



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5644 Name W. W. Helan Corps Inf

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. William W. Helan
2. What is your full Address? 2. Corps C. B. Coy
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 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? 11. Yes

I, W. W. Helan 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.

William W. Helan
SIGNATURE OF RECRUIT.

10/10/15
W. W. Helan

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 191

Signature of Attesting Officer Arthur H. H. H.

†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 } Approving Officer.
Place }

† 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 Wm. N. Helan

Apparent age 16 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm. N. Helan
Capt. C. Bay | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5644 Name Wm N. Selan Corps Inf

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William N. Selan
2. What is your full Address? 2. Corps. C. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. Labourer
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, Wm N. Selan 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.

William N. Selan SIGNATURE OF RECRUIT.
Signature of Witness.

10/6/15
Wm N. Selan

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm N. Selan 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 on this 10 day of June 1915

Signature of Attesting Officer Edwards

†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).....

DESCRIPTIVE REPORT ON ENLISTMENT

5644

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

Name Wm N. Nelson
 Apparent age 18 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm. N. Nelson
Campids C Bay | Relationship father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-6-18</u>									
Joined at <u>St. John's</u> on <u>June 10-1918</u>									
<u>Discharged St. John's Aug. 24/1918</u>									
<u>Admitted General Hospital 16-7-18</u>									
<u>Discharged do do and admitted Barracks Hosp. 9-7-18</u>									
<u>Discharged Barracks Hospital 15-7-1918</u>									
<u>Discharged Medically Unit 24-8-18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 24 8 18 [date of discharge] years 76 days
 " " Pensions " " " " " " " " " " " "

C.R. 5644

Extract from Daily Orders Part 11 Unit St. John's Sept. 7th 1918.

#5644 Pte. Wm Whelan.

HAVING BEEN FOUND MEDICALLY UNFIT ARE STRUCH OF THE STRENGHT
FROM 2/9/1918.

C.R. 5644

Extract from Daily Orders Part 11 Unit The Royal Rfld.

Regt. St. John's, dated 14-8-18.

5644 Pte. W. Whelan.

Granted leave from 10-18 to Spt.10-18.

C.R. 5644

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

5644, Pte. Whelan, W.

Discharged from Donovans Convalescent Hospital, 6/8/1918.

C.R. 5644

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#5644 Pte. W. Whelan.

Discharged from Barracks Hospital 15-7-18

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 shall 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	Recd.	By	Sent	by	Check

Dated **June 24/18**

To **Whelan**
Station Agent Brigus.

Beg to inform you that 5644 PTE. William Whelanis convalescent.

W.R. Rendell Lieut. Col.

for Minister of Militia.

C.R. 5644
Counter No.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's,

Line Number	Rcd	By	Sent	by	Check

Dated June 22, 1918.

To Whalen (Agent) Brigus Station.

Beg to inform you that No. 5644 Pte. Wm. Whalen

Convalescent.

Lieut. Col. W. F. Rendell C.S.O.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 **June 18th, 1918**

To **William Whelan, Cupress C.B.**

Regret to inform you no improvement condition 5644 Pte.
William Whelan. at General Hospital.

W.F. Rendell, ~~Chief Staff Officer~~
Chief Staff Officer.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated **June 20th 1918.**

To **Mr. William Whelan, Cupids, C.B.**

**Regret to inform you that
5644 Pte William Whelan is seriously ill today.**

**W.F.Rendell,
Lieut.Col. C.S.O.
for Minister of Militia.**

C.R.

5644

Excerpt from list of men of the Royal Newfoundland Regiment
discharged on various dates.

5644 Pte. W. Whalen,

Discharged 24 - 8 - 18, Medically unfit

C.R. 3644

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Militia Dept.

Line Number	Recd	By	Sent	by	Check

Dated **June 21st 1918.**
To **Mr. Whelan, Agent,**
Brigus Station.

Beg to inform you that 5644 Pte William Whelan's condition is the same.

W.F. Rendell,
Lieut. Col. C.S.O.
for Minister of Militia.

C.R. 5644

Extract from Daily Orders Part 11, from Unit The Royal Nfld.,
Regiment, St. John's, dated June 11th 1918.

5644, Pte. Wm. Whelan.

Attested for General Service with The Royal Nfld., Regiment,
10/6/18.

Whelan, D⁴⁴

5644

Hay Dept

ve



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5644</u>	Army Rank <u>Private</u>
Name <u>William Whelan</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u>	
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>August 24th 1918</u>	
Place of discharge <u>H. Johns. Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>18</u> years <u>4</u> months Height <u>5</u> feet <u>6</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark</u> Trade <u>Labourer</u> Intended place of residence (To be given as fully as practicable) <u>H. Johns. Island</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :— <hr/>	
4. Character awarded in accordance with King's Regulations :— <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<small>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</small>	
Initials of Commanding Officer.	
Army Form B. 2068 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my
Pay and allowances (including clothing allowance), and
all just demands up to the present date.

Date Nov 3rd Sig. of Soldier William Whelan.
Place Cupido Sig. of Witness W. Whelan

October 2nd, 1918.

Pte. William Whelan,
St. John's Island

Dear Sir,-

I enclose herewith cheque for \$64.30,
being amount due you at date of discharge, also
certificate of pay.

I also enclose Certificate of Discharge
dated Aug. 24th, 1918, together with special form, which
kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & O.i/c Records.

Enclosures 4.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 64.30

Sept. 25th 1918

Received from the First Newfoundland Regiment
the sum of Sixty four $\frac{30}{100}$ Dollars.
on account of Pay.
balance

Ch. No.	3832	Initials	ku
Pay Ledger	383	Initials	wn
Gen. Ledger		Initials	J.B.B.

Regtl. No. Rank

No. 5644

Rank Pfc

Name Wheeler Wm

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

MEDICAL HISTORY

Surname Whelan OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Cupids County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	10	June		191
	at	St. John's	at	
Declared Age	18	years		days
Trade or Occupation	Labourer			
Height	5	feet 6		inches
Weight				lbs.
Chest Measurement	Girth when fully expanded	inches		inches
	Range of Expansion	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lamont Paterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	St. John's	at	
	on	10 day of June	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	Royal Nfld 564th			
	Regiment			
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				

st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Normal Temperature for fourteen days.

Recommend Convalescent Home.

C. Kegan

L. W. Burdew



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station *St. John's*

Date *Aug*

1. Unit *1st. Newfoundland*
2. Regimental No. *561st*
3. Rank. *Pvt*
4. Name. *Whelan William*
5. Age last birthday. *18 years.*
6. Enlisted on *10th June*
7. Former trade or occupation *Labourer*
8. Disability

*Influenza
& Broncho-Pneumonia.*

9. History *Developed diarrhoea trouble at barracks was treated at St John's General Hosp. for 14 days transferred to Donostia Convalescent Camp for 22 days.*

10. What is his present condition?

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

*Temp normal
Temp - 98.4°
No evidence of anything abnormal
in Temp -*

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as permanently unfit?

✓

Signature

W. Burdell

Rank or Qualification

Adj. Surg.

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

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

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

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
 Remarks if any:- Infection.

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Slight blowing creaking bases of both lungs.
Heart-normal
weight in pants shoes 146 lbs.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:-
 (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:- less than 20%

16. Is the disability permanent? no

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

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

Remarks if any:-

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

20. We recommend discharge from the Army with 2 months furlough
~~retention in~~

Remarks if any:-

Signatures. Clay Macpherson Major President
Spencer Sait
Archibald

Place St. John's Nfld.
 Date August 10th 1918

APPROVED
 Station
 Date
 DIRECTOR OF MEDICAL SERVICES
 AUG 10 1918
 No.
 NEWFOUNDLAND

Clay Macpherson Major
 Administrative Medical Officer.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's JUN 10 1918

1. Name William Whelan Age (a) Declared 18
(b) Apparent

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

What severe illnesses have you had? none

eyes brown
temp medium
nails

5644

3. Height 5'6" Weight 157
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
Measurement (a) Expiration 34 (b) Inspiration 38

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth }
Throat } n
Nose }
Ears—(Otorrhea) }
(Deafness) }

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

11. Name and address of next of kin Father William Jupids

REMARKS--

A 11

Arthur H. Corbett
Archibald
Medical Examiners.



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station **St. John's**
Date **August**

- | | | | |
|-------------------|--------------------------|-------------------------------|--------------------|
| 1. Unit | <i>1st. Newfoundland</i> | 5. Age last birthday. | 18 |
| 2. Regimental No. | 5644 | 6. Enlisted on | June 19th., |
| 3. Rank. | Private | at | St. John's |
| 4. Name. | Whalen, William | 7. Former trade or occupation | Labourer |

8. Disability

INFLUENZA WITH BRONCHO PNEUMONIA

9. History
- Developed the above trouble at Barracks, was treated at St. John's General Hospital for 24 days, transferred to Donovans Convalescent Camp for 24 days.

10. What is his present condition?

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

Heart normal. Temperature 98.4.
No evidence of anything abnormal
in lungs

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

Signature (Sgd) F. W. BURDEN.....

Rank or Qualification ACTG. M. O.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

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

13. For pension purposes, the disability x **may** be considered as ~~aggravated by~~ due to
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Slight blowing breathing bases of both lungs. Heart normal.

Weight in pants and boots 146 lbs.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

Less than 20%

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

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,	
Naval and Military Con-	
valescent Hospital,	No
Jensen Tuberculosis Camp.	

20. We recommend discharge from retention in the Army

Remarks if any:—

(Sgd) CLUNY MACPHERSON, Major

 J. SINCLAIR TAIT President

 Signatures. ARCH C. TAIT

Place .. St. John's, Nfld.

Date .. August 10th., 1918.

APPROVED

Station ..

Date ..

Certified Correct Copy

CLUNY MACPHERSON, Major

Per *A. W. B.*



(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.



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 *W. Helan. William*

Regiment from which discharged *1st. Newfoundland*

Regimental number *5644*

Intended address *St Johns Island*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eye *Brown*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *William*

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. *Bupids 25th April 1900.*

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) *William Whelan*

(Rank) *Pte*

Station *St Johns* Date *Aug*

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.

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

Station *St Johns*

Date *August 8/18*



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date _____ 19____

Regimental No. 56444

Name Whelan William

Address _____

Disease or Disability Influenza with Bronch. Pneumonia

Finding of last Standing Medical Board, _____

held on _____ 19____

Present Condition S

Recommendation Standing medical Board

Category _____

Members
of
Board

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

Stoburden D. D. M. S.

Archibald M. O. Depot

Depot. 5644
September 10th, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5644 Pte. Whelan, Wm.
5466 " Parsons, Jas.
5546 " Noble, L.
5030 " Dalton, Jas.

It is noted that marginally noted recruits have been discharged by the Pay Office. They had been previously recommended by the Standing Medical Board for furlough, which was granted them by Depot, but later the Standing Medical Board reconsidered their decision and recommended them for discharge, while they were still on furlough, so that I had no opportunity of sending them to you in the regular way.

As a result, their accounts on Company Pay Sheets were not adjusted and a credit balance was brought forward for them at the end of August. These balances are now deleted from September Sheets. Will you please arrange to remit them the balances shown to their credit, less the number of days in August when they were off the strength.

GOD*AG

September 6th, 1918]

Officer Commanding,
Royal Nfld. Regiment,
Headquarters.

Sir;

The undermentioned men have been discharged on
the dates given. Kindly note and post in Daily Orders
Part 11.

I have, etc,

(SGD). J.M.HOWLEY.

Capt.

Paymaster & O.i/c Records.

3436.	Private.	Martin, James.	Aug 22nd, 1918.	Med, Unfit.
5466.	"	Parsons, James.	do	do
5030.	"	Dalton, James.	Aug 24th, 1918.	do.
5546.	"	Noble, Lorenzo.	do	do
5644.	"	Whelan, William	do	do
2980.	"	Walsh, Wm, F.	Sept, 2nd, 1918.	do
2678.	"	Crane, Eldred.	do.	do
3288.	"	Collins, Thos.	do	do.

Reg. No. 5644 Rank Pte Name Whelan, William B. Coy.

Attested 10-6-18 Address Cupids B.B.

Allotment Allottee

Date of Allotment Returned from Overseas

Embarked for Overseas Cause

11 6/18 Vacc DISCHARGED - MEDICALLY UNFIT 24-8-18 No. 59

16 6/18 Admitted General Hosp.

20 6/18 Reported for duty from leave

9-7-18 Discharged Gen Hos. and Adm. Barracks Hos.

15-7-18 Discharged from Barracks Hos.

6-8-18 do from Donovans

10-5-18. See two months furlough.

9/5. No front pay from Aug 10 - Oct 10

10-5-18. See Discharged from the Army