



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3755 Name Alfred M. Wilson Corps Mith.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Alfred M. Wilson
2. What is your full Address? "Jubilee Cottage" Fourt Road St Johns N.F.
3. Are you a British Subject? Yes
4. What is your age? 25 Years 0 Months
5. What is your Trade or Calling? Printer
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 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, Alfred M. Wilson 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.

Alfred M. Wilson SIGNATURE OF RECRUIT.
H. H. Small Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alfred M. Wilson 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 11th day of May 1917

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER

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

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

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

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

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

3755



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3755 Name Alfred M. Wilson Corps Mith.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Alfred M. Wilson
2. What is your full Address? "Jubilee Barracks" Forest Road St. John's N.F.
3. Are you a British Subject? Yes
4. What is your age? 25 Years 0 Months
5. What is your Trade or Calling? Printer
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

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H. H. Smiale Signature of Witness.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 11th day of May 1917

Signature of Attesting Officer J. R. Lint

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

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

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

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‡ 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 Alfred M. Wilson
 Apparent age 25 years 41 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 41 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Rev. James Wilson
St. John's St. John's N.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	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>11-5-17</u>									Lance Lt. <u>3-7-17</u> Capt. <u>27-11-17</u> Capt. <u>1-8-19</u>
Joined at <u>St. John's</u> on <u>May 1st 17</u>									
Embarked <u>St. John's</u> <u>St. Kizil</u> to <u>Halifax N.S.</u> <u>4th 17</u> . Embarked for <u>156th I.</u> <u>14-2-18</u> . <u>Disembarked</u> <u>Quebec</u> <u>6-2-18</u> . <u>Blamped</u> <u>15th Hampshire</u> to <u>England</u> <u>13-2-18</u> . <u>Moved to</u> <u>Weymouth</u> <u>17-2-18</u> . <u>Attached for duty</u> <u>15-8-18</u> to <u>Weymouth</u> for <u>demobilization</u> <u>5-9-19</u> . <u>Arrived</u> <u>Weymouth</u> <u>18-9-19</u> .									
<u>Demobilization</u> <u>St. John's</u> <u>29-11-19</u>									
Total Service forfeited as above _____									

Total Service towards Engagement to 19-11-19 [date of discharge] 2 years 203 days
 " " Pensions " " " " " " " " " " " "

C.R. 3755

Extract of General Orders No. 113 received from the Pay & Record
Office. London dated August 20th 1919.

The following promotions are made subject to the
approval of the Minister of Militia.

3755 Cpl. A.M. Wilson

to A/Sgt 1/8/19

CR 3755

Extract from Daily Orders Part 11 Unit The R. Nfld. Regt.
St. John's, Dec. 5th, 1919.

The discharge of the u/m on demobilization has been confirmed
by Officer i/c Records from noted dates.

3755 Sgt. A.M. Wilson

29-11-19.

C.R. 3755

Extract from Daily Orders Part 11 Unit The R. Field. Regt,
SSt. John's, Dec. 5th, 1919.

The discharge of the under/noted on demobilization has been
Approved by. O.C. Discharge Depot.

3755 Sgt. A. Wilson

15-11-19.

C.R. 3755

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 28-9-19.

The undernoted returned from Overseas and reported at
Militia Department ¹⁸ 6-9-19.

3755 Sgt. A. Wilson.

C.R. 3755

Extract from Daily Orders Part II Royal Newfoundland
Regiment, dated 20/9/19. (Special).

Reported from Overseas and reported to Militia
Department, 18/9/19.

3755, Sgt. A. Wilson.

C.R. 3755

Extract from telegram received from Synoptical, London,
Sept. 6th, 1919.

The following embarked "Saturnia" Glasgow to Quebec Sept. 5th
1919.

Sergt. 3755 Wilson.

C.R. 3755

March 26, 1918.

Rev. James Wilson,
Forest Road.

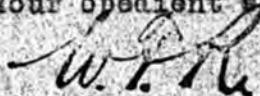
Dear Sir,

I have the honour to inform you that the
Record Office London, reports that ~~2755, 201~~ Alfred
Wilson, is perfectly well. His category A.3.

I have the honour to be,

Sir,

Your obedient servant



Major,

Chief Staff Officer.

WFL/JMP.

No. 3879.

N.F.P./35.

NEWFOUNDLAND CONTINGENT

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To: John Minister of Militia

17/3

1918

With the compliments of:

CHIEF PAYMASTER & OFFICER I/C RECORDS.

3731/266/R.&C.

C.R. 3755



O.C. Royal Nfld. Regt.

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

To. Chief Paymaster,
Royal Nfld. Regt.
58, Victoria Street,
S.W.

Pay & Record Office,

Hazeley Down Camp, Win.

8th March, 8

March 11th 1918.

3755, CPL. A.M. WILSON.

Following extract from tele-
gram (2317) received this date:

This N.C.O. is
perfectly well. His
Category is Affi.

"please inform- condition of-
"3755 Cpl- Wilson-"

This N.C.O. was transferred
from France, classified "B", and
was attached to your Unit
17/2/18.

(Sgd) R.A. Berners,
Lieut. Col.
Comdg. 2nd Bn. Royal Nfld.
Regt.

Major,

Chief Paymaster & O. i/c Records.

Will you please say?

*As telegraphed
12/2/18*

C.R. 3755

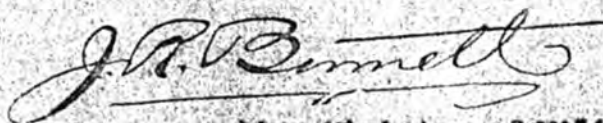
March, 1918 18

Rev. James Wilson,
Forest Road,
CITY

Rev. & Dear Sir:-

The Record Office, London reports to-day
3755, Corpl. Alfred Wilson transferred to 2nd Battalion
from B.E.F. classified base.

Yours faithfully,



Acting Minister of Militia

C.R. 3756

Extract from Casualty List from Pay and Record Office, London,
dated 28th. Feby 1918.

3755 A/Cpl. A.M. Wilson

Classified "B". was transferred to England 13/2/18.

Authority: Daily Orders No. 7 D. G.H.Q. 3rd Echelon 23/2/18.

C.R.

3755

Extract of Casualties received from Pay & Record Office,
London, dated February 28, 1918.

#3755 A/Cpl. A.M. Wilson. ✓

Was transferred to England 22/2/18. classified "B."

C.R. 765

Extract from Nominal Roll Draft No. 36, 200 Other Ranks
from 2nd., Reserve Battn. Royal Newfoundland Regt., and
proceeded to join the 1st., Battn, Royal Newfoundland
Regiment. B. E. F., Embarked Southampton 4/2/18.

#3755 A/Cpl. A. M. Wilson.

be.

C.R. 3755

Extract of Daily Orders part 11, by LT.COL. G.W.
WHITKER, Commanding 2/1st Newfoundland Regiment.
dated 28/11/17.

#3755 L/Cpl. A.M.Wilson.

To be Acting Corporal.

C.R. 3755

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florizel" Aug. 4, 1917.

3755 L/Cpl. A..Wilson.

C.R. 3755

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

3755 Pte. A. Wilson.

To be Lance Corporal from July 31st, 1917.

C.R. 3755-

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

3755 Pte. A.M. Wilson.

Attested this day, posted to F. Co., assigned number as
shown.

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
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Name..... *Wilson, J. M.* No. *3755* Rank..... *Sgt.* *R. N. E.* or Regiment.
 Home Address..... *St John's St.* City Address..... *Forest Road.*
 Age..... *27* Height..... *5* ft. *6* ins. Complexion..... *Fair* Eyes..... *Grey* Hair..... *Brown* Character.....
 Date of enlistment..... *11-5-1917* Where enlisted..... *St John's* Where seen service..... *France*
 Ship returned by..... Date of return..... How Long..... *2 years*
 Birthplace..... Date of discharge..... *15-11-19* Religion.....
 Name and address next of kin..... *Father, James Forest Road.*
 Cause of disability.....
 Condition which prevents the soldier from earning a full livelihood.....

Degree of incapacity (Please state in fractions) Eng. Board..... Newfoundland Board.....
 Probable duration of incapacity.....
 Is final disability likely to prevent return to previous occupation?.....
 Recommendation of Newfoundland Board.....
 Members of Board.....

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment..... *Clerk*
 Regular trade or profession.....
 Average earnings previous to enlistment..... *\$7.00* Any other income.....
 Name and address of last employer..... *Royal Stores Ltd*
 If in receipt of sick benefits or other insurance—name of society..... Amt. per mo. \$.....
 At what age left school?..... *18*..... What grade, standard, &c., was he in?..... *Intermediate*
 Has he had any further education since leaving school, if so what?.....
 Whether given Vocational Training while in Hospital in England. If so, what subjects?.....
 If unable to follow previous occupation, name preference.....

References.....
 Witness..... *R. A. Edwards M.M.* I declare that the above statement is correct.
 Date..... *15-11-1919* Signature..... *J. M. Wilson*

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class..... Amount per month, \$..... Period granted for..... Dating from.....
 First Payment date.....

A. M. Wilson

C.R. 5755

ARC

NEWFOUNDLAND CONTINGENT

Railway Warrants issued under Authority A.O.I.
1935 of 1918.

To: No. 3755 *Cpl A.M. Wilson*

whilst attached to Pay & Record Office, London.

Date	Ref. No.	JOURNEY		Remarks
		From	To	

REDUCED FARE VOUCHERS ISSUED

Under Authority A.O. I of 1st July 1918 and A.C.I. 758 of 1918

Date	Ref. No.	NUMBER ISSUED		Authority or Remarks
		Single	Return	
2-12-18	48		1	<i>J.S.D.</i>
25-4-19	48		1	
5-7-19	47		1	

No. _____

N.F.P./98.

NEWFOUNDLAND CONTINGENT

From:

To: Officer Commanding,

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

23-5-18 191

_____ 191

ALLOTMENT

No. 3755 A.M. Wilson l/pt.

With reference to the enclosed application for cancellation of Allotment of the above-named, / / (), kindly ascertain and advise:-

1. Whether the Allotment is payable to a dependent as a sole or contributory means of support?
2. Whether Separation Allowance (in addition to Allotment) is being paid to any person in Newfoundland or elsewhere on his behalf, and if so, to whom?
3. The reason for cancellation.

No.

no.

Insufficiency of Pay

Should the Soldier's reply to "2" be in the affirmative he should be informed that Allotment may not be cancelled without reference to the Minister of Militia in Newfoundland, to whom reason for cancellation will require to be submitted.

J.H. Marshall ^{*Capl*}
Major,

Chief Paymaster & O. i/c Records.

A.M. Wilson

ORIGINAL.

N.F.P./12.

ENTERED.
PAY LEDGERS <i>N.R.</i>
NUM. ROLL <i>P.M.</i>
ALLOT. INDEX <i>E.P.</i>
REGISTER <i>E.P.</i>
EXAMINED <i>J.M.</i>

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 5755 (Rank) Capt (Name) Wilson A.M.
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 3896 dated 1-8-17 in favour of
Rev. Jas Wilson
 for \$ — cts. 60 per diem.

Such cancellation to take effect on the Thirtieth day of
~~September~~ August 1918

2. I agree to accept all risks and consequences of this appli-
 cation failing to reach Headquarters, St. John's, in time to become
 operative at above-nominated cancelling date, and that in the event
 of such non-delivery, and thereby the Allotment continuing to be
 paid to the Allottee, I also agree to such further stoppage in the
 Pay Books as may be necessary, or otherwise to refund such overpaid
 amount or amounts.

Dated at P. & R.O.
23-8-18 191

A. M. Wilson
 Allotter.

Approved and Witnessed:
J. H. Marshall *Call*
 ABST. PAYMASTER,
 CHIEF PAYMASTER & OFFICER, *For MAJOR,*
 O.C. *Company.*

COPIES SENT		
TO	No.	DATE
M. OF M.	<u>13599/138</u>	<u>27/8/18.</u>
O.C. 1ST. BN.		
" 2ND. BN.		

N.B. - To be made out TRIPPLICATE and delivered to the Pay & Record
 Office not later than the date of cancellation, in accordance
 with P. & R.O. C.L./10, 9/12/16.

Phd

5049

ENTERED
PAY LEDGERS
NUM. R. <i>N.F. 220</i>
ALLOT. INDEX
" REGISTERED <i>R.S.K.</i>
EXAMINED

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 3755 (Rank) Capt (Name) Wilson A.M.

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and 87 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.:

Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (Each Person)	
			\$	c
<i>Self.</i>	<i>A.M. Wilson</i>	<i>Bank of Montreal 9 Waterloo Place SW</i>		<i>87</i>
				<i>87</i>

This Allotment to take effect from and including Jan 18 1919

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. O.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENT,

(Sig.) *J.F. Marsden*
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
Officer Commanding,
" " Company.

Dated at *London*

(Sig.) *A.M. Wilson*
Allotter.

30-1 1919



MEMORANDUM.

From

From O. C. Royal Newfoundland Regiment.

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

To Chief Paymaster, Royal
Newfoundland Regiment,
58 Victoria St, London, S.W.

ANSWER.

Pay & Record Office,

Hazeley Down Camp, Win.

8th March, 1918

March 11th, 1918

3755, CPL. A.M. WILSON.

Following extract from tele-
gram (2317) received this date:

"please inform- condition of-
"3755 Cpl- Wilson-"

This N.C.O. was transferred
from France, classified "B", and
was attached to your Unit
17/2/18.

This N.C.O. is
perfectly well. His
Category is Aiii.

Will you please say?

[Signature]

[Signature]

Major

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Chief Paymaster & O. i/c Records.

7

DEPARTMENT	<i>Rdo</i>
Reference No.	<i>2422</i>
Date Rec'd.	12 MAR 1918
" Ack'd.	
" Ans'd.	
File	<i>3755 Wilson</i>

HA/JC

*Cabled 12/3/18
Copy to Moffin
12/3/18*

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland
 Rank A/Cpl Surname Wilson Christian Name Alfred W
 Religion meth Age on Enlistment 25 years — months
 Enlisted (a) 1-5-17 Terms of Service (a) Duration Service reckons from (a) 1-5-17
 Date of promotion to present rank 28-11-17 Date of appointment to lance rank 1-8-17
 Extended { } Re-engaged { } Qualification (b) { }
 or Corps Trade and Rate { }
 Occupation clerk Signature of Officer [Signature]

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 <u>St John's</u>		<u>3-2-18</u>	
		Disembarked... <u>Rouen</u>		<u>6-2-18</u>	
<u>14-2-18</u>	<u>"D" I.R.D.</u>	<u>Transferred to Bag</u>	<u>Rouen</u>	<u>12/2/18</u>	<u>Rec.</u>
		<u>Classified "B"</u>	<u>Aut. D.M.G.</u>	<u>1858/272</u>	<u>24-7-16</u>
		<u>[Signature]</u>	<u>Wilson</u>		
		<u>O. I/c No. 1</u>	<u>Infantry Section</u>		



[Handwritten signature]

(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.
 W. 11274—M1188 1000m 1/17 (2727) SP & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)

NEWFOUNDLAND CONTINGENT

ENTERED
PAY LEDGERS
NUM. 80
N.F.P. 12.
RECEIVED
EXAMINED

CANCELLATION OF ALLOTMENT

1. I, (No) 3755 (Rank) Sep (Name) A. Wilson
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 5049 dated 18-1-19 in favour of
Self Bank of Montreal
for \$ — cts 97 per diem.

Such cancellation to take effect on the 1st day of
August 1919

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at London
31-7-19 1919

A. Wilson
Allotter.

Approved and Witnessed:
NEWFOUNDLAND CONTINGENT.

J. H. Marshall
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

N.B. - To be made out TRIPPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.

Wilson .3755

a.m.

Pay Dept

Nov. 29, 1919

#3755 Sgt. A.M. Wilson,
Forest Rd.,
City

Dear Sir :-

Please find enclosed Discharge Certificate #3883.

Yours truly

Quincy

Major

Raymaster.

Post received 1/20/20

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3755 Rank Sgt. Name Wilson, A W
 Intended place of residence Forest Road, St Johns.
 2. Occupation Clerk
 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 of @ Pay Dept.

Date 15-11-1919

R A Edwards S.M.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S of @ Pay Dept.

Date 15-11-1919

A W Wilson (Sgt.)
 Signature of soldier

W Newbury S.M.
 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, ST. JOHN'S A W Wilson

Date 15-11-1919

A W Wilson
 Signature of soldier

R A Edwards S.M.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-1917 No. of days on Military
 Discharged from service 15-11-1919 Plus 14 days Service 933

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 R A Edwards S.M.

Date 15-11-1919

R A Edwards S.M.
 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 A W Wilson

Date November 29/1919

A W Wilson
 Officer in Charge
 The Royal Newfoundland Regiment



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:

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

STATEMENT OF CASE

Station..... **ST JOHN'S.**

Date..... **NOVEMBER 5TH, 1919.,**

- | | |
|------------------------------------|---------------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday |
| 2. Regimental No. 3755. SGT | 6. Enlisted on MAY 1917. |
| 3. Rank SGT | at ST JOHN'S. |
| 4. Name A. M. WILSON. | 7. Former trade or occupation |
| | 8. Disability FLAT FEET. |

9. History

FLAT FEET BEFORE ENLISTING, BUT DID NOT PAIN HIM. LATER IN TRAINING CAUSED PAIN AFTER MARCHING. WENT TO FRANCE---R. T. V. B. CATEGORY. ALTER RETURNED TO PAY & RECORD OFFICE, LONDON.

10. What is his present condition? **COMPLAINS OF HURTING HIMSELF WHILST SWIMMING IN LONDON.**

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

HEART. O. K.

LUNGS: BREATHING VESICULAR, NO ADVENTITIOUS SOUNDS. NO AREAS OF DULNESS. V. R. NORMAL. V. F. NORMAL.

FLAT FEET----SCAPHOID TUBERCLE DOWN A GOOD DEAL----BUT ARCH COME UP IN STANDING ON TOES.

11. Was sanatorium advised and refused? operation

12. Do you recommend discharge as permanently unfit?

BOARD FOR ? AGGRAVATION OF PREEXISTING CONDITION.

Signature **J. ST. P. KNIGHT**

Rank or Qualification **MAJOR**

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **MAY** be considered as aggravated by:—
due to
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings. **YES**

WILL NOT IMPROVE.

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **15%**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **10%**
- Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention the Army **PERMANENTLY UNFIT.**

Remarks if any:—

..... **N. S. FRASER**
President
Signatures..... **J. B. O'REILLY CAPT**
..... **L. PATERSON. LT/COL.**

Place **ST JOHN'S.**

Date **NOVEMBER 7TH, 1919.**

APPROVED CLUNY MACPHERSON. LT/COL.

Station

Date



.....
Administrative Medical Officer.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Alfred M. Wilson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3755*

Intended address *Forest Road.*

Height on discharge *5 Feet 6 in.*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Grey.*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *James.*

Christian name of Mother *Livora*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fortune, Fortune Bay 20-5-1892*

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)

Alfred M. Wilson (Sgt.)

(Rank)

Station

ST. JOHN'S.

Date

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.

Date

File

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

MEDICAL HISTORY

OF

Surname Wilson Christian Name Alfred M

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County _____

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on " day of <u>May</u> 191 <u>7</u>	on	day of _____ 191		
	at <u>Headquarters</u>	at	_____		
Declared Age	<u>25</u> years _____ days				
Trade or Occupation	<u>Draper</u>				
Height	<u>5</u> feet <u>8</u> inches			feet	inches
Weight	<u>154</u> lbs.				lbs.
Chest Measurement	Grith when fully expanded	<u>41</u> inches			inches
	Range of Expansion	<u>4</u> inches			inches
Physical Development					
Vaccination Marks	Arm	Right	Left	Right	Left
	Number	—	<u>2 Scars</u>		
When Vaccinated					
Vision	R.E.—V=	<u>6/6</u>		R.E.—V=	
	L.E.—V=	<u>6/6</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 Patterson</u>				
(Rank)	<u>major</u>				
		Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at	_____		
	on " day of <u>May</u> 191 <u>7</u>	on	day of _____ 191		
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
	<u>4 1st Coy. Gd. B.</u>	<u>3783</u>			
Transferred to					
Became non-effective by					
	on _____ day of _____ 191	on	day of _____ 191		
(Signature)					
(Rank)					

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

A. Wilson

Signature of Man.

Reg. No.

3755.

Signature of the Vocational Officer or his Representative.

Place

St. John's. N.Y.

Date

15th November 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 3755

Name A. M. Wilson (Sgt.)

Address Forest Road

Present Medical Category B

Recommended for:— { (a) ~~Immediate discharge~~
(b) Standing Medical Board _____

O.C. Discharge Depot.

Senior Medical Officer

M.O. Depot

It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category E

5 1/9
Date of S.M.B.

R. Edwards
Assistant Surgeon
Discharge Department

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3755 Rank Serjt Name Alfred M. Wilson
 Date of Enlistment 11-5-1917 Address Forest Road District St. John's
 Occupation Clerk Classification for Discharge B Medical Category E
 Recommendation S.M.B. Term Unit Disability Rating 10%
 Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	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 15-11-19
R. Edwards S.M.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Alfred M. Wilson

Particulars passed to Vocational Officer for information and action.

Date 15-11-19
R. Edwards S.M.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable..... \$60.00

(b) Clothing Supplied.....

Date 15-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at *St Johns* and Release Certificate No. *3878* issued.

Date *15-11-19* *R. H. Edwards*
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 *29-11-1919*

Date *15-11-19* *R. H. Edwards*
Depot Paymaster.

Discharge approved for *15-11-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	<i>1</i>	<i>Form B</i>
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>1</i>	
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	<i>3</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 *15-11-19* *R. H. Edwards*
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *15-11-1919* *R. H. Edwards*
O.C. Discharge Depot.

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

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 questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Alfred M.*..... 2. Surname... *Wilson*.....

3. Rank... *Sergeant*..... 4. Regtl. No... *3755*.....

5. Address in full to which future payments of gratuity are to be forwarded.....

..... *Jubilee Leottage*.....
6. Date of enlistment in the Regiment... *May 11th 1917*.....

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 dependents.....

..... *Not Applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not Applicable*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....

..... *Not Applicable*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

..... *2 Years 203 days*.....

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.

No

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

Yes

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?

Not applicable

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

No

29th Nov. 1919. (b) Reason for discharge.

Disability

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.

Yes

France

February 1918

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: *Ann. Wilson*
 Place of Residence: *Jubilee Cottage Forest Rd*
 Declared before me at: *H. Johns, Wp* *City*
 This *4th* day of *February* 19*20*.....

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

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

164
Dep. of Militia

Jubilee Cottage,
Forest-Road,
St. John's.
April 10. / 18.

Dear Sirs,

As I have received
the allotment of my son Henry Wilson³⁰⁵
of \$9.30 but have not received
the allotment of my other son
Alfred M. Wilson 3755^{\$18.60} I am
wondering how it is - thinking
that it may be astray somewhere,
for the two cheques generally
came at the same time.

Kindly yours, waiting
a reply

Cheque
10416 mailed James Wilson
to Jubilee Cottage
Forest Road

Forest Road
St. John's

Dep. of Militia

Dear Sirs,

I posted an inquiry
note to you re my son's allotment
Alfred McWilson 3755, which
had not reached me.

A few minutes ago it came
to hand after being at the Goulds

The address seems to be
at fault a little by leaving
off City

Kindly Yours

Ja Wilson

Nov.29,1919

Officer Commanding,
City.

Dear Sir:-

The undermentioned man has been discharged
on account of Demobilization, on this date:

#3755 Sgt. A.M.wilson ✓

Yours truly

Major

Paymaster.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 145 ⁵⁵/₁₀₀

NOV 15 1919

Received from the First Newfoundland Regiment
the sum of one hundred & Forty five ⁵⁵/₁₀₀ Dollars.

~~on account~~
balance of Pay.

A. Wilson

Ch. No. 19949	Initials... <i>EW</i>
Pay Ledger... 180	Initials... <i>W</i>
Gen. Ledger.....	Initials.....

Regal. No. 3755 Rank *Sgt.*

A. Wilson

No. 3755

Rank Sgt

Name A Wilson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$350.00

Feb 5 1920

Received from the First Newfoundland Regiment
the sum of three hundred & fifty Dollars.
on account of Pay. W.S.G.
balance

Am Wilson

Ch. No. 28124	Initials. C.W.
Pay Ledger 382	Initials. W.S.G.
Gen. Ledger.....	Initials.....

Regtl. No. 3755 Rank Sgt.

No. 3755.

Rank

Sgt.

Name

A. M. Wilson



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station.....

Date..... *Nov 5th 1918.*

1. Unit *Royal Newfoundland*

5. Age last birthday

2. Regimental No.

6. Enlisted on

3. Rank

3753 Pk.

at

*May 1917.
81-Town.*

4. Name

WILSON Alan

7. Former trade or occupation

8. Disability

Flat Feet

9. History

Flat feet before enlistment, but did not know him. Late in training caused pain. After marching - lost 6 pounds - P.T.V. B. Colby. Later sent to P.O.R.O. London

10. What is his present condition ?

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

Complexion of healthy hue, but a little
sallow in London -

Snell: Head O.K.

Sleep - Mostly venereal
to admission sound,
presence of dullness.
VR normal, VF normal

Not Fed. - scapular tubercles down
a good deal - but arch comes up in
standing in toes.

11. Was ^{sanatorium} advised and refused ?
operation

12. Do you recommend discharge as
permanently unfit ?

Board for ? approximation of
necrotic condition

Signature

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Medical Report on an Invalid.Station Hazley Down Camp.Date Dec. 11th. 1918.

1. Unit **Royal Newfoundland.**
 2. Regimental No. **3787**
 3. Rank **Pte.**
 4. Name **Roberts.**
 5. Age last birthday
 6. Enlisted { on **May 16th. 1917.**
 { at **St. John's.**

7. Former Trade }
or Occupation }

7A. If with previous service in Army, state—

- (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***Bronchitis.**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **Went to France July 1918. Says he contracted Bronchitis. Boarded Rouen marked B category, & transferred to England. Vide attached report.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition? **He is slightly debilitated now, otherwise no disability.**

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation.

J. ST. P. KNIGHT, CAPT. NELD, REGT.

Officer in medical-charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease. **Pulse 100 no heart murmur, has diarrhoea General condition poor. Cough better. No accompani-**

21. (a.) State whether the disability is clearly **attributable to—** **ments in lungs.**

(i.) Service during the present war; **Yes.**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do **Strain of Military Service.** the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—

40% & months.

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **Yes.**

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

N.S.FRASER. President.

Station ST. JOHN'S.

ARCH. C. TAIT.

Date Jan. 16th. 1919

L.PATERSON MAJOR. Members.

Approved.

Station JAN 16 1919

(Sgd.) CLUNY MACPHERSON. MAJOR.

Date _____

Administrative Medical Officer.



The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **3787** Rank Pte Name **H. Roberts**

Intended place of residence **Twillingate**

2. Occupation **Clerk**

Classification of soldier **B** Medical Category **E**

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

ELIGIBLE for POST DISCHARGE PAY

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** (sgnd) **C. C. Duley, Capt.**

Date for **Comanding 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) **H. Roberts**
Signature of soldier

22-1-19 " **C. V. 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) **H. Roberts**
Signature of soldier

Jan. 21, 1919 " **J. Daymond, Sgt.**
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **16-5-17** No of days on Military

Discharged from service **24-1-19 plus 14 days** Service **633**

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** (sgnd) **C. C. Duley, Capt.**

for **Officer Commanding Discharge Depot**
The Royal Newfoundland Regiment.

Date **Jan. 26, 1919**

CONFIRMATION OF DISCHARGE

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

Place

Officer i/c Records

Date The Royal Newfoundland Regiment



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Alfred M. Wilson

in respect of his service as No. 3755 Rank Corpl.

Name A. M. Wilson Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

Sept. 30 / 21

Signature

A.M. Wilson

Date

Sept 30 / 21

Address

Jubilee Cottage
Forest Road

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION.

CIVILIAN CLOTHING GUARANTEE

I, No. 3755, Rank Sergt., Name Wilson, A. W.

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 28 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00

Date 15 - 11 - 19

M. John's Lt

A. W. Wilson
Signature of Soldier.

R. A. Edwards
Signature of Witness.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3755 Rank Serjt. Name Alfred M. Wilson
 Date of Enlistment 11-5-1917 Address Lonestown District St. John's
 Occupation Labourer Classification for Discharge B Medical Category E
 Recommendation S.M.B. From Unit Disability Rating 10%

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 15-11-19

H. Edwards
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

Alfred Wilson

Particulars passed to Vocational Officer for information and action.

Date 15-11-19

H. Edwards

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 15-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3878 to his home at St Johns and Release Certificate No. issued.

Date 15-11-19 R. Edwards S.M.
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 29-11-1919

Date 15-11-19 R. Edwards S.M.
Depot Paymaster.

Discharge approved for 15-11-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1 Form B.
E 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 15-11-19 R. Edwards S.M.
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 15-11-1919 R. Edwards S.M.
O. C. Discharge Depot.

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

Date