. Regtl. No. *4032* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name *WHEELER*
 (Surname) (Christian Names)
5. Age last birthday. *20*
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. *Oct 3/18 L.S.W. right buttock*
12. Place of origin of disability. *Ypres*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Oct 3/18 Shrapnel wd. right buttock not healed no disability*

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

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? *Scar sign of 20 piece on inferior surface right buttock. no pain on pressure, no disability*
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the 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— *Repatriation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station *H. G. S. Camp.*

Date *1-8-19*

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

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

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

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

21. Give diagnosis and particulars of:—

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

22. 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 part of the soldier		

Give details:

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

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

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

Cannot trace any Lindon in Nfld
Regiment or Forestry Companies

~~Mr Wheeler 403rd~~
~~1st M. Haysley Down Camp~~
Worcester

NEWFOUNDLAND CONTINGENT PAY & RECORD OFFICE.		
Ref. Nos. IN	2830	
Rec'd	26 MAR 1918	
Ack'd	Ans'd	
Ref. Nos. OUT		
ACTED UPON		
BRANCH	DATE	BY
Comd.		
P & A.		
R. & C.	28/3/18	J
B & E		
P.S.		

82, King, Street,
Ayr,
Scotland,
25 9, 18

Dear Sir,

would you be as kind as send me
Cte Samuel Jack Lindon
Proper address also number
as I have lost his address & cannot answer his
letters. Dear Sir please would you also send
Cte Jack Wheeler Proper Address
& let me know whether he is in England or France
this is his Home Address.

Lyzards Harbour
Pante Dame Bay
Newfoundland.

Please let me have these two addresses as soon
as you can & Oblige.

Yours sincerely,
Sam. Hewitt.

c/o Turners Brewery
Dam Side

a yr
12 9 18

In the absence of any report to the
contrary it is assumed he is serving
with his unit B E F France

Dear Sir,

Could you please give me
an of information with regards this boy.
No. 4034 Pte John Whelle B Coy R W F I O
Reg. as it is such a long time since I
heard from him and oblige.

Miss Betty Beattie

c/o Turners Brewery
Dam Side

a yr
Scotland

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
MT. NOS. IN	1109
REC'D	14 SEP 1918
BY	Jh
MT. NOS. (81)	
BY	
DATE	16/9/18
BY	L
PS.	

X

WFP/BIA sent 4/10/18

3, 10, 18.

82, King, Street,
Ayr,
Scotland.

Dear Sir

Please would you be as kind as to give me some of
information about ^{of} $\frac{2}{4034}$

Pte John Wheeler

B boy

1 Batt Royal N.F.L.D. Reg

B. C. F.

Hence. I am really more
than anxious about him as I have not heard from him for three
weeks Now Dear Sir I will be more than thankful to you if
you will let me have an answer by return

& oblige

Yours very truly

Ran Hewitt

A

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. IN	8541
Rec'd	OCT 1918
Del. Nos. OUT	
Comp.	
P&R	
R.&C	4/10/18
B&F	
P.S.	

To: Chief Paymaster
R. G. F. L. & R. Coy
58. Victoria St.

Please Remit to me or my
Wife, The sum of £. 00
One Pound. That may be
due to me on my account
No 34. St. J. Whelan
R. G. F. L. & R. Coy

Done Oct. 18. 10. 1918.

John Whelan

Approved
J. Whelan

HC



of 1918
Receipt No. 2143
19/10/18

R. G. F.

O.K. £1-0-0 N.R. 4/11/18

Receipt No. 9836

Wm. J. Wheeler 4034

Ward 4

Newfoundland Regt-
3rd London General Hospital
Wands worth SW.

Sir,

I beg to make application 6th 11 18

to draw 1 £ of my credit

trusting you will oblige same

Approved
Wm. J. Wheeler
Mayor.

AC

Wm. J. Wheeler

John Wheeler

P.L.

No. 6625/505

From:

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

NEWFOUNDLAND CONTINGENT

038128 F.P./79

To:

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

30th April 1918

Subject: 4034, Pte. J. Wheeler

With reference to the following telegram (3828) from the Hon. Minister of Militia, received 27/4/18

Pay to 4034 Wheeler £8:4:0

Draft £8:4:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. A. ...
Chief Paymaster & O. i/c Records.

May 8th 1918

Receipt hereunder.

Chas. ...
COMMANDING OFFICER. LIEUT. COLONEL,
Officer Comdg. Battn
1st Newfoundland Regiment

Received the sum of Eight
pounds, 4 shillings on account of
cable remittance from Newfoundland.

John Wheeler

No. _____ Rank _____

3rd London General
Wandsworth

C/c Records

Sir Will you kindly
allow me to draw £2
from my credit

Yours Sincerely

(4034) Pte J Wheeler

Royal H Q & D Regt

at Wandsworth
Schuyler

cash.

AC

OK L 20-0
Receipt 9931
C of 22/1/18



FILE	BRANCH
	INITIALS P.S.H.

OK £1-0-0
Receipt 9468
15/11/18

Plt J. Wheeler
Newfoundland 4034
ward 4
3rd London General Hospital
Dands worth Str
15 11 18

15 NOV 1918
LONDON GENERAL HOSPITAL
WINDMILL, S.W. 18.

I beg to make application to draw
1 £ advance of my credits

trusting you will oblige same

Your Obedient Servant

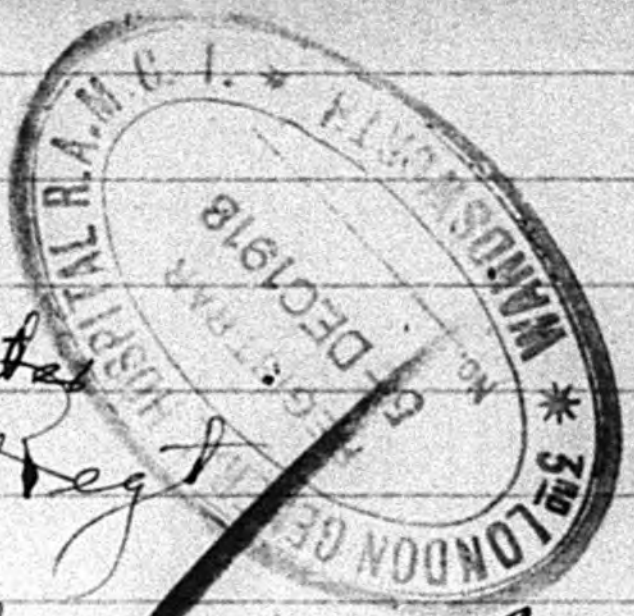
Plt J. Wheeler

P.S.

aptness
to the Comd

OK
Receipt
C.M.K. 1-0-0
10/5/18
15/18

To The Paymaster
Royal Wld Regt



Please pay over the sum of Two
pounds (£2-0-0) and charge the same
to his account

approved
Capt R. W. Wheeler
4034

OK

P.L. 1

No. ⁸⁵⁷ 5850/888

N.F.F./79.

FROM: NEWFOUNDLAND CONTINGENT

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

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

14th April 1919

April 21st 1919

4034 Pte J. Wheeler

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / (134)

J. Barton
COMMANDEUR EN CHEF ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Battalion REGT.
LIEUT. COLONEL.

"Pay to-4034 Wheeler J.
£12. 7. 0.

Received the sum of Twelve

Cheque £12. 7. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Pounds, Seven Shillings in respect of
telegraphic remittance from the,
Minister of Militia.

A. A. Munroe Maj.
Chief Paymaster & O. i/c Records.

John Wheeler
No 4034 Rank C/IC
Witness John

Wheeler, J

4034

Hay Sept

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 16.6.19

Regimental No 4034

Name Wheeler, J.

Rank Pt

Address Lijgards Hc. N D - B

Present Medical Category A 1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

RH Lact Major
O.C. Discharge Depot.

Paterson
Senior Medical Officer

DW Burren
M. O. Depot

July 15, 1919

#4034 Pte. John Wheeler,

Tizzards Harbor, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3033.

Yours truly

Captain,
Paymaster & U.I/c Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 41034 Rank Plt Name Wheeler John
 Date of Enlistment 30-10-17 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 4 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 83		

Date 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

John Wheeler

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 [Signature]

Date 17-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *P. 1817* to his home at *Lizzards Hill* and Release Certificate No. *2838* 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 *15-7-19*

Date *17-6-19* *J.A. Snowball*
Depot Paymaster.

Discharge approved for *1-7-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
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			

Date *17-6-19* *W.C. Constance*
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.

John Wheeler

Signature of Man.

Reg. No. 4034

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Place

At Johns

Date

17-6-18

191

The Royal Mfld. Regiment

DEMOBILIZATION

No. 4034 Rank _____

Name Whuber J _____

Warned for demobilization on

JUN 17 19

July 21, 1919

#4034 Pte. John Wheeler,

Tizzards Harbor, 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 & Raymondter.

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 *John* 2. Surname *Wheeler*
3. Rank *Pvt* 4. Regt. No. *4034*
5. Address in full to which future payments of gratuity are to be forwarded *Tizzardo Av. N.B. Rd*
6. Date of enlistment in the Regiment *Sept. 29/17*
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 field, if so, give dates and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in field or overseas *From Sept 29/17 to June 17/19* 1.3

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

..... *No*

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?.....

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..... (b) Reason for discharge.....

..... *No* *June 17/19* *Due to injury due to utilization*

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 April 1918 to Oct. 1918 - Officer

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

John Wheeler

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Wizards' St. N.B.B.
St. John's, N.J.
17th day of *June* 19*19*
John M. Cooney
J.P.

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

POST DISCHARGE PAY.				Not amount due
Date paid	Sold	Sold	War Service Classify.	due
.....
.....
.....
Certified correct.				Paymaster



Army Form B. 103.

Regimental Number *4034*

Casualty Form - Active Service.

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Wheeler* Christian Name *John*

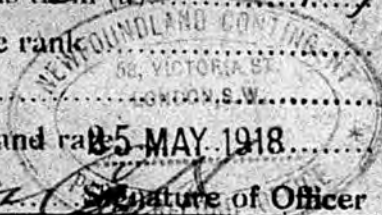
Religion *Meth* Age on Enlistment *21* years *5* months

Enlisted (a) *30.10.17* Terms of Service (a) *Duration* Service reckons from (a) *30.10.17*

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

Extended [] Re-engaged [] Qualification (b).....
or Corps Trade and rate *5-MAY-1918*

Occupation *Fisherman* Signature of Officer *J. M. Wheeler*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 38, 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.38, or other official documents.
Date	From whom received				
			Embarked <i>25-5-18</i>		
			Disembarked <i>27-5-18</i>		
			<i>2nd Battalion</i> <i>31-5-18</i>		
<i>4/10/18</i>	<i>3dus CCL</i>	<i>Ad Wds Putocks, Amr Shovars</i>		<i>4/10/18</i>	<i>527604</i>
<i>7/10/18</i>	<i>Brighton</i>	<i>Transferred to England at 30 June 18 (2nd Gunocks)</i>		<i>7/10/18</i>	<i>W 3083</i>
					<i>0-1/0 No 1 Infantry Section, 3rd Echelon., G, H, Q., B E F</i>

[Handwritten initials]

(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, Sholing, Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
39

Regiment of 1st Newfoundland

Number of Sheet one

Signature of O. C. Company Atkey

Regimental No. and Name	
No. <u>403-1</u>	Name <u>Wheeler John</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on <u>21</u> years <u>5</u> months	Trade <u>Fisherman</u>
Place and Date of Enlistment <u>St. John's</u>	Religion <u>Meth.</u>
Period of <u>30-10-17</u>	Place of Birth _____
with Colours <u>259</u> years.	
with Reserve <u>365</u> years.	

Good Conduct Badges, Service pay or proficiency pay _____

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Regency Barr Camp</u>	<u>26¹²/₁₈</u>	<u>Pvt</u>		<u>Absent from 0001 26¹²/₁₈ until 1200 27¹²/₁₈</u>	<u>Sgt. Goss</u>	<u>Admonished</u>	<u>30¹²/₁₈</u>	<u>S. MacLeod</u>	<u>Forfeit 2 days Pay by P.M. 28/18</u>
<u>Demobilized St. John's, 15/19</u>									
To be carried over									

Army Form B. 121



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 *Wheeler John*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4034*

Intended address *Hazard St. Harry*

Height on discharge *5* Feet

Color of hair on discharge *Grey*

Complexion *Sandy*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Adam*

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 *Hazard St 31-5-1901*

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) *John Wheeler*

He
(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 Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4034 Rank Pte Name Wheeler Jk
 Intended place of residence Buzzards Mt
 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 Jk Missicut
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 16 1919
John Wheeler Jk
 Signature of soldier
Am Winston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 16 1919
John Wheeler
 Signature of soldier
W. J. Balon Quis
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30-10-17 No of days on Military
 Discharged from service 1-7-16 PLUS 14 DAYS Service 624

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
R. H. Last Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUL 1 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns, Nfld
July 15/1919
Am Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

AG/B 2079/3033

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 Land* 7. Former Trade or Occupation }
 2. Regtl. No. *4034* 3. Rank... *PT* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *WHEELER* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday... *20*
 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 (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
 11. Date of origin of disability. *3rd Oct '18 L.S.W. right buttock*
 12. Place of origin of disability. *Ypres*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *On 3rd Oct. '18 Shrapnel wd. right buttock not healed. no disability*

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

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? *Scar size of 20 cent piece on inferior surface rt. buttock. no pain on pressure. no disability*
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the 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— *Repatriation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Station *Haystack Down Camp*

Date *8-1-19*

Medical Officer in charge of case.

* 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.

14034

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1034 Rank Private Name Whitaker John

Date of Enlistment 30-10-17 Address St. John's District St. John's

Occupation Fisherman Classification for Discharge E Medical Category A1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

John Whelan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable A. G. [Signature]

(b) Clothing Supplied [Signature]

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. 1817 to his home at Siggards Hill and Release Certificate No. 2858 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 15-7-19

Date 17-6-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 1-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1	1/2 Form B
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			

Date 17-6-19

W.M. Lamb
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 July 10/19

J. McLeath 7/19
i/c Records

Reg. No. *4034* Rank *Pte.* Name *Wheeler J*

Attested Address *Luggard St*

Allotment Allottee

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

Returned on S.S. *Corican* Cause *Discharge*

16.6.19

1.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

September 28th., 1938.

TO WHOM IT MAY CONCERN:

Re - 4034, John Wheeler,
Tizzard's Dr.

Kindly furnish the marginally named with
First-Class Passage to St. John's (including
(meals if on train, not exceeding One Doll-
ar each), charging same to this Department.

Yours very truly,

J.A. MCGRATH,
Clerk, War Pensions.

M-4034

September 28th., 1938.

Mr. John Wheeler,
Tizzard's Hr.

Dear Sir:-

In reply to your letter of the 13th September I am instructed to inform you that the Medical Adviser has agreed that you should come to St. John's for examination in order to determine the extent of your disability due to War Service.

I am enclosing herewith authority for first-class transportation, and immediately on your arrival at St. John's you should report at the Department of Public Health & Welfare.

Yours very truly,

J.A. MCGRATH,
Clerk, War Pensions.