



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4844

Name Herbert Whiffen Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? Herbert Whiffen
2. What is your full Address? Monmouth
3. Are you a British Subject? yes
4. What is your age? 18 Years 0 Months
5. What is your Trade or Calling? gunner
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service? yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? yes 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? yes

I, Herbert Whiffen 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.

Herbert Whiffen SIGNATURE OF RECRUIT.
J. Daymont Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Whiffen 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 1st day of May 1915.

St. John
James Grant Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date May 1st 1915

Place St. John } 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)

St. Whiffen

C.R.

4844

P. to P. 6.

Reg. No. 4844 Rank Pte Name Whiffen, Herbert
Attested 1-5-18 Address Bonavista B.B.
Allotment 60 Allotee Mr Samuel Whiffen (Father)
Date of Allotment 1-8-18 Returned from Overseas _____
Embarked for Overseas SEP 6th 1918 Cause _____

Dec 10th 18 2nd Inc. 17-5-18
R.L. 31-5-18 to 10-6-18. R.L. 9th 18
14-5-18. Promotes to 4th cl
29-9-18 Special duty at Petty Harbour - Ret'd 14-9-18.

C.R. 4844

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 12-8-19.

4844, L/C. Hubert Whiffen.

C.R. 4844

Extract from Daily Orders Part II Unit the Royal Welch
Regt. St. John's, July 16th, 1919

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 23-7-19

4844 I/cpl. H. Whiffen.

C.R. 4844

Extract from Daily Orders Postmill Unit (The Royal Nfld.
Regt. St. John's; July 5th, 1919.

4844 L/Cpl. H. Whiffen.

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

C.R. 4844

Extract from Daily Orders issued by Major H.S. Sullivan, Commanding 2nd Bn, Royal WFLD. Regt, 26-11-18.

The undernoted having arrived from 2nd Bn, Royal WFLD. Regt, is attached to the strength from this date and posted to "B" Company for rations.

4844 Pte. H. Mifflin.

C.R. 4844

Extract from Orders, by Lt. Col. B.J. Barton, D.S.O., Commanding
2nd. Bn. Royal Newfoundland Regiment, dated 12/11/18.

The undermentioned who arrived at this station on the 11/11/18
reverts as follows:

4844 Sergt. H. Whiffen.

reverts to L/Corporal.

C.R. 4844

Extracts from Daily Orders Part 11 depot St. John's August 20/1918.

#4844 L/c J. Whiffen.

The following N. C. Os and men proceeded on Special Duty to Petty Harbour 29-8-18.

C.R. 4844

Extract from Daily Orders part 11 depot St. John's Sept. 16/1918

§'§§

4844 L/C Whiffin.

The above mentioned soldier returned from Special Duty at
Petty Harbour 14-9-18

C.R. 4844

Extract from Nominal Roll for Overseas Entrained At ST.
John's Sept.22,1918.

4844 L/C. Whiffin Hubert.

C.R. 4844

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated August 14th.1918.

4844 Pte. C. Whiffen.

To be L/Cpl. from 14-8-181

C.R. 4844

Extract from Daily Orders part 11, from Unit The Royal "Fd."
Regt. St. John's, dated May 2nd 1918.

#4844. Pte. H. Whiffen.

Attested for General Service with the Royal "Fd." Regt. from
1/6/18.

NEWFOUNDLAND CONTINGENT

From:

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

To:

~~Officer Commanding,~~
~~2/Bn. Royal Newfoundland Regiment,~~
~~Hazeley Down Camp,~~
~~Winchester.~~

5th January, 1919Subject: 4844 L/C. H. Whiffen,

With reference to the following telegram (108) from the Hon. Minister of Militia, received

*Pay to 4844 Whiffen, £8.0.0.

Draft £ 8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Maxwell
Chief Paymaster & O. 1/c Records.

18th Jan. 1919

Receipt hereunder.

W. A. S. Cox
for ~~Officer Commanding,~~
Royal Newfoundland Regiment

Received the sum of Six

ounds on account of cable remittance from Newfoundland.

H. Whiffen
No. 4844 Rank L/C.

Whiffen, N

4844

Ray sept.

August 14, 1919

#1844 L/C. Hubert Whiffen,
Bonavista, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3716.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4844 Rank 2nd Lt Name Whiffen H.
 Intended place of residence Bonanza

2. Occupation Fisherman
 Classification of soldier E Medical Category A 2

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 14 1919
 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 14 1919
 Signature of soldier H. Whiffen
 Signature of witness W. Bloustein

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 14 1919
 Signature of soldier H. Whiffen
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No. of days on Military
 Discharged from service JUL 28 1919 Plus 14 days Service 468

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 28 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment

W.B. 207913716

31
30
31
14
103

The Royal Newfoundland Regiment

Class for Demobilization:—

80

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

Discharge Depot: **Headquarters The Royal Newfoundland Regiment**

Date

July 12/19

Regimental No. *4844*

Name

William Hurlock

Address

Bonaville

Present Medical Category

A 1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

N R Cooper Capt.
O. C. Discharge Depot.

L. B. Brown
Senior Medical Officer

D. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. H 8444 Rank Lt Col Name Whiffen A J
 Date of Enlistment 1-5-18 Address Bonaville District Bonaville
 Occupation Tinsmith Classification for Discharge E1 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 12-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation. A J Whiffen

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied

Date 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192417 to his home at Bavensville and Release Certificate No. 3569 issued [Signature]

Date 14-7-19 [Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11/11/19

Date 14-7-19 [Signature]
Depot Paymaster.

Discharge approved for RF-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	✓
F 178	W 3494	B 122		Board 1st	" 2	
F 178a	✓ D 400A	✓ B 1915		do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	✓ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

[Signature]

Date 14-7-19 [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 28 1919 [Signature]
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.

H. W. Phippen

Signature of Man.

M. J. Louisa

Reg. No. 41844

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 14-7-19. 191

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

MEDICAL HISTORY

Surname Whiffen

OF Christian Name Hubert

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonauseta County Aplia

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		
	1918		191	
Declared Age...	28	years		days
Trade or Occupation	Fisherman			
Height	6	feet		inches
Weight	180	lbs.		lbs
Chest Measure- ment	Girth when fully expanded.... 36 inches			inches
	Range of Expansion.. 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>L. J. O'Brien</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	<u>S. Johns</u>	at	
	on	1 day of <u>May</u>	on	day of
		1918		191
Joined on Enlistment...	Corps.	<u>The Royal</u>	Corps	
	Regtl. No.	<u>4844</u>	Regtl. No.	
Transferred to..	<u>Aplia Regt</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



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 *Herbert Whiffen*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4844*

Intended address *Bonaville*

Height on discharge *6* Feet *1*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *Samuel*

Christian name of Mother *Lydia*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Bonaville, 16th Sept 1899*

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) *Herbert Whiffen*

A/Cpl.
(Rank)

Station *St John's*

Date *8.7.19*

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



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* } Former Trade or Occupation } *Indoorman*
 2. Regtl. No. *F.44* 3. Rank. *R. Cpl* 7a. If the soldier claims previous service in Army, he should state—
 4. Name. *Whiffen* *Hubert* } (a) Former Regts. or Corps ; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday. *19*
 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. 179A (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- | | | |
|--|-------|-------|
| (i.) Service during the present war .. .. . | ..... | ..... |
| (ii.) Previous active service.. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*See Complainsheet
disability*

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

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

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.

Repatriciation

W.S. Proctor. Capt RMC

Station *Magdalen Barr*

Medical Officer in charge of case.

Date *10.11.19*

* 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

August 18, 1919

Mr. Hubert Whiffen,
Benavista.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

1919
1817
\$102

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 *Robert* 2. Surname *Whiffen*
3. Rank *Pte* 4. Regtl. No. *4844*
5. Address in full to which future payments of gratuity are to be forwarded *Bonavista*
6. Date of enlistment in the Regiment *May 1/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
8. Relationship of such dependents *No*
9. Address in full of such dependents *No*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service *England only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *1 yr 1 mo*
1.

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

No

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

No

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

No

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

No

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

No

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

No

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

No

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

July 1914
Ship

(b) Reason for discharge

Desert

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.

No England only

21. (a) Are you receiving treatment from the Civil Re-Establishment Com., (b) If so are you in receipt of full pay and allowances from that Committee.

No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Hubert W. Rippen*
 Place of Residence: *Douglasville*
 Declared before me at: *St Johns*
 This *14* day of *July* 19*19*....

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

Thos J. Caskey
J.P.

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 54844 Rank S. Major Name Whiffen, H.
 Date of Enlistment 1-5-18 Address Donnacona District Donnacona
 Occupation Tussockman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 12-7-19 O. C. Discharge Depot H. Whiffen

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. H. Whiffen

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied _____

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192417 to his home at Bonaminata and Release Certificate No. 3359 issued.

Date 14-7-19 *Amelboust*
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 11/11/19

Date 11-7-19 *Amelboust*
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
F 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		

B. Form B

Date 14-7-19 *Amelboust*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 14 JUL 1919 *R.P. Cooper*
O. C. Discharge Depot.

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

Date Aug 26 19 *W/T*

4844 Rank Y6 Name Whiffen, A

Address Bonavista

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S.S. Cassandra Cause Discharge

14 7 19
28 7 19

~~BASED ON DELIBERATION~~

DISCHARGE APPROVED ON DELIBERATION.

C.R. 4844

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 } *Fisher*
- 2. Regtl. No. *4844* 3. Rank... *Serjeant* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Whippen* (Surname) *19* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday.....
- 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?
- 9. If a Court of Inquiry was held on an injury state:—
 - (a) When
 - (b) Where
 - (c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service.

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part.

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

He complains of no disability

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.)

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.

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?

Repatriation

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.

W. B. Proctor
Copy Rams
Medical Officer in charge of case.

Station *Hazley Down*.....

Date *10/11/19*.....

* 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