



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2402 Name W. Whittle Corps

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

1. What is your name? ..... 1. William Whittle
2. What is your full Address? ..... 2. 7 Hamilton Street St. John's.
3. Are you a British Subject? ..... 3. Yes.
4. What is your age? ..... 4. 20 Years 4 Months
5. What is your Trade or Calling? ..... 5. Butcher
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 .....  
No. of the Duration of the Service ..... } II. Yes.
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... II. Yes.

I, W. 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.

William Whittle SIGNATURE OF RECRUIT.  
R.P. Hallaway Signature of Witness.

E. April 3

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

I, W. 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 3 day of April 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 ..... 191 .....  
Place ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name W. Little  
 Apparent age 20 years 4 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Pat. White  
7 Hamilton Street | Relationship Father

### Particulars as to Marriage

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

|     |     |     |     |
|-----|-----|-----|-----|
| (a) | (b) | (c) | (d) |
|     |     |     |     |

### Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
|                 |                         |

## STATEMENT OF THE SERVICES

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

2402



# FIRST NEWFOUNDLAND REGIMENT

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No. 2402 Name W. Whittle Corps .....

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2. What is your full Address? ..... 2. 7 1/2 Hamilton Street St. John's.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years 4 Months
5. What is your Trade or Calling? ..... 5. Butcher
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... II. Yes

I, W. 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.

William Whittle SIGNATURE OF RECRUIT.

R.P. Hallaway Signature of Witness.

E April 3

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### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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Signature of Attesting Officer R.P. Hallaway

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

Date.....191..... } Approving Officer.  
Place..... }

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\* 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).....





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 William Whittle  
aged 20 yrs conducted at Lehok  
Date: March 24/16 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 6/24 Lt. 6/24 Rt
- 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. Scar. left arm 9 yrs
- 34 sft 3 ins
- 35 140 lbs
- 36 21/25 v
- 37 700 wch
- 38 father. Mr Pete Whittle 7 Hanuerton St.
- 39 None.

*to report  
3/20/16*

*2402*

*Fi*

Signature of Medical Examiner:

*William Roberts*

On On little.

C.R.

240V

P.R.O.

**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 consider 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 }
2. Regtl. No. *2707*, 3. Rank..... *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *W HITTLE*  
 (Surname) (Christian Names)
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? (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. Rt. Leg, fractured tibia*

11. Date of origin of disability. *4-12-17*

12. Place of origin of disability. *Benbray*

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.  
*fractured by shell fragment entering by anterior internal surface about lower third causing fracture of tibia removed to Australian Hosp. Bonyon from there to 5th Lond on Gen. Hosp. 9-12-17 and 18-1-18 removed to 3rd London Gen Hosp. where requested to be performed sent to command depot 22-11-18. Sutherland on 13-12-18 discharged to Depot Winchester*

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 .. . . . *N.D.* .. . . .
- (iv.) Ordinary military service before the war .. . . . *N.D.* .. . . .
- (v.) Serious negligence or misconduct on the man's part. } .. . . . *N.D. H.D. cured* .. . . .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N. D.*

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? *In intional surface right leg lower third, scar about 2 inches long, painful on pressure over interior surface. Complains of pain at night and unable to do sustained marches.*
- (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? *Yes.*
17. If not, was an operation advised and declined? *N. D.*
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? *N. D.*
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? *N. D.*

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.

Station *Hazley Down Camp*

Date .. . . .

Medical Officer in charge of case.

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



To Officer in Pay & Records.  
Newfoundland Contingent  
58 Victoria Street  
London SW

Sir:

Will you kindly advance  
me the sum of one pound (£1)  
on account of any balance that  
may be due me and oblig

Yours respectfully,  
2402 A H Little



Approved  
[Signature]

G. L. - 1 - 0 - 0 N.C.

9/8/18

Receipt No 8419

|      |          |             |
|------|----------|-------------|
| FILE | BRANCH   | KB6/18      |
|      | INITIALS | [Signature] |



C.R. 1965

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,  
B.E.F. Embarked Southampton.

1965 Pte. W. Whittle.

25-6-16.

3177/7

Barham Lodge  
Weybridge,

28th February 8

2402 Pte

W. Whittle

3:0:0

7815-

OK  
£ 3.0.0  
27/2/18

Barham Lodge  
27/2/18

Dear Sir

I am sending you this note to see would you oblige me by sending me three pounds and oblige

Yours truly 3177/7

Pte W Whittle

3177/7  
#2402

Royal N F S D Regt  
Barham Military Hospital  
Haybridge  
Surrey

W. H. H. Co.  
7-12-18

Please pay to the order of  
Barham Lodge  
Oaklands Park  
Haybridge

5062/<sup>8</sup>~~212~~

Barham Lodge  
Weybridge

3rd April

8

W. Whittle

2402

Pte.

3:0:0

7956



Hatch

Baraham Lodge  
12/2/18

Dear Sir

Would you oblige me by  
sending ~~me~~ three pounds as soon as  
possible & remain your obedient servant

Pte. W. Whittle

# 2402

Royal Newfoundland Regiment  
Baraham Lodge 5062/8

JK  
# 3.0.0  
GRPS 1/4/18

Military Hospital

Weybridge 3/4/18  
Surrey

|                          |             |
|--------------------------|-------------|
| NEWFOUNDLAND CONT. FORCE |             |
| PAY & RECORD OFFICE      |             |
| Ref. Nos IN              | 2934        |
| Rec'd                    | 30 MAR 1918 |
| Mkt'd                    | 5062/8      |
| Regts.                   | 001         |
| 5062/8                   |             |
| 3/4/18                   |             |
| Please send to           |             |

In reply

The Matron

Baraham Lodge R.A.M.C.  
Weybridge

I approve of the  
above remittance  
being made, through  
the Matron i/c

Carter  
F.R.C.

Goethe King

Weybridge

5062/8

Chief Paymaster & Officer in Charge  
Newfoundland contingent  
58. Victoria St.  
London S.W.

Please remit to me the sum of (£) 1  
one pound on account of balance  
that may be due me.

2402

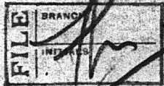
Chas W. Little

Barham M. Hospital approved.  
16/5/18

Grace Mackery  
Nelson

OK. £1.0.0 h/c  
17<sup>th</sup>/5/18

Receipt No. 7217





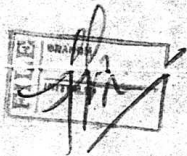
Basham Military Hosp  
27/4/15

Dear Sir Please give bearer the sum of  
One Pound on my account and oblige.

Pte W. Whittle # 21402  
Royal N. F. L. D Regt  
Basham Military Hospital  
Weybridge  
Surrey

Grace Haversham  
Nelson

O.K. £1.0.0 disp.  
27/4/15 Receipt No 6797



No. \_\_\_\_\_

N.F.P./45.

NEWFOUNDLAND / CONTINGENT

To: Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

Please remit to

*Pte. W. Little*  
*Royal Newfoundland Regiment*

the sum of *Two* - pounds *2* s. (£ *2* )

on account of any balance that may be due to me.

Regtl. No. *2402* Rank *Private*

Name *W. Little*

Approved *H. Hallbot*

Officer I/C.,

*Esher* Hospital.

*O.K.*

*£2.0.0.*

*10/9/18.*

*Receipts*

*W.R. Receipt no 8777*

Dated at

*Esher Red*  
*Cross Hospital 1918*

*10/9/18* *WPN*

1-0-0 17/6/18  
JNB

|  |                                  |
|--|----------------------------------|
| NEWFOUNDLAND CONTINGENT,<br>PAY & RECORD OFFICE. |                                  |
| Ref. Nos IN                                      | ✓ 5448                           |
| Rec'd  | 17 JUN 1918                      |
| Ack'd  | Ans'd 9635/15/17/6/18<br>12/6/18 |
| Ref. Nos. 001                                    | 9635                             |
| REGISTRATION                                     |                                  |
| BR. No.  | 1                                |
| Contd.   | Pte. W. Whittle                  |
| P & A  | ✓                                |
| R. & C   | John Smith                       |
| B & E  |                                  |
| S.   |                                  |

Weybridge  
Surgey  
Eng.

£0;

Chief Paymaster & Officer 1/6 Records

Please Remit to 2402  
1st Royal Wld. Reg.  
(one pound) on account  
of any balance that  
may be due me

Pte. W. Whittle  
John Smith  
£ 1-0-0

Grace Newbery  
Nelson

9635/15 Reg No 2402  
Pte. W. Whittle  
1st R. Wld. Reg.

(Barham Lodge  
Military Hospital)

Weybridge  
Surgey  
Eng.

9835/15

Barham Lodge  
Weybridge, Surrey.

11th June

8

2402

Pte.

W. Whittle

1:0:0

8229-

W.H.  
# 2-0-0  
Prep. No 4976

FILE  
BRANCH  
INITIALS  
RB 3/7/18

Office of Pay & Records  
58 Victoria Street  
London S.W.

Please remit the sum of Two pounds  
and oblige

Pte. W. Whittle

# 2402

Royal F.L.D. Regt

Barham Military Hospital  
Haybridge

Space Messberg  
Nelson

NEWFOUNDLAND CONTINGENT  
68, VICTORIA ST.  
LONDON, W. 1  
3 JUL 1918  
PAY & RECORD OFFICE



To Chief Paymaster's Office  
Royal Newfoundland Regt.

Dear Sir,  
1-0-0  
29/18  
Please pay to 2402 Pt. W. Whittle  
the sum of one pound £1.0.0.  
and charge to my account.

Approved  
Aug. 28/18  
J. S. Small  
Vehane 8637



£2-05 1/2  
To Paymaster  
No 8072

Pay & Record Office  
58 Victoria St  
London. S.W.

Please pay me the sum  
of Two Pounds) which is to  
my credit and oblige

Pte. H. J. Little  
#2402  
Royal N. F. L. D.



Barham Military Hos  
Newbridge  
Space Useless  
Nation  
Surrey

*pay* **WESTERN UNION**  
**ANGLO-AMERICAN**  **DIRECT UNITED STATES**  
**CABLEGRAM**

|                          |                    |          |   |
|--------------------------|--------------------|----------|---|
| Prefix _____             | Code _____         | At _____ | FOR STAMPS  |
| WORDS <u>14</u>          | CHARGE <u>2/24</u> | To _____ | By _____  |
| <b>VIA WESTERN UNION</b> |                    |          | THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS. |

10/7/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **EPM PETER WHITTLE**

**7 HAMILTON STREET STJOHNS (Newfoundland)**

**CABLE TEN POUNDS THROUGH MILITIA**

**W WHITTLE**

*Charge 2402*  
*28 2/25*  
*1/11*

**CHARGE**  
**PAY BOOK**  
 Date 12/1/18 by [Signature]

**Authorised.**

**NOT TO BE TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_

Address \_\_\_\_\_

**58 Victoria St. S.W. 1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.



**ENCLOSURE**

No. 17559/56/P&A

NEWFOUNDLAND CONTINGENT



Pay & Record Office,  
58, Victoria Street,  
London, S.

To: Commandant,  
Southern Command Depot,  
Perham Down.

No. 884/A/101  
30th. October 1918.  
~~31 OCT 1918~~

**HEADQUARTERS,  
SOUTHERN COMMAND DEPOT,  
PERHAM DOWN.**

Reference: No. 870/A/232 - 26/10/18 (9328):

Herewith A.B.64. for:- 2402.Pte.W.Whittle, Royal Nfld.Regt. No A.B.64  
is available for 4039.Pte.W.R.Parsons, as he has not been overseas.

Please acknowledge receipt hereon.

(Sig.) \_\_\_\_\_

(Date) \_\_\_\_\_

*A. A. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

Reference reverse A.B. 64 duly received

Lattin

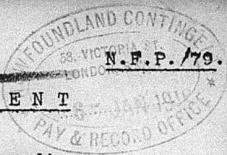
Lieut + Adjt  
No 1 Wing

Southern Command Depot  
Petham Down  
Andover.



No. 126  
8/3

066488



~~NEWFOUNDLAND CONTINGENT~~

From:

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

*J.C.*  
Officer Commanding,  
2nd. Bn R. Newfoundland Regt.  
Hazeley Down Camp,  
Near Winchester

2nd. January, 1919

191

Subject: 2402. Pte. W. Whittle.

Receipt hereunder.

With reference to the following telegram (11033) from the Hon. Minister of Militia, received

Pay to 2402 Whittle - £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. J. Barton*  
OFFICER COMM'DG. BATT. R. REGT.  
ROYAL NEWFOUNDLAND REGIMENT  
COMMANDING 2ND BATT. R. NEWFOUNDLAND REGIMENT

Received the sum of five pounds on account of cable remittance from Newfoundland.

W. Whittle  
No. 2402 Rank Pte

Witness *Robertson Capt*

*A. J. Minors Maj.*  
Chief Paymaster & O. i/c Records.

5645/123

3rd London Gen. Hospital,  
Wandsworth.

11th April 8

2402, Pte. W. Whittle,

✓  
3298

10 4 18

Pay to 2402 Whittle £<sup>5</sup>0:0

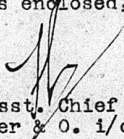
See No 29

BC

Officer Commanding,  
2/Bn. Royal Nfld Regt.,  
Hazeley Down Camp,  
Winchester.

21st March 9

Receipt form for Seven pounds (£7. 0. 0.)  
representing cheques £2. 0. 0, and £5. 0. 0.  
payable to 3221 Pte. R. Hickey and 2402 Pte.  
Whittle respectively is enclosed, please.

  
Capt.  
Actg. Asst. Chief Paymaster.  
For Chief Paymaster & O. i/c. Records.

*File*  
*2402. Whittle*

---

C.R. 2402

Extract from telegram received from Synoptical Mar. 21st,  
1919.

Remittances received as follows have not been  
paid soldier repatriated You can adjust.

2402 Whittle. £.5.0.0.

C.R. 2402

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
DEPOT ST. JOHN'S. MARCH 3rd/19.

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The Discharge of the undernoted has been APPROVED on  
Demobilization by C.C. Discharge Depot from noted date  
28/2/19.

#2402 Pte. Wm. Whittle.

C.R. 2402

Extract from Preliminary Report of Medical Board held on Friday  
Afternoon, Feb. 21st 1919.

2402 Pte. Wm. Whittle.

Recommended Discharge from the Army. All.



C.R. 2402

Extract from Daily Orders sent to Capt. the Royal Artillery.  
11-2-19  
Capt. W. John's, 11-2-19.

The information returned from overseas and reported to  
7-2-19  
Capt. W. John's, 7-2-19.

Reprinted on A.P. 1175.

2402 Pte. Wm. Whittle.

C.R. 2402

**Extract from Nominal Roll of the Royal Nfld. Regt.**

**Embarked S.S. Corsican, Jan. 30th, 1919.**

2402 Whittle.

C.R. 2402

Extract from Daily Orders part II, by Lt. Col., B. J. Barton,  
D. S. O. Officer Commanding 2nd., Battalion of the Royal  
Newfoundland Regiment. dated 17/12-18.

The undernoted having reported back from the First Battalion are  
taken on the strength and posted to "H" Coy from ~~1st~~  
19-12-18.

#2402 Pte. W. Whittle.

C.R. 2402

Extract from Casualties received from Pay & Record  
Office, London, 16 Dec. 1918.

The undermentioned man ex Southern Command Depot has been  
granted furlough from 13-12-18 to 19-12-18, to report  
to 2nd Battn. on latter date.

2402 Pte. W. Whittle.

C.R. 2402

Extract from Casualties from Pay and Record Office, London,  
dated 15th. October, 1918.

2402 PTE. W. Whittle

was discharged from the 3rd London General Hospital 14/10/18  
and granted furlough to 20/10/18. Fit for 11 Com. Depot.

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

C.R. 2402

Feb. 1st 18

Mr. Peter Whittle,  
7 Hamilton Street,  
C I T Y

Dear Sir:-

With reference to your enquiry concerning  
2402, Private Whittle, I am directed to inform you that  
message has been received from the Pay & Record Office,  
London stating that he is progressing favourably.

I am,

Yours faithfully,

*W. P. R.*  
Major, C.S.O.

C.R. 2402

Extract of Casualties received from Pay & Record Office,  
London, dated January 22, 1918.

O.C. 3rd London General Hospital, S.W. 18 reports:

#2402 Pte. W. Whittle. ✓

Admitted to 3rd London General Hospital ~~22/1/18~~  
from 5th London General Hospital, 1, 18/1/18.

Auth:- Memos from 3rd L.G.H.

C.R. 2402

Extract from Casualties received from Pay & Record Office,  
London, 19th, Jan. 1918.

Transferred from the 5th L.C.H. to the 3rd L.C.H.  
18-1-18.

2402 Pte. Whittle, W.

121.



- C.R. 2402

Extract of Casualties received from Pay & Record Office,  
London, dated January 19, 1918.

Transferred from the 5th L.G.H. to the 3rd L.G.H. 18/1/181

#2402 Pte. W. Whittle. ✓

Auth: Memos from Hospitals 5th L.G.H. and 4th L.G.H. for  
Ruskin Park extension.

C.R. 2402

Extract from Daily Orders Part 11, UNIT: The Royal Newfoundland  
Regiment, dated 29th Dec. 1917.

STRENGTH.

2402 Pte. W. Whittle

Invalided to U.K. 8/12/17Wded.

C.R. 2402

Extract from Nominal Roll of Draft No. 80 50 Other Regts  
from 4/1st Battalion NewSouthland Regiment to Harry  
H. B., to 1/1st. Battalion NewSouthland Regiment B.S. F.  
Embarked Southampton Road, September 1917.

---

#2402 Pte. W. Whittel.

80.

C.R. 2402

Extract of Casualties received from Pay & Record  
Office, London, dated December 16, 1917.

#2402 Pte. W. Whittle. ✓

Wounded 4/12/17.

C.R. 2402

Extract from List of Sick and Wounded N.C.Os. and Men of the  
Expeditionary Force -- France, dated 13th. Dec. 1917.

<sup>#A</sup>  
List No 17158

2402 Pte. W. Whittle

1 Newfoundland Regiment.

GSW. R. Leg Severe..... Adm. 1 Aust. Gen. Hos. Rouen  
6th. Dec. 1917.

STAMFORD BOND  
STAMFORD QUALITY

December 12, 1917.

*Dear* Sir,

*I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that*

**No. 2402, Private William Whittle, has been admitted to the 5th London General Hospital, suffering from gunshot wound in the right leg.**

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

*Colonial Secretary.*

**Mr. Peter Whittle,  
7 Hamilton St.**

C.R.

Σ 402

Extract from Daily Orders part I I, Depot  
St. John's dated March 20th., 1919.

The discharge of the undernoted on demobilization  
has been C O N F I R M E D by Officer i/c Records  
on 14-3-19.

#2402 Pte. Wm. Whittel.

C.R. 2402

#2402 Pte. William Whittle. ✓  
-----

Extract of Casualty list received December 12, 1917.

Gunshot Wound right Leg.

At 5th London General Hospital.



C.R. 2402 ✓

Extract of Casualties received from Pay & Record  
Office, London, dated December 11, 1917.

#2402 Pte. W. Whittle. ✓

Gunshot wound right Leg.

Admitted 5th London General Hospital, S.E.1, 9/12/17.

2402

C.R.

Extract from Casualties received from Pay & Record Office  
London, 11Dec.1917.

Admitted 5th London General Hospital, S.E.1. 9-12-17

2402 Pte. W. Whittle.

C.R. 2402

Extract from Criminal Roll Subscribed St. John's for Overseas,  
20/6/16.

2402 Pte. W. Whittle.

C.R. 2402

William Whittle was attested for General  
Service with the NEWFOUNDLAND REGIMENT ON April 3rd 1916.  
Regimental No. 2402 was allotted to Pte. W. Whittle.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

Whittle Ww

2402

Ray Dept

March 14, 1919

#2402 Pte. William Whittle,  
#7 Hamilton St.,  
City

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1271."

Yours truly,

Paymaster "i/c Records" Captain,

*apc 3/16  
mch 14/19*

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2402 Rank Private Name Whittle W  
 Intended place of residence 7 Hamilton St. St John's

2. Occupation Butcher  
 Classification of soldier A Medical Category A.III

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. Mews Lt Col  
 Date FEB 28 1919 7:25/19 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 W. Whittle  
28-2-19 Signature of soldier  
P. B. Deeks Capt  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am <sup>not</sup> in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S W. Whittle  
2.2.19 Signature of soldier  
V. J. [Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 27.3.16 No of days on Military  
 Discharged from service 28.3.19. Plus 14 days Service 00831 days

### 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. [Signature]  
FEB 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. Med M. Bowley Capt  
 Date March 14/1919 Officer i/c Records  
 The Royal Newfoundland Regiment

A.F.B. 20/12/19

31  
14  
21  
368  
21  
344

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 7402 Rank AV2 Name Whittle W<sup>son</sup>  
 Date of Enlistment 27. 3. 16 Address St John's District St John's  
 Occupation Butcher Classification for Discharge 16 B Medical Category 11  
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 20%

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 27.2.19

for H.M. Wood's Head  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 28-2-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied Joseph A. Brown

Date 28-2-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1295 to his home at ..... and Release Certificate No. .... issued.

Date 28-2-19 .....  
*O.B. Deeks 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. S. Ltd.*  
 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..... | 1 | <i>300 in B</i> |
| F 178.....      | W 3494..... | B 122.....  | Board 1st..... | " 2.....    | 5 |                 |
| 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 28 2 19 .....  
*O.B. Deeks 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**

FEB 28 1919

Date .....  
*R.H. Sait Capt.*  
 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 Whittle OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_



**SPECIAL RESERVE.**

Examined on 27<sup>th</sup> day of March 1916 on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 at St John N.S. at \_\_\_\_\_  
 Declared Age 20 years 4 mos any days \_\_\_\_\_ years \_\_\_\_\_ days  
 Trade or Occupation Baker.  
 Height 5 feet 3 inches \_\_\_\_\_ inches  
 Weight \_\_\_\_\_ lbs. \_\_\_\_\_ lbs.  
 Chest Measure-ment { Girth when fully expanded... 35 1/2 inches \_\_\_\_\_ inches  
 { Range of expansion... 2 1/2 inches \_\_\_\_\_ inches  
 Physical Development \_\_\_\_\_



| Vaccination Marks | SPECIAL RESERVE. |          | REGULAR ARMY. |      |
|-------------------|------------------|----------|---------------|------|
|                   | Right            | Left     | Right         | Left |
| { Arm _____       |                  |          |               |      |
| { Number _____    |                  | <u>1</u> |               |      |

When Vaccinated 9/20/1916 \_\_\_\_\_  
 Vision { R.E.—V=6/24 R.E.—V=          
 { L.E.—V=9/24 L.E.—V=        

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_  
 (b) Slight defects but not sufficient to Cause Rejection \_\_\_\_\_



Approved by (Signature) Lamm Watson  
 (Rank) \_\_\_\_\_  
 \_\_\_\_\_ Medical Officer. \_\_\_\_\_ Medical Officer.

Enlisted at St Johns on 27<sup>th</sup> day of March 1916 on \_\_\_\_\_ day of \_\_\_\_\_ 191

| Joined on Enlistment      | Corps.      | Regtl. No.      | Corps.      | Regtl. No.      |
|---------------------------|-------------|-----------------|-------------|-----------------|
| <u>1<sup>st</sup> Reg</u> | <u>5/10</u> | <u>        </u> | <u>2402</u> | <u>        </u> |

Transferred to... \_\_\_\_\_  
 Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 191 on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_

*Handwritten notes:* 216

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, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer      |
|---|----------------------|-------|------|--------------------------|-------|------|--------------------------|-------------------------|--|-----------------------------------|
|   | Day                  | Month | Year | Day                      | Month | Year |                          |                         |  |                                   |
| 4th Scottish General Hospital,<br>STOBHILL, GLASGOW.                    | 28                   | 5     | 17   | 22                       | 7     | 17   | Syphilis                 | 56                      | Transferred to 3 <sup>rd</sup> London Gen. Hpl.  | D. Watson, Capt.                  |
| 3rd SCOTTISH GENERAL HOSPITAL   | 7                    | 7     | 17   | 6                        | 8     | 17   | 4 <sup>2</sup> Syphilis  | 14                      | Admission 2.8 pm. at 9.8 pm. treatment completed   | J. McKeown, Capt.<br>R. E. Taylor |
| 5th London General Hospital,<br>St. Thomas's Hospital,<br>London, S. E. | 9                    | 12    | 17   | 18                       | 1     | 18   | E.S.W. Leg. Fract. tibia |                         | Trans. to 3rd London Genl. Hpl.  | H. H. Hanson<br>Capt. R. A. M. S. |
| 3 <sup>rd</sup> LONDON GENERAL HOSPITAL<br>WANDSWORTH.                  | 18                   | 1     | 18   | 14                       | 10    | 18   | ditto.                   | 269                     | Sequestering performed here.<br>30 furls II  | G. C. Hall<br>Capt. Genl.         |
| COMMAND DEPOT,<br>SUTTON COLDFIELD.                                     | 22                   | 1     | 18   | 13                       | 12    | 18   |                          | 21                      | To unit  | CAPT. R. A. M. S.                 |

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issue of Surgical appliances; Particulars of Dental Treatment, &c.

| Date   | Brief Details, and Signature   |           |
|--|--|-----------|
| 10/7/16  | 1 <sup>st</sup> Inoculation  | TPO<br>DB |
| 15-8-16  | 2 <sup>nd</sup> " "  | DB        |
| 21-8-16  | 3 <sup>rd</sup> " "  | DB        |
| 31-8-16  | Vacc.  | SP        |
| 30 X. 1916   | Right eye Cyl - 2.5 Axis 15 Vision <sup>out</sup> <del>vision</del><br>Left eye Spm - 1 Cyl - 2.5 Axis 150 <sup>out</sup> <del>vision</del><br>These glasses multiply<br>Ireland terms |           |
| 13-11-16   | Fit. for Foreign Service. <i>J. M. W.</i>  |           |
| COMMAND DEPOT,<br>SUTTON COLDFIELD.<br>22 11 18                              |  |           |
| PLACED IN STAT. A.S.<br>BY: C. G.<br><i>[Signature]</i><br>CAPT. R. A. M. G. |  |           |
| 8-1-19   | Recommend Repatriation<br><i>link 11</i><br><i>Capt. R. A. M. G.</i>   |           |

TABLE IV.—SERVICE TABLE.

| Station or Troopship  | Date of Arrival or Embarkation | Date of Departure or Disembarkation | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|---|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <p>It is hereby certified that this soldier has been before the <i>Stat. Med. B.</i> Board and has been classified as <b>E</b> for <i>provisional</i> in mobilization. Medical category <b>CA II</b><br/> <i>[Signature]</i><br/>                     Date of S.M.B. <u>20.7.19</u><br/>                     Discharge Dept. <i>[Signature]</i></p> |                                |                                     |                      |                                |                                     |

## 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:

I have decided to open a  
Patch's Shop on my own

*W. K. Spittle*  
Signature of Man.

Reg. No. 7402

*H. C. Matthews*  
Signature of the Vocational Officer or his Representative.

Place *Militia Building, St. John's,*

Date *February 28<sup>th</sup>* 191*9*

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

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

1. Unit and Corps. *Royal New Zealand*
2. Regtl. No. *2402* 3. Rank. *Pte*
4. Name *WHITTLE*  
(Surname) (Christian Names)
5. Age last birthday.....
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? (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 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."  
*Left S.W. night leg. fractured tibia*

11. Date of origin of disability. *12th Dec. '17*
12. Place of origin of disability. *Cambrui*
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.  
*Struck by shell fragment*  
*scattered by on anterior*  
*intact shell surface about*  
*lower third causing fracture of*  
*tibia removed to Aust. Rules 4th. Regment*  
*from there to 5th London Gen. Hosp. 9. 12. 17*  
*and 18-1-18 removed to 3rd London Gen. where*  
*request for amputation performed sent to Command Dept*  
*22-11-18 Sutton on 13-12-18 dish.*  
*15 Dept of Winchester*

14. State whether the disabilities are
- |  | (a) attributable to  | (b) aggravated by |
|--|----------------------|-------------------|
| (i.) Service during the present war .. .. .                | <i>Yes</i>           |                   |
| (ii.) Previous active service.. .. .                       | <i>No</i>            |                   |
| (iii.) Climate in pre-war service .. .. .                  | <i>No</i>            |                   |
| (iv.) Ordinary military service before the war .. .. .     | <i>No</i>            |                   |
| (v.) Serious negligence or misconduct on the man's part. } | <i>V. D. S cured</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 amputation the exact position should be stated.

15. What is his present condition? *On internal surface right leg lower third, near about four inches long, point in pressure over infection with*  
*Complaints of pain at night and after unable to do sustained marches.*
- (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? *Yes.*
17. If not, was an operation advised and declined? *N.A.*
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? *N.A.*
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? *N.A.*

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.

Station *Hayesley Down Camp.*

Date .....

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(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.

*G.S.M. right leg.*

(b) The present condition thereof.

*Scar found not adherent beneath — about 4 inches long over lower end tibia. Has movement at ankle & in toes.*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(i) Service during the present war .. .. .

*G.S.M.*

(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 .. .. .

*no*

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).
- (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?

*less than 20%*

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?
- 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)?

*Yes*  
*A*

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?

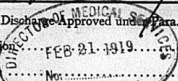
Signatures:

Station *St. John's* ..... *H. J. Lucas* President or Chairman.  
Date *Feb 26/19* ..... *H. J. Lucas* Members.

Discharge Approved under Para. 392 (xvi) King's Regulations. *Henry Macpherson, Major*

Station *Director of Medical Services* ..... *Henry Macpherson, Major* Officer in charge, Central Hospital.  
Date *FEB 21 1919* ..... *Henry Macpherson, Major*

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



Only applicable in cases of Patients in Hospitals.



## 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. & 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

*William White*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*2402*

Intended address

*1 Hamilton St*

Height on discharge

*5 Feet 4*

Color of hair on discharge

*Black*

Complexion

*Ruddy*

Color of eyes

*Grey*

Descriptive Marks

Figure on discharge

*Medium  
Petite*

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*St John 03-10-1896*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*William White**SGT*

(Rank)

Station

*St John*

Date

*11-2-19*

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

HEADQUARTERS  
 Medical Officer in Charge of Hospital  
 Unit, or Command Depot, Newfoundland.  
 St. John's, Newfoundland.

**Casualty Form - Active Service.**

Regiment or Corps Newfoundland

Rank Pte Surname Whittle Christian Name William

Religion R. C. Age on Enlistment 20 years 4 months.

Enlisted (a) 3.4.16 Terms of Service (a) Duration Service reckons from (a) 3.4.16

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

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

Occupation Butcher Signature of Officer. W. H. H. H. H.



| Report              | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 24, or in other official documents. The authority to be quoted in each case. | Place of Casualty           | Date of Casualty            | Remarks<br>Taken from Army Form B. 213, Army Form A. 24, or other official documents |
|---------------------|---|-----------------------------|-----------------------------|--|
| From whom received  |   |                             |                             |  |
|                     |   | Embarked <u>Shampton</u>    | <u>22/9/17</u>              |  |
|                     |   | Disembarked <u>Rouen</u>    | <u>29/9/17</u>              |  |
|                     |   | Joined Battalion <u>200</u> | <u>10/10/17</u>             |  |
|                     | <b>WOUNDED IN ACTION</b>  | <u>France</u>               | <u>4/12/17</u>              | <u>B213</u>  |
|                     | <u>Loss of Leg</u>  |                             |                             | <u>GD 4799</u>   |
| <u>Medical Ship</u> | <b>Transferred to England</b>   |                             | <u>1/1/18</u>               | <u>W 3083</u>  |
|                     |   | <u>Heary</u>                |                             |  |
|                     |   | <b>MAJOR</b>                |                             |  |
|                     |   | <b>Co. 1/c No. 1</b>        | <b>Infantry Section</b>     |  |
|                     |   |                             | <b>G. E. Q. 3rd Echelon</b> |  |

(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.

Army Form B. 103.

Regimental Number 2402

**Casualty Form - Active Service.**

Regiment or Corps Royal Newfoundland

Rank Pte Surname Whittle Christian Name H.

Religion R.C. Age on Enlistment 20 years 4 months

Enlisted (a) 3. 6. 16 Terms of Service (a) 2 yr Service reckons from (a) 3. 6. 16

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

Extended  Re-engaged  Qualification (b).....

Occupation Butcher or Corps Trade and Rate Cook 429

Signature of Officer.....

next of kin (father)  
Dumblatory St.  
St. John's  
Newfoundland

| Report    |  | Record of promotions, reductions, transfers, casualties, &c. 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 ...   |                   |                  |   |
|           |  | Disembarked...   |                   |                  |   |
|           | No. 1 Wing Southern Command Depot<br>Perham Down, Hampshire, England | Joined<br>Southern Command Depot<br>Caldfield  | Perham            | 21/10/18         | No 138. 22/10/18  |
|           |  | Caldfield D.   |                   | 21.11.18         | No 189. 21.11.18  |
|           |  |  |                   |                  |   |
|           |  |  |                   |                  |   |
|           |  |  |                   |                  |   |
|           |  |  |                   |                  |   |
|           |  |  |                   |                  |   |
| 13.12.18. | Command Depot  | Posted 2. Res Unit<br>Caldfield  |                   | 1912             | 01/12/18  |

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered under the heading "RE-ENGAGEMENT" or "ENLISTMENT IN SECTION D" as the case may be. (1759L) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B.103. (R. 1254.)

PRINTED BY THE  
WAR OFFICE  
LONDON

**SYPHILIS CASE-SHEET.**

Regtl. No. *2402* Rank and Name *Pte Whittle Wm* Corps *71 Regt.*

Placed on Syphilis Register at *4 BGP (Lynn)* on *28-5-17* No. in Register

Disease contracted at *any* Primary sore appeared on (date) *23-4-17*

**CONDITION WHEN PLACED ON REGISTER.**

Primary sore—character and site *Sore on trunk*

Lymphatic glands *Glands indurated*

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms *Phymosis*



Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

Station

Date *2.5.17*

Signature of M.O.

*Witcham J. J. [Signature]*

Struck off Syphilis Register at

on

Cause of being struck off Register { (a) Recovered  
(b) Transferred to Army Reserve  
(c) Discharged from Army }

Station

Date

Signature of M.O.



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 *William* 2. Surname *Whittle*  
3. Rank *Pte.* 4. Regt. No. *2402*  
5. Address in full to which future payments of gratuity are to be forwarded *7 Hamilton St. St. John's*  
6. Date of enlistment in the Regiment *Apr. 3/16*  
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 *—*  
9. Address in full of such dependent *—*  
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 field. If so, give dates, and particulars of such service *Overseas*  
12. Give total length of time which you served on active service, whether in field or Overseas *From Apr. 3/16 to March 14/19*

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.....

*Clothing allowance (back pay) 81.40*  
*Board allowance*

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?.....

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

*March 14/19*

*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

*France + Belgium - from Aug. 1917 to Dec 10/17*

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.



*William K. Little*

Signature of Applicant:

Place of Residence:

Declared before me, at:

This

*7th*

day of

*May* 19*17*

*7 Aquilton St. St. Johns  
St. Johns, Nfld.*

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

POST DISCHARGE PAY.

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|-----------|--------------|----------------|----------------------|----------------|
| .....     | .....        | .....          | <i>5 mos.</i>        | <i>300 00</i>  |
| .....     | .....        | .....          | .....                | .....          |
| .....     | .....        | .....          | .....                | .....          |

Certified Correct.

Prynaster.

Signature of Applicant:

Place of Residence:

Declared before me, at:

This

day of

19*17*

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 Dependent | War Service Gratuity | Net amount due |
|-----------|--------------|----------------|----------------------|----------------|
| .....     | .....        | .....          | .....                | .....          |
| .....     | .....        | .....          | .....                | .....          |
| .....     | .....        | .....          | .....                | .....          |

Certified Correct.

Prynaster.

Signature of Applicant:

Place of Residence:

Declared before me, at:

This

day of

19*17*

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



# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 2402 Rank Private Name Whittle Low  
 Former Occupation Butcher Address 7 Hamelin St. District St. Johns  
 Class E Medical Category A III Disability Rating Less 20%  
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..... His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 28-2-19  Joseph A. [Signature] Capt  
 Demobilization Officer

To be forwarded Orderly Room in Duplicate.

Reg. No. *2402* Rank *Pvt.* Name *Whittle W. W.*  
Attested ..... Address *7 Hamilton St.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *2-19*  
Embarked for Overseas ..... Cause *Discharge*

*21-2-19. Rec'd - Permaently unfit*

**FEB 27 1919** PASSED TO DEMOBILIZATION OFFICE

*28.2.19.* DISCHARGE APPROVED ON DEMOBILISATION

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (888) W/0117/2124 1000m 6/155 53 58

Forms  
B. 121.  
23.

Regiment of

Newfoundland

Number of Sheet

1st  
J. G. G. G. G.  
Capt

Signature of O. C. Company

|                            |             |                              |  |   |                |
|----------------------------|-------------|------------------------------|--|---|----------------|
| Regimental Number and Name |             | Enlistment                   | Trade  | Good Conduct Badges, Service Pay or Proficiency |                |
| No.                        | Whittle W.  | Age on                       | 20 years 4 months                                    |   | Butcher        |
| Joined Depot               | Date 5/9/16 | Place and Date of Enlistment | St John's 7/4/16                                     |   | Religion       |
| Joined                     | Date        | Period of                    | with Colours 3 1/2 years<br>with Reserve 1 1/2 years |   | Place of Birth |
| Joined                     | Date        |                              | St John's  |   |                |



| Place           | Date of Offence     | Rank | Cases of Drunkenness | OFFENCE   | Names of Witnesses  | Punishment awarded | Date of award or of order discontinuing with trial | By whom awarded | REMARKS         |
|-----------------|---------------------|------|----------------------|---|---|--------------------|--|-----------------|-----------------|
| Sutton Colville | 30 <sup>th</sup> 16 | Pvt  |                      | Breaking up of Camp after Letters & remaining absent until ordered back to camp by the M. P. in Belmore Rd about 2 1/2 30 immediate | Sgt Powell M.P.<br>4th Range "<br>"Norrille "<br>Sgt Martin | 8 days' CTS        | 2 <sup>nd</sup> 18                                 | Major's Tent.   | <del>20th</del> |
|                 |                     |      |                      | Demobilized 14 <sup>th</sup> 19   |   |                    |  |                 |                 |
|                 |                     |      |                      | To be carried over  |   |                    |  |                 |                 |

The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 7402 Rank Private Name Whittle Wm  
 Date of Enlistment 27.3.16 Address St John's District St John's  
 Occupation Butcher Classification for Discharge 6-B Medical Category A-1  
 Recommendation S.M.B. Planned by Regt Disability Rating See Para 2070  
 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 27.2.19for H. M. Newland  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

## I. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 28-2-19

## 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00(b) Clothing Supplied Joseph A. NewlandDate 28-2-19

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. 1295 issued.

Date 28-2-19 ..... Q. B. Deeks 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. Mrs. Hunt  
for Depot Paymaster.

Discharge approved for 28. 2. 19

Forwarded with following documents to O.C Discharge Depot.

|          |         |         |            |         |   |
|----------|---------|---------|------------|---------|---|
| N.F. P36 | B 268.  | B 121.  | N.F. Med.  | D.F. 1. |   |
| E 178.   | W 3494. | B 122.  | Board 1st. | " 2.    | 1 |
| B 178a.  | D 400A. | B 1915. | do 2nd.    | " 3.    | 2 |
| 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 28. 2. 19 ..... Q. B. Deeks 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 Grat. 1/7

Date FEB 28 1919 ..... R. H. Salt Capt.  
O. C. Discharge Depot.

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

Date March 3/1919 ..... pa neld  
Quophoray

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. Regtl. No. **2402**. 3. Rank..... **PTE**.....
4. Name **WHITTELS WILLIAM**.....  
(Surname) (Christian Names)
5. Age last birthday.....
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 ? (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 n (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 LEG. FRACTURED TIBIA.

11. Date of origin of disability. **DEC. 4TH. 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. **WOUND BY SHELL FRAGMENT. ENTERING LEG. IN ANTERIOR INTERNAL SURFACE. ABOUT LOWER THIRD. CAUSING FRACTURE OF TIBIA. REMOVED TO AUSTRALIAN HOSP. ROUEN. FROM THERE TO 5TH. LON.G.H. WHERE SURGERY PERFORMED. SENT TO COMMAND DEPOT. 22/11/18. SUTTON ON 13/12/18. DIS. TO DEPOT WINCHESTER.**



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 man's part. | V.D.S. CURED.       |                   |
- 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, &c., a specialist's report is to be attached with radiographs when possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? **ON INTERNAL SURFACE RIGHT LEG LOWER THIRD SCAR ABOUT 4 IN. LONG PAINFUL ON PRESSURE OVER INTERIOR SURFACE COMPLAINS OF PAINS AT NIGHT & UNABLE TO DO SUSTAINED MARCHES.**
- (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? **YES.**
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— **REPATRIATION.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Station .....

Medical Officer in charge of case.

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.**—(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.W. RIGHT LEG.**

(b) The present condition thereof.

**SCAR SOUND NOT ADHERENT BENEATH. ABOUT 4IN. LONG OVER LOWER END TIBIA.  
HAS MOVEMENT AT ANKLE & IN TOES.**

22. State whether the disabilities are:—

|   | (a) Attributable to<br><b>YES.</b> | (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 .. .. . | <b>NO.</b> .....                   | .....             |

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).

**LESS THAN 20%.**

(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)?

**ALL**

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. FRASER** ..... { President or Chairman.

Station ..... **ST. JOHN'S** ..... { Members.  
Date ..... **FEB. 21ST. 1919** ..... **J.B. TAIT** .....  
..... **L. PATTERSON, MAJOR** .....

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

Station ..... **(SGD) CLUNY MACPHERSON** ..... { Only applicable in cases of Patients in Hospitals.  
Date ..... **FEB 21 1919** ..... Officer in charge, Central Hospital.

No. OR  
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 .....

# COPY The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. **2402** ..... Rank ..... **Pte.** ..... Name **Whittle, William.** .....

Intended place of residence... **27 Hamilton ST.** ..... **ST. John's** .....

2. Occupation ..... **Butcher** .....

Classification of soldier ..... **F** ..... Medical Category ..... **AIII.** .....

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 ..... *W. Bailey Capt* .....

Date ..... **28-2-19.** ..... 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** ..... **Sgd. W. Whittle.** .....

Signature of soldier

**28-2-19.** ..... " **C.B. Dicks Capt.** .....

Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I <sup>not</sup> am in a position to resume civilian occupation immediately on discharge.

Place and Date **ST. JOHN'S** ..... **Sgd. W. Whittle.** .....

Signature of soldier

**28-2-19.** ..... " **J. Dymond. Sergt.** .....

Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service .. **27-3-16.** ..... No of days on Military

Discharged from service..... **28-2-19.** ..... Service **1063 Days.** ..

### 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 ..... ~~XXXXXXXXXX~~ **ST. JOHN'S** ..... **R.H. Tait. Capt.** .....

Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.

Date ..... **28-2-19** .....

### CONFIRMATION OF DISCHARGE

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

Place .....  
Officer i/c Records

Date .....  
The Royal Newfoundland Regiment