



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2347 Name M.A. Whittle Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Master Augustus Whittle</u> |
| 2. What is your full Address? | 2. <u>7 Hamilton Street</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Shoemaker</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 <u>THE DURATION OF THE WAR</u> |
| 11. Are you willing to serve upon the conditions as embodied in the regulations to be signed by you if you are accepted? | 11. { <u>Yes</u> |

I, M.A. Whittle 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.

M.A. Whittle SIGNATURE OF RECRUIT.

E. March 29th R.P. Hallaway Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, M.A. Whittle do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 29th day of March 1916.

Signature of Attesting Officer R.P. Hallaway

†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 1916 } 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 Martin Augustus Whittle

Apparent age 18 years 3 months. Height 5 feet 2 1/2 inches

Chest Measurement { Girth when fully expanded 32 1/2 inches
Range of expansion 2 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Pete Whittle, 7 Hamilton Street St. John's | 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.	
(a)		(c) Present address. (d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2347 Name M.A. Whittle Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Marston Augustus Whittle
2. What is your full Address? 2. 7 Hamilton Street
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 3 Months
5. What is your Trade or Calling? 5. Shoemaker
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 } **FOR THE DURATION OF THE WAR**
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, M.A. Whittle 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.

M.A. Whittle SIGNATURE OF RECRUIT.

R.P. Hallaway Signature of Witness.

E. March 29th

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, M.A. Whittle do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 29th day of March 1916

Signature of Attesting Officer R.P. Hallaway

†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.....1916

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Martin Augustus Whittle
 Apparent age 18 years 3 months. Height 5 feet 2 1/2 inches
 Chest Measurement { Girth when fully expanded 32 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Pete Whittle, 7 Hamilton Street St. John's. | 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	Regt. 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>29-3-16</u>									
Joined at <u>St John's</u> on <u>March 29th 16</u>									
<u>Discharged March 16th 1919</u>									
<u>Embarked St John's St. Lucia for Lt 18th Co. Buffs for 1907. 25th June 1908. 7-6-17. Home to det. write 5-12-18. Admitted 3rd Lt. M. Whittle on short leave from home 4-12-25. To home later 15-7-29. To office for demobilization 30-7-29. Arrived Southampton 7-2-1919.</u>									
<u>Demobilization St John's</u>									
<u>14-3-1919</u>									
Total Service forfeited as above _____									
Total Service towards Engagement to <u>14-3-19</u> (date of discharge) <u>2</u> years <u>351</u> days									
Pension _____									

No. of Paper 1463


PERSONAL EFFECTS.

Name *Whittle, A.*

C.R. 2347

Rank *Private*

Regiment ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
<i>1 envelope containing: personal effects.</i>		
	Final Disposal	
<i>6 R</i>		

Remarks:— *Casualty Advice;— Repatriated 30-1-19**Next of Kin:— Father:— Peter Whittle,**7 Hamilton St.**St. Johns, 72-7*

No. 2374

Name *Whittle, A.*

Sqn., Batty.,
or Company

D

Corps *New Zealand*

Date of
enlistment

29/3/16

G.C.
Badges

Service or
Proficiency Pay

Temporary

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No. *1*

Signature O.C.
Company, etc.

Character

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
		<i>Pte</i>							

Army Form B. 122

C.R. 2347

Extract of Casualties from Pay & Record Office,
London, dated 17/1/19.

The Following soldier was transferred from 3rd
London General Hospital, Wandsworth, to 2nd Bn.
Winchester, for Repatriation to Newfoundland
15/1/19.

2347 Pte. A. Whittle.

Auth:

Memo from Hospital.

C.R. 2347

Extract from Nominal Roll of H.M.S. Regt. Draft No. 23
from 2nd No. Depot, to 1st Bn. S.E.F. Embarked South-
ampton, 25-4-17.

2347 Pte. M.A. Whittle.

C.R. 2347

June 5th. 1919.

Mr. Peter Whittle,
1 Hamilton Street
City.

Dear Sir:-

I am forwarding you to-day an envelope containing some effects of No. 2347 Pte. A. Whittle, which we received from the Chief Paymaster, London.

Kindly sign the attached receipt and return same to this Office at your earliest convenience.

Yours faithfully,

Lieut.
Casualty Officer.

BC.

C.R. 2347

Extract from Daily Orders part II, Depot St. John's
dated March 19th., 1919.

The discharge of the undemoted on demobilization has
been COMPLETED by Officer 1-^U Records on 14-3-19.

2347 Pte. Martin Whittle.

C.R. ~~2437~~
2347

Extract of Daily Orders, Part 11, Royal Newfoundland Regiment,
St. John's, Nfld. March 4th 1919.

The ~~following~~ discharge of the undernoted on demobilization
has been APPROVED by O.C. Discharge Depot on noted date.

26/E/19.

#2437 Pte. Martin. Whittle.

C.R. 2347

Extract of ORDERS BY LT. COL. B.J. BARTON, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,
17/1/19.

The following having reported back from the 1st Battalion
is taken on the strength and posted to "H" Company from
15/1/19.

#2347 Pte. A. Whittle,

C.R. 2347

Extract from telegrams received from Synoptical London,
Jan.4th, 1919.

In answer to your telegram Jan.2nd.

10th 0824 Elsasite Depol Dacif both, 2347 Whittle,
swollen foot.

C.R. 2347

Extract from telegram sent to Synoptical London,
Jan.2nd, 1919.

Inform nature of illness 2347 Whittle.

C.R. 2347

Extract from Casualties received from Pay & Record
Office, London, Dec. 6th, 1918.

2347 Pte. A. Whittle.

Admitted to 3rd London General Hospital &-12-18 whilst
on Short leave from France.

C.R. 2347

Extract from telegram from Synoptical to "11, dated Feb. End., 1919.

CABLE THREE CORSIKAN.

In answer to your telegram Jan. 18th., soldiers require special attention on arrival at Newfoundland.

2347 Whittle.

G.S.W. Ankle.

C.R. 2347

Extract from Preliminary Report of Medical Board held on
Thursday Feb. 20th 1919

2347 PTE. M.A. Whittle.

Recommended Discharge as Permanently Unfit.

C.R. 2347

Extract from Daily Orders Bant 11 Unit The Royal Hfld.
Regt. St. John's, 11-2-19.

The Undernoted returned from Overseas and reported to
Depot 7-2-19.

Repatriated on A.F. R179.

2347 Pte. Martin Whittle.

C.R. 2347

Extract from Nominal Roll of the Royal Mfld. Regt.

Embarked S.S.Gorslean, Jan.30th,1919.

2347 Whittle.

C.R. 2347

Jan. 4th 1918.

Dear Sir:

I beg to inform you that an answer has been received to the cable we sent to our Pay and Record Office, London, enquiring the nature of illness of your son #2347 Pte. Martin Whittle which states that he is at the 10th Convalescent Depot Dec. 10th suffering from a swollen foot, and on Jan. 1st a cable was received from the Visiting Committee of the Newfoundland and Ward Contingent Association stating that #2347 Pte. Martin Whittle is progressing favourably. Any further news we get concerning him will be at once communicated to you.

Yours faithfully,


Lieut.
CASUALTY OFFICER.

Mr. Peter Whittle,
7 Hamilton Street,
City.

C.R. 2347

Jan 2nd 18

Mr. Peter Whittle
7 Hamilton Street
C I T Y

Dear Sir:-

I beg to inform you that a report has been received from the Visiting Committee of the Newfoundland War Contingent Association stating that No. 2347, Private Martin A. Whittle is progressing favourably. We have had no previous intimation that this soldier is suffering from any illness, and we have therefore despatched a cable enquiry to the Military authorities in London as to why we were not informed of the fact when Private Whittle entered hospital; we are also enquiring as to the nature of his illness, and when reply is received, we will again communicate with you.

Yours faithfully

Lieut. Col.

Chief Staff Officer.

C.R. 2347

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

2347 Pte. A. Whittle.

No. 100

Received from

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office }
Stamp }

R. J. Miller



A REGISTERED POSTAL PACKET

Addressed—

Levi Whittle

J. Hamilton Sr

Received a Registered Postal Packet addressed as above...

6/6/19

C.R. 2347

Martin A. Whittle was attested for General Service with
the NEWFOUNDLAND CONTINGENT on March 29th 1916.

Regimental No. 2347 was allotted to Pte M.A. Whittle.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

M. A. Whittle

2347

P. T. P. G.

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.....
2. Regtl. No. 2347 3. Rank... Pte.
4. Name Whittle Martin
(Surname) (Christian Names)
5. Age last birthday... 19.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

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

Statement of Case.

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

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

11. Date of origin of disability.

12. Place of origin of disability.

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

G. S. W. Right foot
Nov 17 117
Cambria
He states that he was wounded by piece of strapband in Right ankle. Treated in France apparently cured. The wound broke down six weeks ago. attended Warrsworth. Discharged from Hospital healed.

OPINION OF THE MEDICAL BOARD.

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, etc., a specialist's report is to be obtained with radiographs where possible; and in cases of amputations the exact position should be stated.

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

The scar over Right ankle in front healed movements of ankle free cannot bear weight of body on Right-foot

He also complain of pains in back.

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.

Repetition
Provis no
17/11/1918

Medical Officer in charge of case.

Station *HAZELBY DOWN CAMP* ..
 Date *17/11/1918* ..

* 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

NOTES.—(1) 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 24.

Nº 2580



3 1ST. NEWFOUNDLAND REGIMENT 3

ALLOTMENTS

I, Augustus White Regl. No. 2347

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz :

Allotment begins July 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>7567</u>	<u>father</u>	<u>Mr. Pat. White</u>	<u>St. John's</u>	<u>60</u>
Total Allotment, \$				

Commencing 1/7/16

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Chas. N. Cope Capt.
 Officer Commanding
A Company
St. John's
July 3
 1916

(Sig.) A. W. Phoad
 (Rank) Warrant Officer

No. 2347 Rank Pte Name Whittle M. A.

Pay	P.A.	Wks	Total
100	10		110
Less: Allowance			60
Net Rate			50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d	Total
		From	To										
Balance					Balance	8 ⁶ / ₁₇							4 11 2 ✓
Acquittance Rolls		9	10	8	Pay @ net rate	9 ⁶ / ₁₇	6 ¹² / ₁₇	181	50	90	50	18	11 11 ✓
Hospital Advances					Matron account								1 4 6 ✓
A.B. 34					14 days at 1/9								
P. & R.O. Payments					Drummond 15.16.11	7 ¹² / ₁₇	18 ¹² / ₁₆	12	50	6	00	1	4 8 24.7.7 ✓
Chq (7/53)	6 ¹² / ₁₇	14	15	0									
Cash	15 ¹² / ₁₇	1	6	7									25.12.3

CHECKED
[Signature]
 15/15

Not reported in the Casualty lists 31 Nelson sheet
today and as far as can be ascertained is still serving with Unit No 9. H. 18.
Ayr. Scotland

Sir

Please can you give us any information
regarding the pte Geo Whittle of the below
address as we have not heard from him for some
time inquiry being made by his friends at Ayr.
yours faithfully
Sgt. J. B. & Mrs G. B. McGeary

2344

pte Geo Whittle
1st Royal Newfoundland Regt.
B. Company
C/O 29. Division
B. C. H.
France.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.
Ref. Nos IN 3304
Rec'd 18 APR 1918
Ack'd Ans'd J. 10/4/18
Ref. Nos. 001

Gravel
Comd
F. & C. J. 10/4/18
C. P.

1551/221/P&A.

NEWFOUNDLAND CONTINGENT

From:

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

TO THE
OFFICER COMMANDING,
2nd Bn. Royal Nfld. Regt.,
Winchester

27th January, 1919

Subject: 234 7, Pte. M.A. Whittle.

With reference to the following telegram (783) from the Hon. Minister of Militia, received

"Pay to 2347, Whittle, £10:0:0.

Draft £10:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Jan. 27 1919

Receipt hereunder.

J. J. Prain LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Ten

Pounds on account of
cable remittance from Newfoundland.

A. Whittle
No 2347 Rank Pvt
Witness *J.R. Hopkins* 2.27ms

No. 2317 Rank Pvt. Name Whittle M. A.

Pay	F.A.	Wkg	Total	N.F.P/33
100	10		110	925
Less Allotment			.60	
Net Rate			.50	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance	5/12/17		8	4	10	Balance						
Acquittance Rolls		19	7	10	Pay @ Net Rate	22 ¹⁷	24 ¹⁹	3	50	199	80	40
Hospital Advances		1	0	0	Ration Allowance	17 ¹⁹	21 ¹⁹	5	2	1		10
A.B. 64.												
P.&R.O. Payments		17	0	0	<u>Pr Bal.</u>							
Depos "			2	0	£ 3-16-9							
£ 27-15-8 W. 18/1/19					£ 3-16-8							
Cash kept #550	18/1/19	3	16	8								

~~£ 41-9-4~~
£ 41-9-4

WRITE BY.

2347

Pay Dept

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 56⁵⁶

July 19th 1919

Received from the First Newfoundland Regiment

the sum of Twenty six Dollars.
on account of Pay W.S.G.
balance

M. A. Whittle

Ch. No. 3833	Initials J
Pay Ledger 156	Initials W
Gen. Ledger	Initials

Regtl. No. Rank

No. 2247 Rank *Plt*

Name *Mawhite*

March 14, 1919

#2347 Pte. Martin A. Whittle,

#7 Hamilton St.,

City.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1300."

Yours truly,

Captain.
Paymaster & Officer i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3247 Rank Private Name W. Little Martin
 Intended place of residence 7, Hamilton St St Johns
 2. Occupation Sea Cook
 Classification of soldier B Medical Category 6

3. The above named man is discharged in consequence of.....

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

Date **FEB 28 1919**

H. M. Hart
 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT

Place and date ST. JOHN'S

28-2-19

W. Little
 Signature of soldier

R. D. Dicks Capt
 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

28. 2. 19

W. Little
 Signature of soldier

R. D. Dicks Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28. 2. 16 No of days on Military
 Discharged from service 28-2-19 Plus 14 days Service 1052 days

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

FEB 28 1919

Date

R. H. Dicks Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St Johns Nfld

Date March 14/1919

R. H. Dicks Capt
 Officer in Charge
 The Royal Newfoundland Regiment

3
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45

W. B. 7079/1300

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2347 Rank Plt Name W. L. White Martin
 Date of Enlistment 28 3 16 Address St John's District St John's
 Occupation Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanent Physical Disability Rating 10%
 Passed to Demobilization Officer with following documents:—

N.F. P/38	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 178a	1 D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 27 2 19 H. H. H. H. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment not
 I am in a position to resume civilian occupation.

in a Whittle

Particulars passed to Vocational Officer for information and action.

Date 29-2-19 Joseph A. Brown

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable H. H. H. H. H.

(b) Clothing Supplied Joseph A. Brown

Date 29-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at _____ and Release Certificate No. 1304 issued.

Date 28-2-19

R. D. Dick
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 14-3-19

Date 28-2-19

H. M. Lewis
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 28.2.19

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.	<i>1. Form B</i>
R 178a	D 400A	B 1915	do 2nd.	" 3.	<i>2</i>
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 1.3.19

R. D. Dick
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

FEB 28 1919

Date

R. H. Sait
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname WhiteOF
Christian Name Martin Augustus

Table I.—GENERAL TABLE.



Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>28th</u> day of <u>March</u> 19 <u>16</u>		on	day of 19 <u>1</u>
	at <u>Saint John's</u>		at	
Declared Age	<u>18</u> years <u>3</u> mo <u>3</u> days		years	days
Trade or Occupation				
Height	<u>5</u> feet <u>2½</u> inches		feet	inches
Weight	<u>125</u> lbs.		lbs.	lbs.
Chest Measurement {	Girth when fully expanded... <u>32½</u> inches			inches
	Range of expansion... <u>2½</u> inches			inches
Physical Development... ..				
Vaccination Marks {	Right		Right	Left
	Left			
When Vaccinated	<u>No marks.</u>			
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/8</u>		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>Samuel Palmer</u>			
(Rank)	<u>Capt</u>		Medical Officer.	Medical Officer.
Enlisted	at <u>St John's</u>		at	
	on <u>26</u> day of <u>March</u> 19 <u>16</u>		on	day of 19 <u>1</u>
Joined on Enlistment... ..	Corps.		Corps.	Regtl. No.
	Regtl. No.			
Transferred to	<u>1st New Reg</u> <u>33rd</u>			
Became non-effective by	on		on	day of 19 <u>1</u>
(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 further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>3rd London General Hospital Wandsworth</i>	<i>4</i>	<i>12</i>	<i>18</i>	<i>15</i>	<i>1</i>	<i>19</i>	<i>Old G.S.M. R. Test</i>	<i>43</i>	<i>Abscess developed on part of penis. Improvement</i>	<i>H. B. Curly on Case</i>

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 train as a garage mechanic

Martin A. Hittle

Signature of Man.

Reg. No. 2347

Stautler

Signature of the Vocational Officer or his Representative.

Place

St John's

Date

Feb 28

1919

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.

- Unit and Corps.....
- Regtl. No. 2347 3. Rank. Pte
- Name WHITTLE Martin
(Surname) (Christian Names)
- Age last birthday...19.....
- Posted for duty on..... at.....
in category (or grade).....
- If the disability is an injury was it caused
 - in action
 - on field service
 - on duty
 - off duty?
- If a Court of Inquiry was held on an injury state:—
 - When
 - Where
 - Opinion of Court
 - Date of Discharge;
 - Cause of Discharge.
 - Particulars of Pension or Gratuity (if any)
- Former Trade }
or Occupation }
- If the soldier claims previous service in Army, he should state—
 - Former Regts. or Corps; with Regtl. Nos.

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

Statement of Case.

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

- If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- Date of origin of disability. G.S. w. right foot.
Nov. 1917.
- Place of origin of disability. Cambray
- 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. treated in France apparently cured.
The wound broke down 6 weeks ago attended Wandsworth, Discharged from Hospital healed

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| (i) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii) Previous active service | <i>Yes</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.A.*

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 amputations the exact position should be stated.

15. What is his present condition?
The scar over right ankle is front healed, movements of ankle free, cannot bear weight of body or right foot also complains of pain in back

(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.

Reparation

Proctory M.D.

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station *ST. JOHN'S*

Date *17 JAN 1919*

* 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. *G.S.M. ankle*
- (b) The present condition thereof.

See Sect 15.

22. State whether the disabilities are:—

- | | | |
|---|---------------------|-------------------|
| (i) Service during the present war | (a) Attributable to | (b) Aggravated by |
| (ii) Previous active service | <i>Yes</i> | |
| (iii) Climate in pre-war service | | |
| (iv) Ordinary military service before the war | | |
| (v) Serious negligence or misconduct on the part of the soldier | <i>No</i> | |
- Give details:

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

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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). 10%
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? Yes
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :-

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

Station *[Signature]* } President or Chairman.

Date *24/10/19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations

Station *[Signature]* } Only applicable in cases of Patients in Hospitals.

Date FEB 20 1919 Officer in charge, Central Hospital.

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.

Date



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. J. 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 *Martin A White*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2347*

Intended address *7 Hamilton St*

Height on discharge *5 Feet 4*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *Scar Right Leg*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns 5-10-1899*

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)

Martin A White

Station

St Johns

Date

18-2-19

(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

Date

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 question 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 M. A. 2. Surname Whittle

3. Rank Pte 4. Regtl. No. 2347

5. Address in full to which future payments of gratuity are to be forwarded 7 Hamilton Street, City

6. Date of enlistment in the Regiment March 29, 1916

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable

8. Relationship of such dependents not applicable

9. Address in full of such dependent not applicable

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 Overseas

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. Two years three hundred and fifty or two

2-357 8/2

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

Not applicable

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.....

£ 80.40 Clothes Reason more story

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.....

Not applicable

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?.....

not applicable

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

March 14 1919

known to Demobilization and

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 1917 and Belgium Cambrai Ypres Arras

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.....

Not applicable

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: *md Whittle*
 Place of Residence: *7 Hamilton St City*
 Declared before me at: *St Johns Ned*
 This *18th* day of *March 1919*

John M. McCarthy

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependents	War Service Gratuity	Net amount due
			<i>5.00</i>	<i>350.00</i>

Certified Correct.

Paymaster.



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

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

Examination of Martin Augustus Whittle
aged 18 conducted at _____

Date: March 28/16 Recruiting Officer: _____

NO OF TEST FINDING

- | | |
|----|---|
| 1 | No |
| 2 | No |
| 3 | No |
| 4 | No |
| 5 | No |
| 6 | No |
| 7 | Yes |
| 8 | Yes |
| 9 | No |
| 10 | No |
| 11 | No |
| 12 | No |
| 13 | No |
| 14 | No |
| 15 | No |
| 16 | No |
| 17 | No |
| 18 | No |
| 19 | 6/18 L. 6/18 R |
| 20 | No |
| 21 | No |
| 22 | No |
| 23 | No |
| 24 | No |
| 25 | No |
| 26 | No |
| 27 | No |
| 28 | No |
| 29 | No |
| 30 | No |
| 31 | No |
| 32 | No |
| 33 | Yes. No marks. very young |
| 34 | 5'2 1/2" |
| 35 | 123 lbs. |
| 36 | 30/32 1/2 |
| 37 | \$500 week |
| 38 | parents Mr. Peter Whittle No. 7 Hamlet St |
| 39 | None |

~~2347~~
~~2347~~

Sit

Signature of Medical Examiner: William Roberts

Reg. No. *2347* Rank, *Pte* Name *Whittle Martin A.*
Attested Address *7 Hamilton St.*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *2-19*
Embarked for Overseas Cause *Discharge*

20-2-19 Rec. Dis. Permanently unfit

FEB 27 1919

PASSED TO DEMOBILIZATION OFFICER

28.2.19.

DISCHARGE APPROVED ON DEMOBILISATION.

Regiment or Corps 2/1 New Foundland Regt C.R.Rank pty Surname Whittle Christian Name M.A.Religion R.C. Age on Enlistment 18 years 3 months 7567Enlisted (a) St. John's Terms of Service (a) Duration Service reckons from (a) 29.3.16

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents	
Date	From whom received					
		Embarked	<u>Hampton</u>	<u>25.4.17</u>		
		Disembarked ...	<u>Rouen</u>	<u>26.4.17</u>		
		Joined Battalion		<u>7 JUN 1917</u>	<u>B 213</u>	
		<u>VI II. Bn 30.12.17</u>				
		<u>Granted leave & out 21/1/18 to 5/12/18</u>				<u>B 213</u>
		<u>2/1/18 of leave</u>				
		<u>referred per Commission 30/1/19</u>				

(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, Shoeing-Smith, &c.

[P.T.O.]

The Royal Newfoundland Regiment

2347

DEMobilIZATION OF

Reg. No. 7347 Rank A16 Name Whittle Martin
 Date of Enlistment 28.3.16 Address St Johns District St Johns
 Occupation Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 10%
 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	3
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 27.2.19

H. Mans H
 for O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

m a Whittle
 Particulars passed to Vocational Officer for information and action.

Date 29-2-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied not

Date 29-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at _____ and Release Certificate No. 1304 issued.

Date 28-2-19 Chas. J. C. Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 14-3-19

Date 28-2-19 H. M. New Year
Depot Paymaster.

Discharge approved for 28.2.19

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		

Date 1. 3. 19 Chas. J. C. Capt.
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 FEB 28 1919 R. H. Sait Capt.
O. C. Discharge Depot.

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

Date March 5/1919 Chas. J. C. Capt.

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 2347 Rank Cpl Name Charles Whittley
 Former Occupation Gas Painter Address 7 Gimlett St District St John
 Class B Medical Category H Disability Rating 10%

O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Course of Patent Engineering. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 28 2/29 Confirmed W. S. Barth
 District Officer

To be forwarded Orderly Room in Duplicate W. S. Barth
 COMMANDING OFFICER
 MAJ. 4 1919
W. S. Barth
 Demobilization Officer

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY & RECORD

OFFICE LONDON

2347 Pte. Whittle, M.A.

Dr. Bal. £2-15-3

THIS TRANSFERRED TO PAY OFFICE 11-4-19

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**.....
2. Regt. No. **2347** 3. Rank. **PTB**.....
4. Name ... **WHITTLE, MARTIN**.....
(Surname) (Christian Names)
5. Age last birthday... **19**.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
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."

G.S.W. RIGHT FOOT.

11. Date of origin of disability. **NOV. 1917.**
12. Place of origin of disability. **CAMBRAI.**
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. **HE STATES THAT HE WAS WOUNDED BY PIECE OF SHRAPNEL IN RIGHT ANKLE. WAS TREATED IN FRANCE. APPARENTLY CURED. THE WOUND BROKE DOWN 6 WEEKS AGO ATTENDED WANDSWORTH HOSPITAL HEALED.**

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war **YES**
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the } **NO**
- man's part. }

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

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

15. What is his present condition ? **THE SCAR OVER RIGHT ANKLE IN FRONT HEALED MOVEMENT OF ANKLE FREE. CANNOT BEAR WEIGHT OF BODY ON RIGHT FOOT. ALSO COMPLAINS OF PAIN IN BACK.**
(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 ? **REPATRIATION.**

(b) Change to United Kingdom ?

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

J.B.O'RIELLY, M.O.

Medical Officer in charge of case.

Station

Date

* 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.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalidated, 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.* **G.S.W. ANKLE.**

21. Give diagnosis and particulars of:— **SEE SECT. 15.**

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

22. State whether the disabilities are:—

- (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

(a) Attributable to

(b) Aggravated by

YES.

NO

Give details:

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

G.S.W.

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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

10%

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

YES.

Opinion of Military Member in case of disagreement

OR

(b) In what other grade do the Board place him?
(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

N. S. WRASER

{ President or Chairman.

Station ... ST. JOHN'S.

J. S. TAIT.

{ Members.

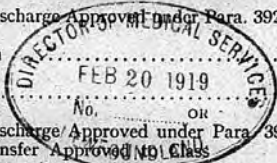
Date ... FEB. 20TH. 1919.

L. PATTERSON. MAJOR.

Discharge Approved under Para. 392 (xvi) King's Regulations

Station

Date



Clay Macpherson
Officer in charge, Central Hospital.

{ Only applicable in cases of Patients in Hospital.

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2347 Rank Private Name Whittle, Martin
 Intended place of residence..... 7. Hamilton Street, St. John's

2. Occupation Shoemaker
 Classification of soldier B. Medical Category E

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 *W. H. Lest*
 Date FEB. 28. 1919 for 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 (sgnd) M. A. Whittle
 Signature of soldier
FEB 28 1919 " C. B. Dicks, Capt.
 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 (sgnd) M. A. Whittle
 Signature of soldier
FEB 28 1919 " J. Daymond
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28-3-16 No of days on Military
 Discharged from service..... 28-2-19 plus 14 days Service 1082.....

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. Sait Capt.*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date FEB. 28. 1919

CONFIRMATION OF DISCHARGE

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

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment