



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4150 Name Richard David Corps Regiment

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Richard David
2. What is your full Address? } 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. Yes Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... } 11. Yes

I, Richard David 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.

Richard David SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 191

Signature of Attesting Officer

†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 _____

Apparent age _____ years _____ months. Height _____ feet _____ inches

Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin _____ | Relationship _____

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

Pensions [" "] " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4450 Name Richard Wood *RC*

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Richard Wood
2. What is your full Address? 2. 21 St. James St. St. Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 27 Years 5 Months
5. What is your Trade or Calling? 5. Plasterer
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Richard Wood 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Richard Wood 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. Johns on this 16th day of April 1918

Signature of Attesting Officer Geoff Learty

†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 compiled 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)

Approved 6-5-18

Reg. No. 4450. Rank Sgt Name Woods. E.
Attested Address 21 Blowers Hill
Allotment Allottee
Date of Allotment Returned from Overseas 29.5.19.
Returned on S.S. Cassin Cause Discharge

Attached to depot for duty from 14.6.19.

5-8-19 Granted leave from 5-8-19 to 6-9-19

5-9-19 Att. Militia Dept. from 5-9-19

Royal Newfoundland Regiment
EMPIRE BARRACKS HOSPITAL

To *ADJ. Genl. Dept.* *Aug 19 17*

The marginally noted man,

4486 S.H.

for to be



Aug 27

M. J. [Signature]
Medical Officer

June 20th, 1919

From Adjutant,
Discharge Depot.

To Paymaster & Co. i/o Records,
Militia Dept.

#4450, Sgt. R. J. Woods,

The above noted man has made application to have his
allotment of 60¢ per day to Mrs. A. Snow, El Flowers Hill,
cancelled from and including June 1st, 1919.

[Handwritten signature]



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

June 23rd. 1919

The O.C.,
Depot.

Re #4550. Sgt. R.J. Woods.

The above noted N.C.O's allotment of 60¢
per day, payable to Mrs. N. Snow, 21, Flower Hill,
has been cancelled from and including June 1st.
1919.

Wolfe
C.

Lieut.

For PAYMASTER & O I/C RECORDS,

C.R. 4450

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4450, Sgt. R. Woods.

Reported at Headquarters 1/6/19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4450

Extract from Orders by Lt. Col. B.J. BARTON, D.S.O.
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19.

The undermentioned N.C.O. is confirmed in rank as from
22/4/19.

4450, Pte. (A/Sergt) R. Woods to be Sergt.

T
C

C.R. 4450

Extract from telegram from Mil. to Syn. dated March 28/19.

In answer to your telegram Mar. 27th, 4450 Woods amounts
INCORRECT CORRECT.

7

C.R. 4450

Extract of Telegram from Synoptical, London,
to Military.

March 27th/19.

IN ANSWER TO YOUR TELEGRAM MARCH 26th
742, 4450 WOODS AMOUNTS BOTH ALIKE.
IS THERE NOT A MISTAKE?

C.R. 4450

Extract from Daily Orders Part II Royal Newfoundland
Regiment. Dated June 18th 1919. Depot St. John's.

Attached to Depot for Duty from 14/6/19.

4450, Sgt. Rd. Woods.

C.R. 4450

Extract from Daily Orders part II, Depot Winchester
by Lieut. Col. B.J. Barton, D.S.O. Officer Commanding
2nd., Battalion of the Royal Newfoundland Regiment
dated 22-2-19.

4450 A/Cpl. Woods to be Actg/ Sergeant.

C.R. 4450

Extract from Orders by Lt. Col., B.J. Barton D.S.O.
Officer Commanding 2nd., Battalion of Hfid., Forestry Co.,
Winchester dated 13/12/18.

#4450 Pte. R. Woods to be Atg. Cpl. whilst employed in Medical
Room.

C.R. 4450

Extract from Daily Orders Part 11 By Lt. Vel. B.J. Barten.

D.S.O. Commanding the Royal Nfld. Regt. dated 24-7-18.

4450 L/C. Woods.

Reverts to private at his own request, as from 24-7-18.

054450
C.R.

Extract from Daily orders Part 11 By Lt. Col. B.J.
Barten, D.S.O. Commanding the 2nd Battn, Royal Nfld.
Regt. dated 23-7-18.

4450 L/C. R.J. Woods.

Having reported back from Gravesend Military Hospital
is taken on the strength of the Battn. and posted to
"C" Company.

C.R. 4450

Extract of Casualties from Pay and Record Office, London dated

9th. July 1918.

4450 I/C. R.J. Woods.

Contact Mumps.

The above-mentioned was admitted to Military Hospital, Gravesend
7/7/18, off H.M. Transport arriving at Tilbury from Canada

Diseases as respectively stated above.

Authority: Memo and Telegram from Hospital.

C.R. 4450

Extract from Casualties received from R&R Office London,
dated July 25, 1918.

4450 L/C. R. Woods.

Was trans. to 2nd BN. Winchester ex Military Hosp; Gravesend,
Where he was adm. 7-7-18 ex H.M. Transport which arrived at
Tilbury from Canada 7-7-18.

C.R. 4450

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

4450 L/C R. Woods.

Embarked for Overseas with draft 11-6-18.

C.R. 4450

Extract from ~~2514/252~~ Daily Orders part 11, from Unit The
Royal Rifles Regt. St. John's, dated June 10, 1918.

#4450 Pte. R. Woods.

To be Lance Corporal from 10.6.18

C.R. 4450

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, April 18, 1918.

#4450 Pte. R. Woods.

Attested for General Service with the Royal Nfld.
Regiment, from 13/4/18. to report 6/5/18.

E. J. Wood

C.R.

4450

~~*1120*~~

FORM K

X

N^o 4204 ^A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Richard Woods, Regl. No. 4450

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
297	mother	Mrs. Woods (The same) Mrs. Woods	21 Flower Hill St. John's	
Total Allotment, \$				60 ⁰⁰

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

Sig.) [Signature]
Officer Commanding
A Company
[Signature]
May 23rd 1918

(S) [Signature]
(Rank) Pte

FORM K



No 4204a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Richard Woods, Regl. No. 4450

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3971	mother	Mrs Alfred (Theresa) Snow	21 Flower Hill St John's	
Total Allotment, \$				<u>.60^y</u>

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

Sig.) [Signature]
Officer Commanding
A Company
St John's
May 23rd 1918

(Sig.) Richard Woods
(Rank) Pte

From Opl. 24/7/18
Military Hospital
D. Brauseen
1/18 Records
mfd. Regt

Herewith A F W 3243
relating to N.C.O.
who was transferred
to Hazelton Down Camp
Winchester on 23/7/18
as per instructions
dated 10/7/18.

For your information

Concord contract 1918

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Def. Nos IN	6740
Rec'd	JUL 23 1918
Ref. Nos. 161	Major Rank
F.A.	
Cmd	
P&C	
R. & C	<input checked="" type="checkbox"/>
B & F	
P.S.	

All Troops except Expeditionary Forces.

Name of Central Hospital Gravesend Military
 Serial No. in A. & D. Book 281
 Regt. (state if T.F.) R. Newfoundland Regt.
 Trp. Batty. or Coy. _____ Regtl. No. 4450
 Rank L/cpl.
 Name Woods R. J.
 Age 27 Total Service 3 mths.
 Date of Arrival at Hospital (a) as an Admission 7:7:18.
 (b) as a transfer (state where from) _____
 Date of discharge to duty 23.7.18
 " " " by change of disease _____
 " " " as an invalid _____
 " " death _____
 " " transfer (state where to) _____
 No. of days under treatment 17

To be filled in by the Medical Officer in charge of case in accordance with par 14, A.C.I. 462 of 1917.

Date of onset of disease or injury _____
 Disease or injury Enteric Mumps

Operations _____

Result of operation _____

Brief notes on case with complications in order of occurrence

No. health developed slight symptoms of case of Red starting

Signature of the Medical Officer

C. S. [Signature]

One of these cards is to be completed for every patient received into hospital, except those from Expeditionary Forces.

No. 15890/1684.

N.F.P./79.

From: NEW FOUNDLAND CONTINGENT

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

Officer Commanding,
2nd. Bn. Royal Nfld. Rgt.,
Winchester.

October 3rd, 1918

9 OCT 1918 191

Subject: 4450, Pte. R. Woods,

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

4450, Pte. R. Woods, £7.0.0.

Draft £7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.
David H. [Signature] LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £7.0.0
Seven pounds on account of
cable remittance from Newfoundland.

R. J. [Signature]
No. 4450 Rank Pte.

No. 4760/696

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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

26th March 1919

27/3/1919

4450 A/Sgt Woods R.

With reference to the following
telegram from the Minister of
Militia / / (98)

"Pay to 4450 Woods,
£5. 0. 0.

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

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

Receipt hereunder.

Robert J. ...
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.
ROYAL NEWFOUNDLAND REGT.

Received the sum of Five

Robert J. ... in respect of
telegraphic remittance from the
Minister of Militia.

R. J. Woods
No. 1146 Rank Private

Witness *Chadwell*

No. 4846707

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

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

31st March 1919

4450 A/Sgt. Woods R.

With reference to the following
telegram from the Minister of
Militia (99)

"Pay to- 4450 Woods.

£5. 0. 0.

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

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

Cham
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL. BATT. H.

Received the sum of Five

Quint in respect of
telegraphic remittance from the
Minister of Militia.

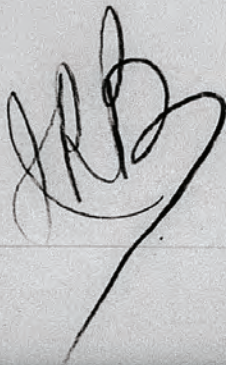
No. 4450 Rank sergeant

Witness C. Headell

Extract Telegram No.155, 27/3/19, to Minister of Militia:-

With reference to your telegrams 26 March- No.741- No.742- 4450-
Woods- amounts- both alike- is there not a mistake.

Inviting Reply



Woods, R. J.

4450

Ray Sept.

From
O/B

24/7/18

military hospital
Gravesend

2/O/B Hazely Down Camp
Winchester

Herewith AFB 178

relating to man
of 2nd Lt Regt who
was transferred to
you on 23/7/18.

Geo Skinner
Major R.A.M.C.

Temporary

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Wood Christian Name R. J. L. Col

TABLE I.-General Table.

Birthplace { Parish County
Examined { on day of 191...
 at
Declared Age years days.
Trade or Occupation
Height feet inches
Weight lbs.
Chest Measurement { Girth when fully Expanded inches
 Range of Expansion inches

TABLE III.- Boards; Courts of Enquiry. Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>30 Aug 1914</u>	<u>Re-examined 'B'</u> <u>V.P.H.</u> <u>W.H. [Signature]</u> <u>Asst. Surgeon</u>

Physical Development
Vaccination Marks { Arm RIGHT LEFT
 Number
When Vaccinated
Vision { R.E.-V-
 L.E.-V-
(a) Marks indicating congenital peculiarities or previous disease-
.....
(b) Slight defects but not sufficient to cause rejection-

Approved by
Rank
Medical Officer.

TABLE IV.-Service Table.

Enlisted { at
 on day of 191...
Joined on enlistment { Corps Rifl Newfld Regtl. No. 4450
 Regt.
Transferred to {
Became non-effective by
on day of 191...
(Signature)
(Rank)

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4450 Rank Sergt Name Richard Wood
 Intended place of residence Michigan State (State School), Woodward Avenue, Detroit Michigan U.S.A.
 2. Occupation Bookkeeper
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date 15 9 20

R. Edwards
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 15 9 20

R. Wood
 Signature of soldier

R. Edwards
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{not} in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 15 9 20

R. Wood
 Signature of soldier

R. Edwards
 Signature of witness

STATEMENT OF SERVICE

7. Elisted for service 16-4-1918 No. of days on Military
 Discharged from service 29-9-1920 Plus 14 days Service 911

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

Date 15 9 20

R. Edwards
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date October 13th 1920

M. Howley Major
 Officer i/c Records
 The Royal Newfoundland Regiment



THE ROYAL NEWFOUNDLAND REGIMENT
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

June 20th, 1919

From Adjutant,
Discharge Depot.

To Paymaster & O. 1/c Records,
Militia Dept.

#4450, Sgt. R. J. Woods,

The above noted ^{N.C.O.} ~~man~~ has made application to have his allotment of 60¢ per day to Mrs. A. Snow, 21 Flowers Hill, cancelled from and including June 1st, 1919.

Noted
C.B.H.

N.R. Cooper
Capt. Adjt.

LM/

October 16, 1920

Ex Sgt. Richard Woods (Royal Newfoundland Regiment)
c/o Michigan State Auto School,
Woolward Ave.,
DETROIT, Michigan, USA.

Dear Sir:

Enclosed, please find

'Discharge Certificate, No. 3918'

Yours truly,

Major

Paymaster & O. i/c Records.

Enc.

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 take course under Civil
Re-establishment Committee

R. J. Howell
Signature of Man.

Reg. No. 4450

B. A. Butler

Signature of the Vocational Officer or his Representative.

Place

Date

St. John's

15-9-1920

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4450 Rank Serjnt Name Richard Wood
 Date of Enlistment 16.4.1918 Address 21. Howe Hill District St. John's
 Occupation Book Keeper Classification for Discharge B Medical Category F
 Recommendation S.M.B. None Unfit Disability Rating 20%
 Passed to Demobilization Officer with following documents:—

N.F. P136	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 15/9/20

R. Edwards
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

R. Wood

Particulars passed to Vocational Officer for information and action.

Date 15/9/20

R. Edwards

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 15/9/20

R. Edwards

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4450 Rank Serjant Name Richard Wood

Date of Enlistment 16-4-1918 Address 21 Tower Hill District St. John's Nfld.

Occupation Book Keeper Classification for Discharge B Medical Category F

Recommendation S.M.B. None Unfit Disability Rating 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 15/9/20

R. Edwards
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

R. Wood

Particulars passed to Vocational Officer for information and action.

Date 15/9/20

R. Edwards
O. C. Re-clothing.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 15/9/20

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at 21 Lower Hill and Release Certificate No. 3920 issued.

Date 15/9/20 Demobilization Officer R. K. Edwards

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 13/10/1920

Date 15/9/20 Depot Paymaster R. K. Edwards

Discharge approved for 29/9/1920
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1	Total 13
F 178	W 3494	B 122	Board 1st	2	
B 178a	D 400A	B 1915	do 2nd	3	
B 179	D 400B	Form L	do 3rd	4	
B 179a	D 400C	Form K	do 4th	5	
B 179b	B 103	ME 2		6	
B 179c	B 120	M 93			

Date 15/9/20 Demobilization Officer R. K. Edwards

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date 15/9/20 O.C. Discharge Depot R. K. Edwards

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

Date _____

SEPARATION ALLOWANCE.

Claimant, Elizabeth Dunsphy Guardian
On account of Richard J. Woods No. 4480 Rank, Serjt.

Decision, Approved

Date Oct. 12/1921

W. F. Russell Secy. Col.
M. Dowley Major

Instructions

Allotment of 60⁰⁰ per day payable to Mrs Alfred Snow
his mother from 1/6/18 to 31/5/19
Discontinued on account of being cancelled by allottee.

R. H. Rumney

June 1/1919 to Oct 13/1920 =

300.00 + 100.00 + 10.48 = \$410.48

NOTICE

1ST. NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

GUARDIAN

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

This statement is considered as being made in Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:-

THE POSTMASTER,
SEPARATION ALLOWANCE BRANCH,
ST. JOHN'S, NEWFOUNDLAND.

1. Name in full of soldier. Rank. Reg't. Reg't. No.
Richard J. Woods *Supt.* *A.F.L. 10.* *4450*
2. Age of soldier Married or Single
24
3. Name in full of Guardian.
Elizabeth Dumphy.
4. Address in full.
39 Flowers Hill
5. By what authority are you acting as Guardian (if not verbal, enclose written document).
Verbal.
6. Name of children Married or Single.
Alice Woods *10*
7. Are all the above children in your care, and living with you? Explain fully.
Alice Woods lived with me from December 1917 to March 1919. She acted as his guardian all the time Sgt. Woods was in the Army.
8. Are any of the above children suffering from mental or Physical incapacity?
No.
9. Give names of children of soldier not in your care. Occupation Permanent Address.
(Age last Birthday)

10. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.

no

11. Are you already in receipt of Separation Allowance from any Source? If so, state amount.

no

12. Are you in receipt of payment from any Patriotic Fund, if so, state amount.

no

13. Was the soldier at the time of his enlistment, an employee of the Mfld. Government?

no

14. In what capacity and in what place.

—

15. Is he in receipt of a salary as such while serving in the 1st Mfld. Regt. If so, how much?

no

16. From what date have you received allotment and state amount per month

I herewith make this solemn declaration conscientiously believing the same to be true, and knowing it to be of the same force and effect as if made under Oath, and in Virtue of the Evidence Act.

Signature of Applicant Lissie Murphy

Place of residence 39, F Lower Hill, N. York

Declared and subscribed before me

this 14th day of June 22 1921

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, or Justice of the Peace. John E. Hogg Barrister at Law

This Application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful enquiry, the above statements are correct.

Signature of Clergyman
Signature of Member of Patriotic Fund Committee

N.B. Birth Certificate must accompany this Application, and will be returned after perusal.



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

Richards Woods

Regiment from which discharged

Royal Newfoundland

Regimental number

4450

Intended address

21 Flower Hill,

Height on discharge

5 Feet *7*

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

—

Christian name of Mother

Teresa

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St John's, 29th March, 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)

R. Richards Woods

Sgt.

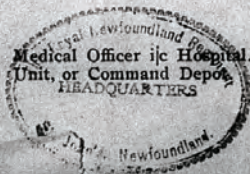
(Rank)

Station **ST. JOHN'S.**

Date

13-6-19

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



Station

Date

John McArthur
to C.O.

Sept Wood state he has lost
all clothes etc. in fire yesterday -
also cheque for pay up to Nov 15th
could be pleased receive one month
pay in advance.

~~W. J. Wood~~

P.M.
One months pay in
advance is authorized
W. J. Wood

21/11/19

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 4450

Name Hoods R. Rank Sgt

Address 21 Flower Hill

Present Medical Category A 1

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

Members of Board {

O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

D. W. Burden
M. O. Depot

A. M. D. G.

St. Bride's College

LITTLEDALE

ST. JOHN'S NEWFOUNDLAND

Miss Alice Hood

Session beginning May 2nd 1921

	\$	cts.
<i>2 Months Pension</i>	<i>54.</i>	<i>50</i>
<i>Instrumental Music</i>		
<i>Singing</i>		
<i>Elocution and Voice Production</i>		
<i>Drawing</i>		
<i>Painting</i>		
<i>Physical Culture and Dancing</i>		
<i>Commercial Course</i>		
<i>Laundry</i>	<i>1.</i>	<i>00</i>
<i>Use of Piano</i>		
<i>School Requisites</i>		
<i>Total</i>	<i>55.</i>	<i>00</i>

Pension and Extras are paid in advance
for each Session

*Paid with Thanks
May 2nd 1921*

J. M. Lusa

* A. M. D. G. *

St. Bride's College

LITTLEDALE

ST. JOHN'S NEWFOUNDLAND

Miss Alice Woods

Session beginning Sept 24 /21

	\$	cts.
<i>Pension</i>	<i>60.</i>	<i>00</i>
<i>Instrumental Music</i>		<i>7. 00</i>
<i>Singing</i>		
<i>Elocution and Voice Production</i>		
<i>Drawing</i>		
<i>Painting</i>		
<i>Physical Culture and Dancing</i>		
<i>Commercial Course</i>		
<i>Laundry</i>		<i>5- 00</i>
<i>Use of Piano</i>		
<i>School Requisites & use of books</i>		<i>1. 50</i>
<i>Total</i>	<i>71.</i>	<i>50</i>

Pension and Extras are paid in advance
for each Session

St. John's,
May 3, 1921.

To-
Lieut Col. Rendell,
C I T Y.

Dear Sir,

Will you kindly give this Claim your
consideration,-

My Sister "Alice Woods" who is but Ten
years of age is solely depending upon me for her
support and education. After my return from Over-
seas, June First, 1919, I stopped my allotment, also
sending my Sister to live with a relative of mine,
I paying her a sum of Ten Dollars (\$10.00) per month
to September 15, 1920. Owing to illness of my rel-
ative, I had to take her from there, putting her in
a Boarding School "Littledale Academy" at a cost of
Two Hundred and Fifty Dollars (\$250.00) per annum,
where she is at present.

If this Claim is legitimate, I should be
very grateful to you if you could help her.

Your obedient servant,

H.H. 30. Et Sup. R. G. Wood.

ST. JOHN'S, July 12th / 19

Royal Newfoundland Regiment.

Billeting Account,

To Sgt. R. Woods

Billeting Soldiers as undermentioned

from July 4th / 19 to July 11th / 19

4450 - Sgt. R. Woods 7 20

ACCOUNT	
CH NO	<u>2918</u>
IND COGNIT	
PAY LOCUS	
GEN PROP	<u>20</u>

Certified correct for

J. A. Snowcraft
Billeting Officer.

Sgt. Woods.

1 suit clothes	-	60	-
1 overcoat	-	50	-
1 dress coat	-	35	-
1 pair boots	-	9	-
1 shirt	-	2	-
1 tie	-	1	-
1 suit undercoat	-	6	-
1 valise		6	
1 shaving brush		5	

ACCOUNT	R. E. Woods
CH. NO.	24678
INITIALS	EW
INCL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

\$ 174

OK for \$174.
 Received
 Sgt. R. E. Woods

I, *R. Woods* being duly sworn
depose and say, that the attached statement of claim for
property lost in the fire at the Empire Hospital, is a
correct statement of my losses.

..... *R. Woods*

Sworn before me at

Department of Militia, St. John's,
this.. *16th*... day of.. *December*

A.D. 1919

512



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Statement of Expenses etc
Brought in the file of the Empress ^{Head} 29/11/19

2	suits blouses	\$75.00	\$140.00
1	Overcoat	\$70.00	70.00
1	Raglan		45.00
2	Pro Boots etc		26.00
1	• Rubber		1.60
2	Top shirts	\$4.00	5.00
2	Neck Ties	c 100	2.00
2	suits Undewear	c 800	16.00
		\$ 2.00	14.00
1	Turnt.		8.00

Sgt Woods states that besides this claim he lost in actual cash \$170.00
CCB

Blank outfit Boot Brakes and Trolleys etc

\$ 15.00
\$ 3,35.60

also ~~\$ 1.90~~ in cash which I was paid a few days before.

I have been issued by the Quartermaster

- 1 suit undewear
- 1 Top shirt
- 3 Pro boots
- 1 • Boots

4450

To ~~C. S. O.~~
OC Military Hospital

Dear Sir
I beg to ask
for allowance in
sum of £100 being
as I have not received
any since March 1919

19-6-20 ~~John P. [unclear]~~

To C.S.O.

Appreciated and thanked
by you please.

Wm. [unclear]
OC Mil. Hosp.

P.M. Please issue cheque for \$18.⁵⁰
in lieu of S.D. uniform

WGR

19/6/20

Sept 16 1920

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of one hundred twenty two dollars and fifty cents
in payment of transportation and 1 month's allowance
and charge same to Civil Re-establishment Committee

\$122.50

Transportation	\$50.00
Allowance	60.00
Exchange	12.50

\$122.50

ACCOUNT	
CHK. NO. 2472	INITIALS <i>[Signature]</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

F. C. A.
R. J. Woods
Vocational Officer
R. J. Woods

Duplicate

July 9th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension

ACCOUNT	<i>R. J. Woods</i>
CHK No	<i>68</i>
INT DATE	<i>July 9th 1921</i>
PAY AMOUNT	<i>14.00</i>
CASH RECEIVED	<i>[Signature]</i>

[Signature]
Vocational Officer

[Signature]

July 4th 1921

Major Howley
O.I. C. Records

Please pay to R. J. Woods, 4450

the sum of fourteen dollars
in payment of allowance for week ended July 2nd 1921
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

J.C.R.

J. B. Butler

Vocational Officer

ACCOUNT		
CHK. NO.	20	INITIALS
INL. NUMBER		INITIALS
PAY ORDER		INITIALS
GEN. LEDGER		INITIALS

[Handwritten initials and signatures over the form]

Charles E. Grath

July 16th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods 4450
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension

[Handwritten signature]

[Handwritten signature]
Vocational Officer.

ACCOUNT		
CHK. NO.	126	INITIALS <i>[Handwritten initials]</i>
INL. LEGON		INITIALS
PAY LEGON		INITIALS
GEN. LEGON		INITIALS

[Handwritten initials]

July 28th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of fourteen dollars
in payment of allowance for week ending July 30th 1921
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

R. J. Woods *Branch*
Vocational Officer

ACCOUNT		INITIALS	<i>RJW</i>
CH. NO.	<i>231</i>	INITIALS	
INV. NUMBER		INITIALS	<i>[Signature]</i>
PAY NUMBER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

R. J. Woods

July 23rd 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension

Nil

[Handwritten signature]

Vocational Officer

ACCOUNT		
RE	185	600
INTL. LEDGER		
PAY LEDGER		
GEN. LEDGER		

J. C. R.

May 20th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods,
the sum of twenty eight dollars
in payment of allowance for two weeks to May 21st 1921
and charge same to Civil Re-establishment Committee

\$28.00

ACCOUNT	6160	Ev
CHK. NO.		
DATE		
PAY TO THE ORDER OF		
AMOUNT		
NON-NEGOTIABLE		

R. C. S.

B. Butler

Vocational Officer

R. J. Woods

May 5th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of twenty eight dollars
in payment of two weeks a lowance to date
and charge same to Civil Re-establishment Committee

\$28.00

Pension

N11

6042	e
	ew

J.C.R.
B. Hunter
Vocational Officer
R. J. Woods

June 4th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of twenty eight dollars
in payment of allowance for two weeks ended this date
and charge same to Civil Re-establishment Committee

\$28.00

Pension Nil

ACCOUNT	6312	INVS.	E
CN No.			
INT. LEAD		INT. LEAD	
PAY LEAD		PAY LEAD	
QTR. LEAD		QTR. LEAD	

J. C. P.
J. C. P.
Vocational Officer

R. J. Woods

June 25th 1921

Major Howley
O. I. C? Records

Please pay to R. J. Woods, 4050
the sum of fourteen dollars
in payment of allowance for weekended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

J. C. A.

B. A. Under
Vocational Officer
R. J. Woods

ACCOUNT	
CHK. NO.	6491
DATE	6/25/21
AMOUNT	14.00
PAY TO THE ORDER OF	R. J. Woods
CASH	
DEPOSIT	

June 18th 1291


Major Howley
O. I. C. Records

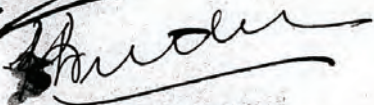
Please pay to ~~R~~ J. Woods, 4450
the sum of fourteen dollars

in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

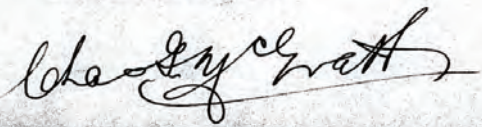
\$14.00

Pension Nil

ACCOUNT	6434	60
CHK. NO.	6434	60
INTL. AMOUNT		
		

J. C. R.


Vocational Officer



June 11th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods, 4450
the sum of fourteen dollars
in payment of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$14.00

Pension Nil

ACCOUNT	6375	INVEST	2.00
INTL. SAVINGS			
PAY LINDS			
GEN. INVEST			

J. C. R.
[Signature]
Vocational Officer

April 20th 1921

Major Howley
O. I. C. Records

Please pay to Mr. R. J. Woods,
the sum of fifty dollars Boston
in payment of transportation from ~~Wickford~~ to St. John's
and charge same to Civil Re-establishment Committee

\$50.00

J. C. R.

ACCOUNT		INITIALS	
OR. NO.	5817	INITIALS	<i>Eu</i>
INT. LEGEND		INITIALS	<i>[scribble]</i>
PAY LEGEND		INITIALS	<i>[scribble]</i>
GEN. LEGEND		INITIALS	<i>[scribble]</i>

B. A. Under
Vocational Officer

R. J. Wood

BB/ME.

December 22, 1920

Major Howley
O. M. C. Pay and Records.

Kindly furnish me with a sight draft on Boston
in favour of R. J. Woods for the sum of sixty dollars
being ~~second~~ month's allowance on account of course
and charge to the Civil Re-establishment Committee.

4557	How

\$60.00
11.10
\$71.10

J. C. J.
H. B. Butler
Vocational Officer.

*Red Cheque
Margaret Edens*

12th
Oct ~~11th~~ 1921

Major Howley
Paymaster

Please pay to R. J. Woods, 4450
the sum of twenty eight dollars
in payment of allowance for two weeks to Oct 15th 1921
and charge same to Civil Re-establishment Committee

\$28.00

Pension

~~NI~~
R. J. Woods

R. J. Woods

.....
Vocational Officer

Frank L. Jones

ACCOUNT	_____
CHK. NO. <i>7004</i>	INITIALS _____
INL. LEDGER	INITIALS _____
PAY LEDGER	INITIALS _____
GEN. LEDGER	INITIALS _____

[Handwritten signature/initials over the ledger section]

Dec 24th 1921

Major Howley
O. I. C. Records

Please pay to R. J. Woods 4450
the sum of seventy four dollars
in payment of allowance for week ended Dec 31st and Bonus
and charge same to Civil Re-establishment Committee

\$74.00

Pension	Nil
Allowance	\$14.00
P. & A. Bonus	60.00
	<u>\$74.00</u>

R. J. Woods
Vocational Officer

R. J. Woods

ACCOUNT		
CHK. NO.	1094	INITIALS
INL. LEDGER	---	INIT. LG.
PAY LEDGER	---	INITIALS
GEN. LEDGER	---	INITI LG.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60 ⁰⁰

Nov 22nd 19 19

Received from the First Newfoundland Regiment
the sum of Sixty Dollars.
on account of Pay.
balance

Ch. No. 20436	Initials. <i>Leu</i>
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

Sgt R J McLoery
Regtl. No. Rank

Noted at Depot

No. 4450

Rank Sergt.

Name

R. Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 32⁰⁰

Dec 22 1917

Received from the First Newfoundland Regiment
the sum of Thirty two Dollars.
on account of Pay.
balance

J. P. Wood
Regtl. No. _____ Rank _____

Ch. No. 25029	Initials. <i>EW</i>
Pay Ledger 230	Initials. <i>EW</i>
Gen. Ledger	Initials.

No. 4450

Rank

Sex

Name

R Word

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰

Mar 4 19 20

Received from the First Newfoundland Regiment
the sum of one hundred & forty Dollars.
on account of Pay. Col. *W. L. B.*
~~balance~~

Ch. No. 31352	Initials <i>W. L. B.</i>
Pay Ledger 349	Initials <i>W. L. B.</i>
Gen. Ledger	Initials <i>W. L. B.</i>

Regtl. No. 4450 Rank *Sgt*

C. J. B.

R. J. Wood

No. 4450

Rank

Sgt

Name

R J Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10 ⁰⁰ / 100

Mar 11, 1930

Received from the First Newfoundland Regiment
the sum of Ten Dollars.

on account
balance of Pay.

PAID

[Signature]

Regtl. No. Rank

Ch. No.	33424	Initials	Cur
Pay Ledger	230	Initials	Wor
Gen. Ledger		Initials	<i>[Signature]</i>

No. 4450

Rank

Sgt

Name

R. Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 30⁰⁰

March 19 20

Received from the First Newfoundland Regiment
the sum of Thirty ⁰⁰ Dollars.

on account of Pay.
balance

[Handwritten initials]

Ch. No. 31498	Initials <i>[Handwritten]</i>
Pay Ledger.....	Initials.....
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

[Handwritten signature]

No. 4450

Rank

Sgt

Name

P Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰

Mar 27 19 20

Received from the First Newfoundland Regiment
the sum of one hundred & forty ⁰⁰ Dollars.
on account of Pay. W. L. G.
balance

J. P. [Signature]

Ch. No.	33143	Initials	W. L. G.
Pay Ledger	349	Initials	W. L. G.
Gen. Ledger		Initials	W. L. G.

Regtl. No. _____ Rank _____

177
C. 18

No. 4450

Rank

Sgt

Name

R Wood

132
16

798
122

2128

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70 ⁰⁰/₁₀₀

Apr 22 1970

Received from the First Newfoundland Regiment
the sum of Seventy ⁰⁰ Dollars.
on account of Pay. W.S.G.
balance

[Signature]
Regtl. No. Rank

Ch. No. 35680	Initials <i>[Signature]</i>
Pay Ledger 349	Initials <i>[Signature]</i>
Gen. Ledger	Initials <i>[Signature]</i>

[Signature]

No. 4450 Rank Sergeant

Name R Woods.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$46⁵⁰

May 7th 1920.

Received from the First Newfoundland Regiment
the sum of Forty six ⁵⁰/₁₀₀ Dollars.
on account of Pay.
balance

R. G. Wood
Regl. No. Rank

Ch. No. 36955	Initials E. W.
Pay Ledger 230	Initials R. G. W.
Gen. Ledger	Initials

A. C. A.

No. 4450.

Rank

Sergt.

Name

R. Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$18 ⁵⁰/₁₀₀

June 19th 1920.

Received from the First Newfoundland Regiment
the sum of Eighteen ⁵⁰/₁₀₀ Dollars.
on account of Pay. W. C. A. M. G.
balance

[Signature]
Rank

CA. No. 39682	Initials. <u>[Signature]</u>
Pay Ledger 230	Initials. <u>[Signature]</u>
Gen. Ledger	Initials. <u>[Signature]</u>

W. C. A. M. G.

No.

Rank

Sergt

Name

R. Woods.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$49 $\frac{60}{100}$

July 16 19 20

Received from the First Newfoundland Regiment

the sum of Forty Nine ⁶⁰/₁₀₀ Dollars.

on account
balance of Pay.

[Signature]

[Signature]
Regtl. No. Rank

Ch. No. 680	Initials <i>[Signature]</i>
Pay Ledger 16	Initials <i>[Signature]</i>
Gen. Ledger	Initials <i>[Signature]</i>

No.

Rank

Sergeant

Name

R Woods

RECEIVED

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$46 ⁵⁰/₁₀₀

July 9th 1920

Received from the First Newfoundland Regiment
the sum of Forty six ⁵⁰/₁₀₀ Dollars.
on account of Pay. *CPB*
balance

R. J. Wood
Regtl. No. _____ Rank _____

Ch. No. 427	Initials <i>RB</i>
Pay Ledger 16	Initials <i>RB</i>
Gen. Ledger	Initials <i>RB</i>

No.

Rank

Sergt.

Name

R Woods.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$46 ⁵⁰/₁₀₀

Aug 11th 1920

Received from the First Newfoundland Regiment
the sum of Forty six ⁵⁰/₁₀₀ Dollars.
on account of Pay.
balance

R. J. Wood

Ch. No. / 1550	Initials.. <i>R. J. W.</i>
Pay Ledger.. / 16	Initials.. <i>R. J. W.</i>
Gen. Ledger.....	Initials.. <i>R. J. W.</i>

7. C. R.

Regtl. No.

Rank

No.

Rank

Serjt

Name

R Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20.00

Aug. 21st 1970

Received from the First Newfoundland Regiment
the sum of Twenty Dollars.
on account of Pay.
balance

[Signature]
Regtl. No. Rank

CA. No. <u>1865</u>	Initials <u>[Signature]</u>
Pay Ledger <u>16</u>	Initials <u>[Signature]</u>
Gen. Ledger	Initials

[Signature]

No.

Rank *Sergt*

Name

R. Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$226 ⁷⁰/₁₀₀

Sep 14th 1920

Received from the First Newfoundland Regiment
the sum of Two hundred twenty six ⁷⁰/₁₀₀ Dollars.
on account of Pay.
balance

Ch. No. 2453	Initials <i>A</i>
Pay Ledger 16	Initials <i>R. H. Wood</i>
Gen. Ledger	Initials <i>M. A.</i>

R. H. Wood
Regt. No. Rank

No.

Rank

Serjt

Name

R Woods

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$10⁰⁰

Sept
Aug 4th 1920

Received from the First Newfoundland Regiment

the sum of Ten Dollars.

on account of Pay. ~~M.A.C.~~

Ch. No. 2776 Initials.....

Pay Ledger 16 Initials.....

Gen. Ledger..... Initials.....

R. Wood

Rank

J. C. R.

No.

Rank

Sergt

Name

R J Woods

DEPARTMENT OF VETERANS AFFAIRS

R. Nfld. Regt.

Regt. No. 4450 Pension No. NIL V.A. No. NIL

NAME AND NEW ADDRESS (Typewritten)

WOODS, Richard,
Bishop's Falls,
Newfoundland.

PLATE IMPRESSION (H.O. use)

*P.A. on "N.F." Docs
in Dead Section
1973-R-10*

FILE IN REGISTRY "NF" DISTRICT

FOR A DEPENDENT PENSIONER DECEASED SOLDIER'S NAME
MUST ALSO BE INSERTED

Old District Office "NF"

New District Office "NF"

Issued at "NF" District Office

By Baxter Peckham
Signature in Full

Date 31 March 50

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

2396

Pension No 2396

Regt. No. 4450 Rank Pte. Name Richard Woods

Corps served with ROYAL NFD REGT.

Date of Medical Board July 31/26 Disability NIL

Pension for self NIL per month for _____ months.

Allowance for wife _____ per month for _____ months.

Allowance for children:

1st Child _____ per month for _____ months.

2nd Child _____ per month for _____ months.

_____ Children @ _____ per month for _____ months.

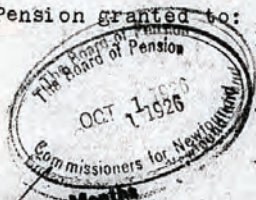
TOTAL ALLOC. FOR C₂ _____ per month for _____ months.

Total monthly pension _____ for _____ months.

TOTAL AUTHORIZED AMOUNT _____

Pension granted to: Name Richard Woods
Address BISHOP'S FALLS.

6.8.26
BT



M. W. ...
4/9/26

Approved: me as for _____ Approved by: _____
by W. C. ... (Special Agent)

R. D. ... Chairman.
... Commissioner.
... Commissioner.
... Secretary.

PARTICULARS OF FAMILY:

Date of Marriage. Name of Wife.
Names of Children. Sex. Date of Birth. Expiration of Allowance.

Report of Medical Board

Station	St. John's, Nfld.	Date	JULY 31, 1926	
No. and Rank	4450--PRIVATE	Age	28 YEARS	Height 5'6"
Name	RICHARD WOODS	Complexion	FRESH	
Unit	Royal Newfoundland	Eyes	BLUE	Hair FAIR
Address	BISHOP'S FALLS	(The Board will please note how the soldier's appearance corresponds with above description).		
Former Trade	BOOKKEEPER			
Enlisted at	ST. JOHN'S	On	APRIL 1918	
Disease or Disability	Original	<u>P L E U R O D Y N I A .</u>		

Subsequent

Present Condition (Compare with previous Board)

*141 lbs weight
Occasional pain through the left chest. Coughs in
mornings & very little phlegm. Respiration clear over
both sides of chest and no change in vocal resonance.*

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board

Members of Board

[Signature]

[Signature]

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

DR. W. H. PARSONS, M.C., M.D., C.M.
CHAIRMAN
HON. H. M. MOSDELL, M.B., M.L.C.
CHAS. C. OKE, SECRETARY



In reply refer to

No. _____

St. Johns,

2396

September 4, 1926.

Mr. Richard Woods,
Bishop's Falls.

Dear Sir:

As a result of your last medical board the Board has decided that the disability for which you have been receiving pension has now passed away, and you are therefore, not entitled to any further payment of pensions in respect of same.

Yours very truly,

Secretary.

VMD

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 2419 ²³⁹⁶

Regt. No 4450 Rank Pte. Name Richard Woods

Corps served with Royal Nfld. Regt.

Date of Medical Board Aug. 26/25 Disability 10% expiring 6.8.26.

Pension for Self \$ 7.50 per month for 12 months.

Allowance for Wife " " " 66666 months.

Allowance for children:

1st. Child _____ per month for _____ months.

2nd. " 66666 " " " _____ months.

Children @ _____ each per month for _____ months.

Total monthly pension \$ 7.50 for 12 months.

Total authorized amount \$ 90.00.

300/21

Pension granted to:-

Name Richard Woods

5-9-25
B T

Address: .Bishop Falls.

Approved by:-

7/9/26
AS

Chairman

Commissioner

Secretary.

Seal of the Board of Pension Commissioners Newfoundland
11 1925
19/25

Date of Marriage: _____ Name of Wife: _____

Names of Children. Sex. Date of Birth. Date expires.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:

Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date.....

AS SOON AS POSSIBLE.The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 4450

Rank PRIVATE

Name RICHARD WOODS

ADDRESS: BISHOP'S FALLS.

Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 27 YEARS

Height 5'6"

Color of Eyes BLUE

Complexion FRESH

Colour of Hair FAIR

Weight

Marks of Identification:

August 19, 1924: Complains of shortness of breath and occasional twitches of pain on exertion. Walking any distance feels weakness in legs. Some cough with phlegm in mornings. Has gained about four or five pound withgt. General condition good. Harsh breathing angle of left scapula.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

P L E U R O D Y N I A

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Disability for which pension has been awarded:—

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

yes

(2) Give a definite detailed description of the present condition.

The pensioner's condition is the same as at last examination

He is slightly stronger but other disabilities remain the same.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—

(If there are no complaints, it will be so stated.)

Signature
of Witness

J. J. Smith

Pensioner's signature

R. J. Woods

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any have the disabilities diminished or increased since last examination?.....
Remain the Same

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?..... *Don't Know*

6 Are the disabilities permanent?..... *Don't Know*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

(b) Should he continue to do so?.....

(c) If so, is any alteration in the form of the present appliance recommended?.....

(d) If any appliance is necessary?.....

Approved for 10 Months by Dr. J. J. Smith (over at end) 10/10

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?.....

(b) Nature of treatment advised.....

(c) Is pensioner willing to accept treatment advised?.....

(d) If not, is his refusal reasonable?.....

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refused to accept the same for the following reasons:.....

The foregoing report submitted by

Pensioner's signature _____

Signature _____

Medical Examiner.

Place _____

Date _____

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer).

9 (a) Has pensioner married since last medical re-examination?

(b) ~~If so~~ *is* he receiving the additional allowance for a wife?.....

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If, so, is he receiving the additional allowance for a child?.....

11 If pensioner was married, has his wife died since last medical re-examination?.....
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?.....
(State date of death and names of children who have died.)

Place *Beulah Falls*.....

Date *August 26/25*.....

J. J. Smith

Head of District Office,
(or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No _____

Regt. No 4450 Rank Sgt. Name Richard Woods

Corps served with Royal Newfoundland Regiment

Date of Medical Board _____ Disability _____ %

Pension for Self _____ per month for _____ months.

Allowance for Wife _____ " " " 66366 months.

Allowance for children:

1st. Child _____ per month for _____ months.

2nd. " 66366 " " " _____ months.

_____ Children @ _____ each per month for _____ months.

Total monthly pension \$ _____ for _____ months.

Total authorized amount \$ _____.

This man was considered T.B. report from Dr. Brehm confirms this.
He comes under section governing T.B. cases.

Pension granted to:-

Name _____

Address: _____

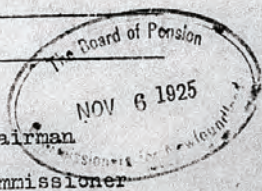
Approved by:-

Chairman
R. H. Howley

Commissioner
J. H. ...

do.

Secretary.



Date of Marriage: _____ Name of Wife: _____

Names of Children: _____ Sex: _____ Date of Birth: _____ Date expires: _____

This man was considered
T. B. report from Mr. Brecken.
Confessions this - the comes under
section governing T. B. cases

J. B. Kelly
L. J. Patterson
W. H. Woods

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND



In reply refer to

No.

DR. W. H. PARSONS, M.C., M.D., C.M.
CHAIRMAN
HON. H. M. MOSDELL, M.B., M.L.C.
CHAS. C. OKE, SECRETARY

St. John's

4450

November 9, 1925.

Mr. Richard Woods,
Bishop's Falls.

Dear Sir:

At a recent meeting of the Special Medical Board your case was considered, and your recent letter read. It was agreed that when you were in the Sanatorium you were considered a T.B. case, and a report from Dr. Brehm confirms this. Under the circumstances, you will come under the Section of the War Pensions Act governing T.B. Cases.

Yours very truly,

Secretary.

VMD

2396

Bishops Falls.

Sept 30th 1925

Mr. C. C. O'Ke

Dear Sir

The Board of Pensions
OCT 3 1925
NEW ORLEANS

I wish to inquire from you re separation allowance as in my case. I was discharged from the Sanatorium in Oct 1922. Dr. Rendell claimed that I never had T. B. I was boarded and given three months full pension in Nov 1922 I got married I was again boarded in Feb 1923. my pension was cut to less than 50% also my disability was put down as Pharyngina. well if I never had T. B. according to my papers only under observation that I should think that I should come under some other class and not a positive T. B. as I know the rules that are

laid down for J. B. cases Rs.
 marriages whilst they are drawing
 over 50%.

Now in my case my disability
 is not Tuberculosis so therefore I
 think I am entitled to separation
 allowances for my wife and child
 the same as other cases who get
 a separation allowance and were
 married whilst they were drawing
 over 50% under another disability
 not J. B. I would like for
 you to let me know if I am
 entitled to a claim, as I don't
 want anything only whatever is
 due me hoping you will reply
 at your earliest convenience

I Remain

Yours very truly
 R. J. Woods

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.D.

Pension No. 2396

Regt. No. 4450 Rank Capt Name Richard Woods

Corps served with _____

Date of Medical Board 19/8/24 Disability 20 %

Pension for self \$ 15.00 per month for 12 months.

Allowance for wife _____ " " " _____ months.

Allowance for children:

1st child _____ per month for _____ months.

2nd child _____ per month for _____ months.

_____ children @ _____ ea. per month for _____ months _____

Total monthly pension 15.00 for 12 months.

Total authorized amount 180.00

Noted. Int. M. M. M.

Date. 19/11/24

Pension granted to:-
Name Richard Woods

Address Bushy Falls



Approved by:-

[Signature] Chairman.
[Signature] Commissioner
[Signature] Commissioner.
[Signature] Secretary.

.....
Date of Marriage _____ Name of Wife _____

Particulars of children:

NAME SEX DATE OF BIRTH CO. YRS OF AGE

Exam in Town by full Board at
end of period was

[Signature]

Report of Medical Board

Station	St. John's Nfd.	Date	August 19, 1924.	
No. and Rank	4450 Pte.	Age	26	Height 5'6
Name	Richard Woods	Complexion	Fresh	
Unit	Royal Newfoundland	Eyes	Blue	Hair Fair
Address	(The Board will please note how the soldier's appearance corresponds with above description).			
Former Trade				
Enlisted at	On			
Disease or Disability	Original			

Subsequent

PLEURODYNIA.

Present Condition (Compare with previous Board)

Complains of shortness of breath and occasional twitches of pain on exertion. Walking any distance feels weakness in legs. Some cough with phlegm in morning. Has gained about 4 or 5 lbs weight. General condition good. Hard breathing angle left Scapula.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

20%
Recommendation of Medical Board

Members of Board

J. H. Adams

J. S. Brown

296
August 19, 1934.

Newfoundland Regiment Railway,
City.

Dear Sirs:-

Kindly supply Mr. R. Woods with first class passage, meals and sleeper, to Botwood; charge same to the Board of Pension Commissioners for Nfld.

Yours faithfully,

Secretary.

BT.

THE BOARD OF PENSION COMMISSIONERS
FOR N.F.L.P.

Pension No 2396

Regt. No 445D Rank _____ Name Woods Richard

Corps served with _____

Rank held when disability was incurred _____

Date of Medical Board 2/7/24 Disability 25%

Pension for self: \$ 18.75 per month for 6 months

Allowance " wife: \$ _____ " " " " _____ "

Allowances for children:

1st. Child \$ _____ per month for _____ months

2nd. " \$ _____ " " " _____ "

_____ Children @ \$ _____ each - \$ _____ for _____ "

Total monthly pension \$ 18.75 for 6 months

Total authorized amount \$ 112.50

[Signature] dated _____
initials _____
4/3/24 date

Pension granted to: Name Richard Woods

Address _____

Approved by: *[Signature]* Chairman

[Signature] Commissioner

[Signature] Secretary.

The Board of Pension
FEB 28 1924
Commissioners for Newfoundland

4/3/24 ✓
BY

Date of Marriage _____ Name of Wife _____

Particulars of children:

	Name	Sex	Date of birth	Date comes of age.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

[Handwritten mark]

2396

B. P. C. No. ~~249~~

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,
Date.....

AS SOON AS POSSIBLE.

The Secretary, Board of Pension
Commissioners for Newfoundland.
Per.....

Regimental No. **4450**

Rank **PRI VATE**

Name **RICHARD WOODS**

ADDRESS: **FLOWER HILL**

Unit **ROYAL NEWFOUNDLAND REGIMENT**

DESCRIPTION OF PENSIONER:

Apparent Age **25 YEARS** Height **5' 6"** Color of Eyes **BLUE**

Complexion **FRESH** Colour of Hair **FAIR** Weight

Marks of Identification:

NOVEMBER 7th 1922: Weight 140 lbs. Pulse 80. No accompaniments in lungs.

FEBRUARY 10th 1923: Temperature 98. Pulse 85. Weight 135 lbs. Complains of slight pain just below the right clavicle and extreme posterior to base of same lung. Also says that he coughs phlegm and a little blood each morning. The first heart sound is absent at times on this examination and somewhat irregular. His general condition is somewhat below normal.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

P L E U R O D Y N I A .



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND
FORM NO. 10 (REVISED 1954) AND MEDICAL EXAMINATION OF APPLICANTS

Faint, illegible text, likely a form header or introductory section, possibly containing fields for name, address, and date.

Extremely faint and illegible text, likely the main body of the form or a list of questions, possibly containing fields for medical history, symptoms, and examination findings.

Disability for which pension has been awarded:—

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

Morning temperature 96.5 - Evening temperature 99.9
 " Pulse 87.4 " " Pulse 100
 weight 140 lbs complains of pains
 in the right lung

Special Questions :-

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:-

(If there are no complaints, it will be so stated.)

Signature
of Witness

J. J. Smith

Pensioner's signature

R. J. Hooley

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any have the disabilities diminished or increased since last examination?.....

slightly increased

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No

5 Will disabilities materially increase or diminish?.....

don't know

6 Are the disabilities permanent?.....

yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?.....

(b) Should he continue to do so?.....

(c) If so, is any alteration in the form of the present appliance recommended?.....

(d) If any appliance is necessary?.....

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?.....

(b) Nature of treatment advised.....

(c) Is pensioner willing to accept treatment advised?.....

yes

(d) If not, is his refusal reasonable?.....

Approved: *Twenty-five* % for *6* Months by *Dr. M. M. Wood* Medical Examiner. Examining in town West Rd.

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refused to accept the same for the following reasons:.....

The foregoing report submitted by

Pensioner's signature _____

Signature _____

Medical Examiner.

Place _____

Date _____

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer).

9 (a) Has pensioner married since last medical re-examination? .. *No*

(b) If so, is he receiving the additional allowance for a wife? .. *don't know*

10 (a) Has a child been born to pensioner since last medical re-examination? .. *yes*

(b) If, so, is he receiving the additional allowance for a child? .. *No*

11 If pensioner was married, has his wife died since last medical re-examination? .. *No*
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? .. *Yes (one)*
(State date of death and names of children who have died.) *Consumption*

Place *Bushy Falls*

Date *July 25/24*

Head of District Office, (or Medical Practitioner)

2396

Meads Richard

21 ²⁵ from $1\frac{2}{21}$ to $30\frac{3}{21}$.

42.50

10 ⁶³ " $1\frac{4}{21}$ to $31\frac{12}{21}$.

95.67

138.17

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

2396

Pension No. ~~1119~~

Regt. No. 5002 Rank Pte Name RICHARD WOODS

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Rank held when disability was incurred _____

Date of Medical Board Feb 10/23 Disability 20 %

Pension for self \$ 15.00 per month for 12 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " \$ _____ per month for _____ months

Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ 15.00 for 12 months

Total authorized amount \$ 180.00

Granted to:-

Name Richard Woods

Address _____

((NOTED))
[Signature]
Initials
8/3/23
date.

Approved by:-

[Signature] Chairman

Medical Advisor.

[Signature] Secretary.

Date of Marriage _____ Name of wife _____

Particulars of children:

	Name	Sex	Date of birth	Expires.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

7/3/23 ✓
BJ

2396

B. P. C. No. 2419

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

ST. JOHN'S, Newfoundland.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

Date.....

AS SOON AS POSSIBLE.

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 4450 Rank PRIVATE
Name RICHARD WOODS ADDRESS: FLOWER HILL
Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 24 YEARS Height 5' 6" Colour of Eyes BLUE
Complexion FRESH Colour of Hair FAIR Weight

Marks of Identification:

MARCH 4, 1921: WEIGHT 143 LBS. BREATHING SLIGHTLY SHALLOW. VERY SLIGHT DULNESS LEFT BASE TOWARDS AXILLARY LINE. NO FRICTION RUB. NO RALES.

APRIL 19th 1921: WEIGHT 143½ LBS. HARSH VESICULAR BREATHING RIGHT APEX, OTHERWISE NORMAL. OCCASIONAL PAINS IN CHEST IN FOGGY WEATHER. GENERAL CONDITION GOOD.

DECEMBER 20th 1921: WEIGHT 134½ LBS. PULSE 88. COMPLAINS OF PAIN IN LEFT CHEST POSTERIORLY. RONCHI PRESENT ABOUT SCAPULAR REGION. RIGHT CHEST BREATHING COGWHEEL IN TYPE. TEMP. 99.

NOVEMBER 7th 1922: WEIGHT 140 LBS. PULSE 80. NO ACCOMPANIMENTS IN LUNGS.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

P L E U R O D Y N I A.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

FORM FOR HISTORY AND MEDICAL EXAMINATION OF PENSIONERS

NAME OF PENSIONER: _____

RESIDENCE: _____

DATE OF BIRTH: _____

DATE OF EXAMINATION: _____

NAME OF EXAMINER: _____

POSITION: _____

DEPARTMENT OF PENSIONERS: _____

NAME OF OFFICER: _____

REGIMENT: _____

COMPANY: _____

DATE OF ENTRY INTO SERVICE: _____

DATE OF LAST PAYMENT: _____

REASON FOR APPLICATION: _____

REMARKS: _____

STATE OF ILLNESS: _____

CHARACTER OF ILLNESS: _____

DATE OF ONSET: _____

PROGRESS: _____

CAUSE: _____

PROGNOSIS: _____

RECOMMENDATION: _____

DATE OF REPORT: _____

SIGNATURE OF EXAMINER: _____

OFFICE: _____

ANALYSIS OF CASE

ANALYSIS OF CASE: _____

CONCLUSION: _____

RECOMMENDATION: _____

DATE OF REPORT: _____

SIGNATURE OF EXAMINER: _____

OFFICE: _____

Disability for which pension has been awarded:—

1913

3
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *yes*
- (2) Give a definite detailed description of the present condition.

Temperature 98 Pulse 85 - Weight 135-lbs

Complains of slight pain just below the right clavical and extends posterior to base of same lung

Also says that he coughs phlegm and a little blood each morning

The first heart sound is absent at times on this examination and somewhat irregular

~~and some of the branches are old~~
Consolidation at the base of left lung
~~and some of the branches are old~~

This general condition is somewhat a little below normal

J. J. Smith

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature

of Witness

J. J. Smith

Pensioner's signature

[Signature]

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish? *No*

6 Are the disabilities permanent? *Don't know*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? *Yes*

(b) Nature of treatment advised. *He has a good fit and for proper treatment*

(c) Is pensioner willing to accept treatment advised? *Yes*

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

The foregoing report submitted by

Pensioner's signature

Signature

Approved 20/10/23
W. J. P.

Medical Examiner.

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? *Yes*

9 (b) If so, is he receiving the additional allowance for a wife? *No*

10 (a) Has a child been born to pensioner since last medical re-examination? *No*

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place *Bishops Cleeve*

Date *Feb 10/23*

J. J. Smith

Head of District Office, (or Medical Practitioner.)

PHONE 1314

MAKING AND TRIMMING A SPECIALTY

2396

L4480

92 NEW GOWER ST.,

St. John's, Nfld., *Mar. 31/3* 1922

Mr. *R. Woods*

To **PEDDIGREW BROTHERS**

The Reliable Tailors

FIRST CLASS LINE OF OVERCOATINGS, SUITINGS, AND TROUSERINGS

To Make and trim Suit

\$ 20.00

Subscribed Coat
R. Woods

31/3/22.

W. M. M. M.
1/4/22

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

Pension No 2396

Regt. No 11450 Rank 1st Name Woods Richard

Corps served with _____

Rank held when disability was incurred _____

Date of Medical Board _____ Disability 100%

Pension for self \$ 75⁰⁰/₁₀₀ per month for 2 months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " " \$ _____ per month for _____ months

_____ Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ 75⁰⁰/₁₀₀ for 2 months

Total authorized amount \$ 150.00

Granted to:-

Name Richard Woods.

Address Sentry

(NOTED)
initialed
date 22/3/22
182

Approved by:-

L. C. C. Chairman

W. H. P. Medical Advisor. 5/17/22

W. C. D. Secretary.

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name	Sex	Date of birth	Expires.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

THE BOARD OF PENSION COMMISSIONERS FOR N.I.D.

Form to be completed when a pensioner is admitted for treatment.

Pension No 2396

Rest No 4450 Rank 1st Lt. Name Woods Richard

Admitted to: - Sanatorium Hospital or Sanatorium

Date 9/2/22

PARTICULARS OF REPORT:-

Disability for which man is receiving treatment

Date _____ Signed by _____

PARTICULARS OF AWARD:-

Rate of disability man is to receive whilst under treatment:

7 Pallow

2/16/22
P.S.

Rate of Pension \$ _____ per month

APPROVED BY:-

Lowbrows MEDICAL ADVISOR

Noted
June

Noted:-

_____ Initials

_____ Date

Discharged on Leave from
Sanatorium on June 19/22

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K. C., C.B.E., CHAIRMAN
MAJOR W. H. PARSONS, M. C.
R.A.M.C. MEDICAL ADVISER
LIEUT. C. C. OKE, SECRETARY



Your pension No. is

St. John's,

February 9, 1922.

To:- B. P. C.

4450, SERGT. RICHARD WOODS.

Please note that the marginally named man was ADMITTED
to Sanatorium FEBRUARY 9TH., 1922.

AMB.

A. W. Buckley

R. Hickey
SO Spindel R.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K. C., C.B.E., CHAIRMAN
MAJOR W. H. PARSONS, M. C.,
R.A.M.C. MEDICAL ADVISER
LIEUT. C. C. OKE, SECRETARY



In reply refer to

No.

St. John's,

January 10, 1922.

To:- B. P. C.

4450, SGT. RICHARD WOODS.

The attached letter from the marginally named man is forwarded for your information, and necessary action, please.

AMB.

J. M. Buckley

Dear Miss Buckley.

I am got too discom-
-aged to enter

Amidst you so

I am leaving out
of town to morrow
for to live with
a relation in the
country I know
Mr. Parsons will
be disappointed

in me not giving
as to my pension
I suppose I will
love all, if you
can help me to
receive any. I will
be very much obliged
and till Mr. Warren
to send it to

217 hours Hill
yours sincerely
R. P. Wood

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 2396

Regt. No. 4450 Rank Sgt Name Woods Richard

Corps. served with Royal Newfoundland Regt

Date of Medical Board December 20 1921

Pensionable Disability 100% for 5 months reduced by 1/2 for refusal

Pension granted: Sanatorium Treatment
\$ _____ per month for _____ months. W.P.P.

Total authorized amount \$ _____ W.P.P.

or Gratuity granted:

\$ _____ payable in _____ equal monthly installments.

Granted to:-

Name _____
Address Richard Woods
Glover Hill

Date case disposed of: _____

Approved by:

Members of Board

W.P.P. Chairman.

[Signature] 13/1/22
[Signature] 13/1/22
[Signature] 13/1/22

Remarks:

S I X T H B O A R D

Report of Medical Board.

Station	St. John's, Nfld.	Date	DECEMBER 20TH., 1921.
No. and Rank	4450 SERGEANT	Age	23 YEARS Height
Name	RICHARD WOODS	Complexion	
Unit	Royal Newfoundland	Eyes	Hair
Address	FLOWER HILL		
Former Trade	BOOK KEEPER		
Enlisted at	ST. JOHN'S On APRIL 1918	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	<u>P L E U R O D Y N I A</u>	

Subsequent

Present Condition (Compare with previous Board)

*Wt. 134 1/2 lbs. Pulse. 88. complains of pain in left chest
 over left chest formerly. shoulder present. about
 scapular region. Rt chest healthy cognate.
 in lungs. Temp. 99°. 7.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

Full

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Full while in hospital

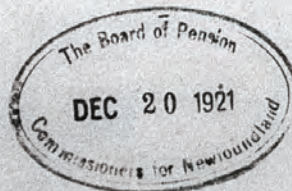
Recommendation of Medical Board

Sonstomlin et.

Members of Board

L. Peterson

Woods



PHONE 1314

MAKING AND TRIMMING A SPECIALTY

2396

92 NEW GOWER ST.,

St. John's, Nfld., *June 13th* 1922

Mr. *J. Woods*

To **PEDDIGREW BROTHERS**

The Reliable Tailors

FIRST CLASS LINE OF OVERCOATINGS, SUITINGS, AND TROUSERINGS

To Make and Trim Suit

\$ 20.⁰⁰

*Correct for \$20.⁰⁰
P. J. M. C. C.*

To Board of Pensions for Newfoundland

2396

May 11 1922

Bought of **BOWRING BROTHERS**

[Handwritten signature]

Address Per Richard Woodes,

Shipped per

Sold by ROF/17141A

Entered by 00

Checked by

AF

1 Shirt,		3 75
2 Suits Underwear,	1.40	2 80
1 pair Brogues,		11 00
1 Valise,		11 85
		<hr/>
		29 40

✓

To Board of Pensions for Newfoundland

2396

May 11 1922

Bought of **BOWRING BROTHERS**

[Handwritten signature]

Per Richard Woods.

Shipped per

Sold by **ROF/17141A**

Entered by **00**

Checked by **AF**

1 Shirt,

3 75

2 Suits Underwear,

1.40

2 80

11 00

11 85

29 40



4959

OFFICE

ST. JOHN'S,

May - 15 1922

Newfoundland

Red from

Typed Board of Pensions

Twenty Nine

40
100 Dollar

BOWRING BROS. LTD.

\$

20.40

per

W. Cook

May 11/22.

Messrs. Howring Bros. Ltd.,
Water Street,
City.

Dear Sirs:-

Kindly supply, bearer,
Ex-Sgt. Richard Woods, with goods to the amount
of \$25.00, and present certified bill to this
Department, for payment.

Yours faithfully,

For Secretary.

BT.

2396 Sanatoriums

23/4/22

Dear Mr. Oke.

I sent you a letter a short while
back asking you to look into my case for separation
allowances for my sister Alice Woods, I am
writing you this just in case this is an allowance
I want you to make it out to Littledale
Academy in favour of Sister M. Tessa as
she is her guardian now and will be until
such time that she can care for herself.
I do hope you will give it a consideration
would you kindly let me know.

And Oblige

Yours very truly

St Surg. R. Felwood

2396 Sanatoriums

23/4/22.

Dear Mr. Oke.

I sent you a letter a short while
back asking you to look into my case for separation
allowances for my sister Alice Woods, I am
writing you this just in case this is an allowance
I want you to make it out to Littledale
Academy in favour of Sister M. Tessa as
she is her guardian now and will be until
such time that she can care for herself.
I do hope you will give it a consideration
would you kindly let me know.

And Oblige

Yours very truly

St Surg. R. Felwood

2396 Sanataimuro
Monday ap 17/22th

Dear Mr. C. M.:-

Just a few lines to you in
reference to separations allowances.

I have a young sister who is at present
at Littlefield Academy, and I am her
support. I have a separations allowance
for her guardians last year now I have
to pay for her myself. Mr. Howley
can give you all the particulars
as he has them from last year.
if you need any information just
let me know. Also if this is any claim
and C. M. M. M.

Yours Very Sincerely
J. W. M. M.

2396

April 30th/33.

Mr. R. J. Woods,
The Sanatorium,
Topsall Road.

Dear Sir:-

With reference to your communication of the 17th inst. relative to allowance for your dependent sister.

I beg to state that there is no provision made for a dependent brother or sister, under the Pensions Act, and it is regretted therefore, that we are unable to do anything for you in this respect.

Yours faithfully,

Secretary.

BD.

2396

~~2396~~

February 28, 1921.

Subject: Richard Joseph Woods, #4450,
Sgt., Royal Newfoundland Regt. M.C.
From: Bureau of War Risk Insurance.

C-W-183 SCR
GT/ms: 10- F.R.S.

To: Board of Pension
Commissioners for Newfoundland,
St. John's, Newfoundland.

1. Reference is made to the Board's letter of February 4, 1921, relative to the case of Richard J. Woods, whose address is 136 Saratoga St., East Boston, Mass.

2. It is presumed that the clinical record enclosed in this Bureau's letter of February 19, 1921 contains the necessary information as to the condition for which treatment is being received in the above case.

By authority of the Director:

HAVEN EMERSON,
Assistant Director,
In Charge of Medical Division.



TREASURY DEPARTMENT

WASHINGTON

BUREAU OF
WAR RISK INSURANCE

February 28, 1921.

Subject: Richard Joseph Woods, #4450,
Sgt., Royal Newfoundland Regt. M.C.
From: Bureau of War Risk Insurance.

IN REPLY REFER TO:
C-W-183 SCR
GT/ms: 10- F.R.S.

To: Board of Pension
Commissioners for Newfoundland,
St. John's, Newfoundland.

1. Reference is made to the Board's letter of February 4, 1921, relative to the case of Richard J. Woods, whose address is 136 Saratoga St., East Boston, Mass.

2. It is presumed that the clinical record enclosed in this Bureau's letter of February 19, 1921 contains the necessary information as to the condition for which treatment is being received in the above case.

By authority of the Director:

Haven Emerson

HAVEN EMERSON,

Assistant Director, ~~etc~~

In Charge of Medical Division.

2396

	Date	Initials
RECEIVED	114 2/28	<i>[Signature]</i>
FILED		
INDEXED		

FILE

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K. C., C.B.E., CHAIRMAN
MAJOR W. H. PARSONS, M.C.
R.A.M.C.



In reply refer to

No. 2396

St. John's,

September 19, 1921.

To:- B. P. C.

4450, SERGT. RICHARD WOODS.

Please note that the marginally named man's pension has been extended for three months from September 30th. by authority of Major Parsons. This man is at present in Badger.

A. M. Buckley
—

AMB.

Noted
MMW e.B.S.
2/9/21

[Signature]

P. No. 2396.

Hoods Richard

Pension @ $10\frac{63}{21}$ from $14\frac{10}{20}$ - $9\frac{11}{20}$
 ~~$21\frac{28}{21}$~~ ~~$31\frac{1}{2}$~~

850

850

10% Increase

85

85

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 2,396

Regt. No. 4450 Rank Sgt Name Woods Richard

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board April 19 1921

Pensionable disability 20% for 6 months

Pension Granted: \$ 10.62 per month for 6 months
Total Authorized amount \$ 63.72

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments.

Granted to:-

Name Richard Woods

Address Flower Hill

NOTED
DATE 27/4/21
INITIALS mm

Date case disposed of _____

Approved by:

Members of Board

_____ Chairman
W. H. Ross

NOTED
DATE _____
INITIALS _____

Remarks:

Report of Medical Board.

Station	St. John's, Nfld.	Date	APRIL 19TH., 1921.
No. and Rank	4450 SERGEANT	Age	23 YEARS Height
Name	RICHARD WOODS	Complexion	
Unit	Royal Newfoundland	Eyes	Hair
Address	FLOWER HILL		
Former Trade	BOOK KEEPER		
Enlisted at	ST. JOHN'S On APRIL 1918.	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	<u>P L E U R O D Y N I A</u>	

Subsequent

Present Condition (Compare with previous Board)

wt 143 1/2

*Harsh vesicular breathing right apex
otherwise normal.*

*Occasional pains in chest
in foggy weather
General condition good.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

20%

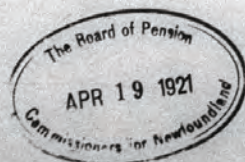
PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

20% 6 mos

Members of Board

Chas Macpherson Lt Col
J. P. Brown Lt Col



THE BOARD OF PENSION AND STOPPAGES
FOR NEWFOUNDLAND.

Pension No. 2396

Regt. No. 4450 Rank Sgt. Name Richard Woods

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board March 4, 1921

Reasonable disability 40% for 2 months

Pension Granted: \$21.25 per month for 2 months

Total Authorized amount \$42.50

or Gratuity Granted:
\$ Payable in _____ equal monthly instalments.

Granted to: -

Name Richard Woods,

Address Flower Hill

NOTED
DATE 8-3-21
INITIALS R.S.

Date case disposed of _____

Approved by: _____

NOTED
DATE 9/2/21
INITIALS mm

Members of Board

[Signature] Chairman

[Signature]

Remarks:

Report of Medical Board.

Station St. John's, Nfld. Date MARCH 4TH., 1921.
 No. and Rank 4450 SERGEANT Age 23 YEARS Height
 Name RICHARD WOODS Complexion
 Unit Royal Newfoundland Eyes Hair
 Address FLOWER HILL
 Former Trade BOOK KEEPER
 Enlisted at ST. JOHN'S On APRIL 1918 (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original PLEURODYNIA

Subsequent

Present Condition (Compare with previous Board) *Wt. 143*

Breathing slightly shallow. Vg slight dulness left base towards axillary line. No friction sub. no rales.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

40%
 PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board *40% 2 mos.*

Members of Board

Clayton Macpherson Lt. Col.
J. P. Peterson Lt. Col.



2396

Feb. 4th/21

Haven Emerson, Esq.,
Asst. Director i/o Medical Division,
Treasury Dept.,
Bureau War Risk Insurance,
Washington, D. C.

Richard J. Woods, 4450, Sgt.
Royal Newfoundland Regiment.

Dear Sir:-

With reference to your communication of Jan. 15th
C-7-183 F.R.S. with S.C.R. Forms 348 and 399 attached, relative
to the above mentioned man.

Kindly advise us if this man is going in Hospital for
lung condition or for tonsillitis.

Thanking you for favour of an early reply.

Yours faithfully,

Asst. Secy.

EBD.



TREASURY DEPARTMENT

WASHINGTON

January 15, 1921.

BUREAU OF
WAR RISK INSURANCE

Subject: Richard J. Woods, #4450
Sgt. Med. Corps. (Newfoundland)
From: Bureau of War Risk Insurance.

IN REPLY REFER TO:
C-W-183
WEC/k/nmd:10 - F.R.S.

To: Board of Pension Commissioners
for Newfoundland,
St. John's, Newfoundland.

- Reference is made to the case of Richard J. Woods, whose address is 136 Saratoga Street, E. Boston, Mass.
- There are inclosed for the information of the Department a report on S.C.R. Form 346 and S.C.R. Form 399 in the case of the above named Newfoundland soldier.

By authority of the Director:

Haven Emerson
Haven Emerson,
Assistant Director, MB
In Charge of Medical Division.

4 Incl.

	Date	Initials
Received	29-1-21	EBA
Referred to		<i>[Signature]</i>
Answered		

Geo
requires if
the man or gain
in P for long count
or for ~~functioned~~
WMD

January 15, 1921.

Subject: Richard J. Woods, #4450
Sgt. Med. Corps. (Newfoundland)
From: Bureau of War Risk Insurance.
To: Board of Pension Commissioners
for Newfoundland,
St. John's, Newfoundland.

C-W-183
TEC/k/nmd:10 - F.R.S.

1. Reference is made to the case of Richard J. Woods, whose address is 136 Saratoga Street, E. Boston, Mass.
2. There are inclosed for the information of the Department a report on S.C.R. Form 346 and S.C.R. Form 399 in the case of the above named Newfoundland soldier.

By authority of the Director:

Haven Emerson,
Assistant Director,
In Charge of Medical Division.

4 Incl.

MEDICAL REPORT FORM RECEIVED

JAN 10 1921

To be used when an Ex-member of the Canadian or Imperial Forces applies,
or is recommended, for treatment in the United States of America
OFFICE OF SUPERVISOR
U. S. P. H. S. Dist. No. 1, Boston, Mass.

Place U.S.P.H.S. Hosp. #26 Date Nov. 8 1920

1. (a) Surname Woods (b) Christian name Richard Joseph
 (c) Regimental or Serial No. 4450 (d) Rank Sgt. (e) Former Unit or Battalion Med. Corps, Newfoundland Regt.
 (f) Present address 136 Saratoga St., E. Boston, Mass.

2. Age last birthday 23 Weight _____

3. Enlisted at _____ On _____

4. Discharged at _____ On Sept. 15, 1920

5. Last Medical Board held at St. Johns N.F.L.D. On Sept. 15, 1920

6. Pension No. _____ Married or single Single 7. Former occupation Clerk

8. Next of kin Mrs. Teresa Woods Relationship Mother

Address 21 Flower Hill, St. Johns, Newfoundland.

9. Dependents	Relationship	Age
<i>None</i>		

10. Service	From	To
In Canada <u>N.F.L.D.</u>	<u>June 1st 1919</u>	<u>Sept. 15, 1920</u>
In England	<u>June 11th 1918</u>	<u>June 1st 1919</u>
In France		
In other parts		

(NOTE.—The information given by the man regarding his military service as noted above should be checked by the examining physician, by examination of Discharge Certificate, Protection Certificate (Ex-Imperials) or other military documents in the man's possession. If there are no documents available confirming his statements, this should be indicated in a footnote on this form.)

11. Disability—(Diagnosis) Flourisy chr. Fibrinous, Acute Pharyngitis

12. Was disability caused or aggravated by war service? Yes

13. What is the man's present condition? (Please report as fully as possible, and, if Specialist's examination is required, have report attached.)

Well developed and nourished. Deviation of nasal septum. Breathing space sufficient.
Pharyngeal Mucous Membrane reddened. Tonsils cryptic and septic. Examination of
chest choir thickened. Pleura over left base. Physical examination other negative.

BUREAU WAR RISK INS.
 REC'D
JAN 13 1921
 MEDICAL DIV.
 FOREIGN RELATIONS SECT.

(OVER)

N.B.—Every question must be answered. There should be no blanks.

13. Present condition (continued).

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

14. What treatment is required? **Rest, medicinal and operative?**

15. Is Institutional treatment required? **Yes** What is probable duration? **1**

16. If Institutional treatment is not required, and the man is nevertheless unable to undertake employment, from what date and to what probable date? **- -**

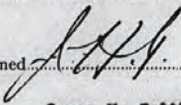
17. Can he continue in employment while taking treatment? **No**

18. If the man has previously been treated in hospital in the U.S.A., since discharge from the Forces, for the present disabling condition, indicate: Name and address of Institution **none**

19. This man has been medically examined by me to-day. I find that he requires treatment as an (In-patient) **or** ~~(Out-patient)~~ for disabilities caused or aggravated by service as described above. He has therefore been

admitted to **U.S.F.H.S. Hosp. #30, Boston, Mass.**
(Name and address of Institution)

on **Nov. 8** 19 **30**.

Signed 
(Examining Physician).

Approved.....
(D.M.S., Dept. S.C.R.)

James H. Gettings, F.A.Surg.(R)USPHS

20. TO BE COMPLETED WHEN TREATMENT IS REFUSED.

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. I have had read and explained to me the consequences of such refusal as provided for in Order in Council P. C. 387, clause 22. (Statement of this clause is attached.)

Signed.....

Witness.....

(Should refusal of the man to accept treatment appear to be unreasonable, or should he decline to sign this statement, the Examining Physician should so state.)

.....
(Examining Physician).

Date.....

MEDICAL REPORT FORM

To be used when an Ex-member of the Canadian or Imperial Forces applies,
or is recommended, for treatment in the United States of America.

Place... U.S.P.H.S. Hosp. #36 Date... Nov. 8, 19... 20.

1. (a) Surname... Woods, (b) Christian name... Richard Joseph
 (c) Regimental or Serial No. 4450 (Important) (d) Rank... Sgt. (e) Former Unit or Battalion... Med. Corps, Newfoundland Regt.
 (f) Present address... 136 Saratoga St., E. Boston, Mass.
 2. Age last birthday... 33 Weight.....
 3. Enlisted at..... On.....
 4. Discharged at..... On... Sept. 15, 1920
 5. Last Medical Board held at... St. Johns N. F. L. H. On... Sept 11th 1920
 6. Pension No..... Married or single... Single 7. Former occupation... Clerk
 8. Next of kin... Mrs. Teresa Woods Relationship... Mother
 Address... 21 Flower Hill, St. Johns, Newfoundland.

9. Dependents	Relationship	Age
<i>None</i>		

10. Service	From	To
In Canada <u>N. F. L. H.</u>	<u>June 1st 1919</u>	<u>Sept 15th 1920</u>
In England.....	<u>June 11th 15</u>	<u>June 1st 1914</u>
In France.....		
In other parts.....		

(NOTE.—The information given by the man regarding his military service as noted above should be checked by the examining physician, by examination of Discharge Certificate, Protection Certificate (Ex-Imperials) or other military documents in the man's possession. If there are no documents available confirming his statements, this should be indicated in a footnote on this form.)

11. Disability—(Diagnosis)... Fleuryish chr. Fibrinous, Acute Pharyngitis
 12. Was disability caused or aggravated by war service? Yes
 13. What is the man's present condition? (Please report as fully as possible, and, if Specialist's examination is required, have report attached.)

Well developed and nourished. Deviation of nasal septum. Breathing space sufficient.
Pharyngeal Mucous Membrane reddened. Tonsils cryptic and septic. Examination of
chest choir thickened. Fleura over left base. Physical examination other negative.

BUREAU WAR RISK INS.
 REC'D.
JAN 13 1921
 MEDICAL DIV.
 FOREIGN RELATIONS SECT.

(OVER)

N.B.—Every question must be answered. There should be no blanks.

13. Present condition (continued).

14. What treatment is required? **Rest, medicinal and operative?**

15. Is Institutional treatment required? **Yes**.....What is probable duration?.....**1**

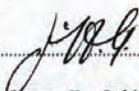
16. If Institutional treatment is not required, and the man is nevertheless unable to undertake employment, from what date and to what probable date?.....**- -**

17. Can he continue in employment while taking treatment? **No**

18. If the man has previously been treated in hospital in the U.S.A., since discharge from the Forces, for the present disabling condition, indicate: Name and address of Institution.....**None**

19. This man has been medically examined by me to-day. I find that he requires treatment as an (In-patient) ~~(Out-patient)~~ for disabilities caused or aggravated by service as described above. He has therefore been admitted to..... **U.S.P.H.S.Hosp. #26, Boston, Mass.**
(Name and address of Institution)

on **Nov. 8,**.....19**20.**

Signed.....
(Examining Physician).

Approved.....
(D.M.S., Dept. S.C.R.)

James H. Gettings, F.A.Surg.(R)USPHS

20. TO BE COMPLETED WHEN TREATMENT IS REFUSED.

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. I have had read and explained to me the consequences of such refusal as provided for in Order in Council P. C. 387, clause 22. (Statement of this clause is attached.)

Signed.....

Witness.....

(Should refusal of the man to accept treatment appear to be unreasonable, or should he decline to sign this statement, the Examining Physician should so state.)

.....
(Examining Physician).

Date.....

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT, CANADA

MONTHLY MEDICAL REPORT RECEIVED

To be used only for ex-members of Canadian or Imperial Forces under treatment in the United States

JAN 11 1921

OFFICE OF SUPERVISOR
U. S. P. H. S. Dist. No. 1, Boston, Mass.

Hospital U.S. Public Health Service Hosp. #36

Address Boston, Mass.

Date XXXX November 30 1920

TO THE CHIEF MEDICAL ADVISOR,
Bureau of War Risk Insurance,
Foreign Relations Section, Canadian Unit,
Washington, D. C.

(For transmission to Director Medical Services, Department of Soldiers' Civil Re-Establishment, Ottawa, Canada)

MEDICAL REPORT FOR MONTH OF November, 1920

Surname Woods Christian Name Richard Joseph

Home Address 136 Saratoga St., E. Boston, Mass.

Regimental (Serial) No. 4450 Rank Sgt Battalion Med. Corps, Newfoundland Regt.

Admitted to above hospital on Nov. 8, 1920 from District Supervisor's Office Boston, Mass.
and has been continuously an In-patient since that date to date of report.

Transferred (if applicable) to on

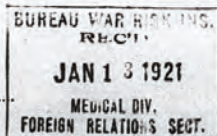
Diagnosis Pleurisy Obs Tubercu.

Present condition:— Fair.

Condition is:— Improving Stationary Retrogressing

Prognosis:— Excellent Good Fair Bad

Treatment is recommended for 7 weeks more.



James H. Gettings
Physician in charge of case
James H. Gettings, P.A. Surg. (R) USPHS

NOTE.—This form should be completed on the last day of the month for every ex-Canadian or Imperial Soldier in hospital in the United States, for the whole or any part of the month, and should be immediately forwarded to the Bureau of War Risk Insurance, Washington, for transmission to the Department of Soldiers' Civil Re-Establishment, Ottawa. It is most important that this report be forwarded promptly, as the man's cheque for pay and allowances for the month cannot be issued until it is received.

This form is to be used for monthly reports only. For initial examinations, S.C.R. form 346 will be filled out, and when treatment is completed or suspended, S.C.R. form 76 will be used for final medical report.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT, CANADA

MONTHLY MEDICAL REPORT

To be used only for ex-members of Canadian or Imperial Forces under treatment in the United States

Hospital U.S. Public Health Service Hosp. #36
 Address Boston, Mass.
 Date XXXXX November 30 1920

TO THE CHIEF MEDICAL ADVISOR,
 Bureau of War Risk Insurance,
 Foreign Relations Section, Canadian Unit,
 Washington, D. C.

(For transmission to Director Medical Services, Department of Soldiers' Civil Re-Establishment, Ottawa, Canada)

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Regimental (Serial) No. 4450 Rank Sgt Battalion Med. Corps, New-
foundland Regt.

Admitted to above hospital on Nov. 8, 1920 from District Supervisor's Office
Boston, Mass.
 and has been continuously an In-patient since that date to date of report.

Transferred (if applicable) to _____ on _____

Diagnosis Pleurisy Chr. Fibrous

Present condition:—
Fair

Condition is:— Improving Stationary _____ Retrogressing _____

Prognosis:— Excellent _____ Good Fair _____ Bad _____

Treatment is recommended for 7 weeks more.

BUREAU WAR RISK INS.
 REC'D.
 JAN 1 3 1921
 MEDICAL DIV.
 FOREIGN RELATIONS SECT.

James H. Gettings, P.A. Surg. (R) USP.
 Physician in charge of case.

NOTE.—This form should be completed on the last day of the month for every ex-Canadian or Imperial Soldier in hospital in the United States, for the whole or any part of the month, and should be immediately forwarded to the Bureau of War Risk Insurance, Washington, for transmission to the Department of Soldiers' Civil Re-Establishment, Ottawa. It is most important that this report be forwarded promptly, as the man's cheque for pay and allowances for the month cannot be issued until it is received.

This form is to be used for monthly reports only. For initial examinations, S.C.R. form 346 will be filled out, and when treatment is completed or suspended, S.C.R. form 76 will be used for final medical report.

Jan. 7, 1921

Mr. Richard Woods,
136 Saratoga Street,
East Boston, Mass.

L 3 96

Dear Sir:-

I beg to acknowledge receipt of your letter of Dec. 12th, and note what you say regarding your Pension.

In reply, I beg to state that while you are an inmate of the American Red Cross Hospital, you will be paid at the rate of \$50.00 per month. Upon discharge from that Institution, your account will be adjusted, and whatever money is due you will be forwarded to the Bank of Nova Scotia, Newfoundland, for deposit in your account.

Trusting that you will soon be feeling your old self again, I remain,

Yours faithfully,

WWH/ST

136 Sardinia St
East Boston
Mass.

THE AMERICAN RED CROSS



U. S. PUBLIC HEALTH SERVICE HOSPITAL
125 PARKER HILL AVENUE

BOSTON, 20, MASS.

Dec 12th 1920

2396
Mary
Dear Val

Just a few lines to you hoping you are well as it
has me at present as you can see by above print I am
in Hospital under observation for I.B. but up to
the present they can find nothing on me only I lost
a lot of weight and have been well awhile.

I came in here on Nov 5th so I want you to direct
me as to my pension and what information has
to be got for me to obtain my full pension while
I am here. I hope you are doing as I asked in
sending my money to the Bank of Nova Scotia
also any pension that is due me please carry on
and deposit it with the bank but I would
like to receive a receipt of some kind to know
how much I am getting if you would kindly
forward necessary information I will be more than
grateful regards to all
yours very truly
R. M. [unclear]
136 Sardinia St. East Boston

THE BOARD OF PENSIONERS
FOR NEWFOUNDLAND.

Pension No., 2396

Regt. No. 4450 Rank Sgt. Name Richard Joseph Woods
Corps Served with ROYAL NEWFOUNDLAND REGIMENT.

Date of Medical Board November 3, 1920

Pensionable disability 100% while in Hospital months

Pension Granted: \$ 53.13 per month for _____ months

Total authorized amount \$ _____

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments.

Granted to:-

Name Richard Joseph Woods,
Address Per Bank of Nova Scotia,
St. John's.

M. J. Woods

Date case disposed of _____

Approved by:

Members of Board

L. J. [Signature] Chairman
[Signature]

G. G. [Signature]

Remarks:

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date NOV 8 1920

The Secretary, Board of Pension
 Commissioners for Newfoundland.

Per.....

Regimental No. 4450

Rank Sgt. Med. Corps.

Name WOODS, Richard Joseph

Unit Med. Corps

DESCRIPTION OF PENSIONER:

Apparent Age 23

Height 5'6"

Colour of Eyes Blue

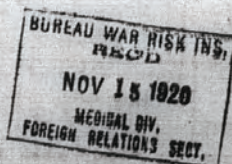
Complexion Light

Colour of Hair

Light

Weight 125 lbs.

Marks of Identification:



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

SI. JOHN'S, Newfoundland,
Date 18. 7. 1930

The Secretary Board of Pensions,
Commissioners for Newfoundland

CRIMINAL RECORDS

Height 5' 10" Colour of eyes BR Age 36

Weight 150 lbs

Place of birth

[Faint, illegible text, likely a description of the pensioner's history and medical examination.]

FORWARD RETURNED BY
M-C-401 214
NOV 13 1930
BUREAU WAR PENSIONERS

100-1000000

Disability for which pension has been awarded:—

3
MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? **yes**

(2) Give a definite detailed description of the present condition. **Present condition dates from service in France and England. Contracted Pleurisy in Aug. 1918, and received treatment. Now complains of recurrent exacerbations of pain in left side of chest, accompanied by cough, expectoration and night sweats. Physical Exam. shows a fairly developed and nourished man of 25 years; 5'6" tall, weight 120 lbs, color good.**
Examination of Chest: shows plaster strapping of left side, limiting expansion to some degree. Breathing and voice sounds on left side diminished but can be heard to base. There is harsh breathing and crepitant rales at right apex. Resonance impaired over right upper lobe. Temperature 98.6° Pulse 80.

Special Questions:

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature

Pensioner's signature. **(S) R. J. Woods**

of Witness

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Pleurisy, chronic Fibrous

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

continued

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

No.

5 Will disabilities materially increase or diminish? Indefinite

6 Are the disabilities permanent? Probably

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? No

(b) Should he continue to do so? No

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? Yes

(b) Nature of treatment advised? Hospitalization, hygiene

(c) Is pensioner willing to accept treatment advised? yes

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

The foregoing report submitted by Pensioner's signature

Signature... Winthrop Adams

Medical Examiner.

Place... Boston, Mass.

Date... Nov. 3, 1920

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)



Place

Date

Head of District Office, (or Medical Practitioner.)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 2396

Regt. No. 4450 Rank Sgt. Name Richard Woods,
Corps Served with ROYAL NEWFOUNDLAND REGIMENT.

Date of Medical Board September 10th., 1920.

Pensionable disability 20% for 12 months

Pension Granted: \$ 10.63 per month for 12 months

Total Authorized amount \$ 127.56

or Gratuity Granted:
Payable in _____ equal monthly instalments.

Granted to:-

Name Richard Woods,
Address Michigan State, *Per Bank of Montreal*
Auto School, Woodward Avenue, Detroit, U.S.A.

Date case disposed of _____

Approved by:

Members of Board

W. L. Jones Chairman

J. Madair

W. L.

W. L. Jones
W. L. Jones
W. L.
W. L.

Remarks:

53.13
12
637.56

Report of Medical Board

Station	St. John's, Nfld.	Date	September 10th., 1920.
No. and Rank	4450 Sergeant	Age	22 years Height
Name	RICHARD WOODS	Complexion	
Unit	Royal Newfoundland	Eyes	Hair
Address	St. John's		
Former Trade	Book Keeper		
Enlisted at	St. John's On	April 1918	(The Board will please note how the soldier's appearance corresponds with above description).
Disease or Disability	Original	<u>P L E U R O D Y N I A</u>	

Subsequent

Present Condition (Compare with previous Board)

*Friction in left axilla & posteriorly at angle of scapula.
Complains of pain in left chest.
Has infected tonsils and teeth.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

40%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

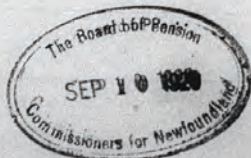
50%
Recommendation of Medical Board

*Advice to relinquish
& dental treatment*

Members of Board

[Signature]
.....
[Signature]
.....

Approving Medical Officer.



Ex-Sgt. Richard Woods.

The above mentioned man was to have accompanied Ex-Pte. Thos. Brown, of Hr. Hrace, to Halifax, by S/s Rosalind but in view of the fact that Brown refused to go, Mr. Woods missed his passage, and we are, therefore, supplying him first class passage meals and sleeper to Sydney.

Sept. 23rd/30

The General Passenger Agent,
City.

Dear Sir:-

Kindly supply Ex-Sgt. Richard Woods with first class passage, meals and sleeper, to Sydney, and charge to the Board of Pension Commissioners for Wfld.

Yours faithfully,

Secretary.

LDD.



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, Nfld.*

Date..... *12/12/20*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>27</i> |
| 2. Regimental No. <i>4417</i> | 6. Enlisted on <i>April 1918.</i> |
| 3. Rank <i>Sgt Woods.</i> | at <i>St. John's.</i> |
| 4. Name <i>Rubland</i> | 7. Former trade or occupation <i>Bookkeeper.</i> |

8. Disability

Pleurisy

9. History

Joined up in April 1918. Went overseas. then remained in hospital till June 1919 when repatriated. Was encumbered in May & found suffering from pleurisy & accompanied left chest. Was admitted hospital there where he remained 1 month.

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).

Complex of pain on deep breath
& fully unequal to any exertion
General condition is very fair.
Examination of chest shows firm of fracture
not ab. lower left ribs, which can be
palpated & heard on auscultation.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit ?

Signature

W. H. ...

Rank or Qualification

Remarks if any by Officer i | c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

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

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

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

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

*has remained healthy over left chest & fracture
rib, lower ankle. Complaint of pain in back
healthy. In general poor foundation requires
a rest.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(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)

2 weeks full pay.

Remarks if any :-

16. Is the disability permanent? no

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

18. The refusal of operation in 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 in the Army — *Furlough 2 wks.*

Remarks if any :-

.....
President

Signatures.....

Johnnie Cap
Watson J. J. J.

Place

Date



APPROVED

Station

Date

.....
Administrative Medical Officer.

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

MEDICAL HISTORY

Surname WoodsOF
Christian Name Richard

Table I.—GENERAL TABLE.

Birthplace:—Parish St. JohnsCounty Newfoundland.

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	at	on	at
Examined	16 th	day of <u>April</u>	1918	day of
		<u>St. Johns</u>		191
Declared Age	22	years	—	years
		—		days
Trade or Occupation	<u>Clerk</u>			
Height	5	feet	4 1/2	inches
Weight	125	lbs.		lbs.
Chest } Girth when fully expanded....	34	inches		inches
	Measure- } Range of Expansion....	2 1/2	inches	
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arms	1 scar		
	Number	1st grade		
When Vaccinated				
Vision	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Parsons</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. Johns</u>	at	
	on	16 th	on	day of
		day of <u>April</u>		191
Joined on Enlistment	Corps.	<u>The Royal</u>	Regtl. No.	<u>det 50</u>
		<u>Albany</u>		
Transferred to				
Became non-effective by	on	day of	191	on
				day of
				191
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations 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
22-5-18	Vacc. <i>LD</i>
16-6-18	T.A.B. <i>ADY</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

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K.C., C.B.E., CHAIRMAN
MAJOR W. H. PARSONS, M.C.,
R.A.M.C., MEDICAL ADVISER
LIEUT. C. C. OKE, SECRETARY



In reply refer to

No.....

St. Johns,

December 1st 1922.

To : B. P. C.

4450 R. Woods.

The marginally noted man is to receive total disability for three months from date of discharge from Hospital, as per verbal authority of Major Parsons.

E. B. Murphy.

W. H. Parsons

1/12/22

1/15/22

BT

SIGNEI BOND

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K.C., C.B.E., CHAIRMAN
MAJOR W. H. PARSONS, M.C.,
R.A.M.C., MEDICAL ADVISER
LIEUT. C. C. OKE, SECRETARY



In reply refer to

No.....

St. John's,

November 8th 1922.

2396
[Signature]

To : B. P. C.

4450 Sgt. R. Woods,

Kindly note that the marginally named man was
DISCHARGED from the SANATORIUM on today's date- Nov.
8th 1922.

E. B. Murphy.

NO MID

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

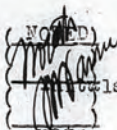
Pension No 2396

Regt. No 450 Rank Pr Name RICHARD WOODS
 Corps served with ROYAL NEWFOUNDLAND REGIMENT
 Rank held when disability was incurred _____
 Date of Medical Board NOV 7/22 Disability 100 %
 Pension for self \$ 75.00 per month for 3 months
 Allowance for wife \$ _____ per month for _____ months
 Allowance for children:
 First child \$ _____ per month for _____ months
 Second " \$ _____ per month for _____ months
 _____ Children @ \$ _____ each = \$ _____ for _____ months
 Total monthly pension \$ 75.00 for 3 months
 Total authorized amount \$ 225.00

Granted to:-

Name RICHARD WOODS

Address FLOWER HILL.

(NOTED)

 date.

Approved by:-

[Signature] Chairman

[Signature] Medical Advisor.

Secretary.

Date of Marriage _____ Name of wife _____

Particulars of children:

Name	Sex	Date of birth	Expires.
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

1. _____

2. _____

3. Dr. Heilly says that the only reason

4. they gave this man 100% for the three

5. months - was because it was customary

6. for a man on discharge from service

7. he given this award. EdB

Cap. J. H. [Signature]

Report of Medical Board.

Station	St. John's, Nfld.	Date	NOVEMBER 7th 1922.
No. and Rank	4450 SERGEANT	Age	Height
Name	RICHARD WOODS	Complexion	
Unit	Royal Newfoundland	Eyes	Hair

Address FLOWER HILL

Former Trade BOOK KEEPER

Enlisted at ST. JOHN'S On APRIL 1918. (The Board will please note how the soldier's appearance corresponds with above description).

Disease or Disability Original PLEURODYNIA.

Subsequent

Present Condition (Compare with previous Board)

*140 lbs fuller 80.**to accompaniments in lungs*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

Disch finally.

Members of Board

*[Signature]**[Signature]*

*Dr. McKim states that was T.B. in Spaulding
last year -
Ward*

Sheet No. 1

PAY AND ALLOWANCES

Pension No. 2396

HOSPITAL PERIOD

Name Woods Richard Regt. No. 4450 Rank _____ Hospital Sanatorium

Remarks _____

Date of Admission	Date of Discharge	Number of Months and Days	Rate of Pay and Allowance	Total Cr.	PREVIOUS PENSION			PAYMENTS			Total Dr.
					Rate	Date Paid to	Amount	Amount	Date	Ch. No.	
<u>9/7/22</u>	<u>19/6/22</u>	<u>4 mo 11 day</u>	<u>52.00</u>	<u>227.06</u>				<u>10.00</u>	<u>13/22</u>		
								<u>10.00</u>	<u>14/22</u>		
							<u>19/22</u>	<u>20.00</u>	<u>April</u>		
								<u>10.00</u>	<u>May</u>		
								<u>29.40</u>	<u>May</u>		
								<u>62.73</u>	<u>May</u>		
							<u>19/22</u>	<u>20.00</u>	<u>15/22</u>		
								<u>10.00</u>	<u>17/22</u>		
								<u>42.00</u>	<u>June</u>		
								<u>10.00</u>	<u>June</u>		
				<u>227.06</u>				<u>2.93</u>			<u>227.06</u>
<u>1/9/22</u>	<u>6/11/22</u>	<u>270.6 day</u>	<u>52.00</u>	<u>114.40</u>			<u>19/22</u>	<u>10.00</u>	<u>17/22</u>	<u>4633</u>	
								<u>42.00</u>	<u>16/22</u>	<u>4732</u>	
								<u>10.00</u>	<u>15/22</u>	<u>6201</u>	
								<u>42.00</u>	<u>17/22</u>	<u>6231</u>	
								<u>10.40</u>	<u>6/22</u>		
				<u>114.40</u>							<u>114.40</u>

P.T.O.

592

No.....

Pension No. 2396

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Richard Woods

(Pensioner's Name)

(Relationship to member of forces)

Brooks Falls

(Pensioner's Address)

(Name of member of forces)

(Rank)

(Regt. No.)

Entire Disability ... 20% %

Pensionable Disability ... 20% %

AWARD

For Pensioner.....	\$ 10.00	a month
For Pensioner (Bonus).....	\$ 5.00	a month
For Wife.....	\$	a month
For..... Children.....	\$	a month
Additional to pension for helplessness.....	\$	a month

[Handwritten initials]

Total..... \$ 15.00 a month for 12 months

from 7/8/24 to 6/8/25

Amount of adjustment payment :

from 7/8/24 to 3/1/24 @ \$ 15.00

\$ 42.00

Date 14/11/25

Check No. 6189

Remarks :

[Handwritten signature]

Computed by *[Handwritten initials]*

Checked by *[Handwritten initials]*

[Handwritten signature]

(Secretary)

Board of Pension Commissioners for Newfoundland.

No. 2003

Pension No. 2396

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Richard Woods
.....
(Pensioner's Name)

.....
(Relationship to member of forces)

Bishop Falls
.....
(Pensioner's Address)

.....
(Name of member of forces)

.....
(Rank)

4450
.....
(Regt. No.)

Entire Disability... 10.0% :

Pensionable Disability... 10.0% :

AWARD

For Pensioner	\$ 5 00	a month
For Pensioner (Bonus)	\$ 2 50	a month
For Wife	\$	a month
For	\$	a month
For	\$	a month
For	\$	a month
Additional to pension for helplessness	\$	a month

Total..... \$ 7 50 a month for... 12 months
from 7/1/25 to 6/8/26

Amount of adjustment payment:

from 7/8/25 to 31/8/25 @ \$ 7.50

Date... 7/9/25

MM \$ 6.00
Check No. 3140

Adm.

Remarks:

Computed by... *MM*

Checked by... *MM*

C. L. P. Ke.
.....
(Secretary)
Board of Pension Commissioners for Newfoundland.

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

OCT 20 1921 1921.

The accompanying ~~Victory Medal~~ ~~British War Medal~~

is/are forwarded herewith to

Richard Woods

in respect of his service as No. 4450 Rank Pte.

Name R. Woods Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature R. Woods

Date 18/10/21

Address 21 Flower Hill

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundlands

Number of Sheet one
Signature of O. C. Company G. J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay 10-6-18 <u>promoted lance corporal</u> 13-11-18 <u>Promoted Corporal.</u> a/27
No.	<u>H/50 Woods Richard</u>	Age on	years — months	<u>Clerk.</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>16.4.11</u>	<u>R.C.</u>	
Joined		Date	Period of } with Colours <u>18</u> years. } with Reserve <u>2</u> <u>3/4</u> years.	Place of Birth	
Joined		Date		<u>St. Johns</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>13¹⁰ / 1920</u>				

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4450 Rank Sergt Name Richard Woods
 Date of Enlistment No. 4 - 1918 Address 21 Lower Hill District St. John's
 Occupation Bookkeeper Classification for Discharge B Medical Category F
 Recommendation S.M.B. Home Profit Disability Rating 20%

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board Ist.	" 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 15/9/20

R Edwards
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

12 allowed

Particulars passed to Vocational Officer for information and action.

Date 15/9/20

R Edwards
S.M.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60.00/100

(b) Clothing Supplied

Date 15/9/20

R Edwards
O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at 21 Howe Hill and Release Certificate No. 3920 issued.

Date 15/9/20 P. H. Edwards
Demobilization Officer [Signature]

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 13.10.1920

Date 15/9/20 P. H. Edwards
Depot Paymaster. [Signature]

Discharge approved for 29.9.1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1	Total 13
F 178	W 3494	B 122	Board 1st	" 2	1	
R 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 15/9/20 P. H. Edwards
Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuit.

Date 15/9/20 P. H. Edwards
O. C. Discharge Depot [Signature]

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

Date Sept. 16/20 A. J. Evans
[Signature]

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4450 Rank Sergt. Name Richard Woods
 Date of Enlistment 16 4 -1918 Address 21 Lower Hill District St. John's N.F.
 Occupation Book Keeper Classification for Discharge B Medical Category F
 Recommendation S.M.B. Home Repair Disability Rating 20%
 Passed to Demobilization Officer with following documents :-

N.F. P136.....	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 15 9 / 70O. C. Discharge Depot. R Edwards S.M.

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 15 9 / 70O i/c. Re-clothing. R Edwards S.M.

2. Clothing.

Certified that Clothing Regulations have been complied with -

(a) Clothing Allowance payable. \$ 60 00 / 100

(b) Clothing Supplied

Date 15 9 / 70

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at 21 Howe Hill and Release Certificate No. 3920 issued.

Date 15/9/20

R. Edwards
Demobilization Officer JSM

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 13. 10-1920

Date 15/9/20

R. Edwards
Depot Paymaster JSM

Discharge approved for 29. 9. 1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1	form 13.
B 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 15/9/20

R. Edwards
Demobilization Officer JSM

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuit

Date 15/9/20

R. Edwards
O. C. Discharge Depot JSM

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

Date

Report of Medical Board

Station	St. John's, Nfld.	Date	September 10th., 1920.
No. and Rank	4450 Sergeant	Age	Height
Name	RICHARD WOODS	Complexion	
Unit	Royal Newfoundland	Eyes	Hair
Address	St. John's		
Former Trade	Book Keeper		
Enlisted at	St. John's On April 1918	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	<u>P L E U R O D Y N I A</u>	

Subsequent

Present Condition (Compare with previous Board)

FRICITION IN LEFT AXILLA AND POSTERIORLY AT ANGLE OF SCAPULA. COMPLAINS O F PAIN IN LEFT CHEST.

HAS I N F E C T E D T E E T H A N D T O N S I L S .

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market ? 40%

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ? 20%

Recommendation of Medical Board

ADVISE TONSILLECTOMY AND DENTAL TREATMENT

Members of Board

(SGD)...N..S..FRASER.....

...J..B..O'REILLY, CAPTAIN.

Approving Medical Officer.

C.R. 4450

Extract from Daily Orders Part II Unit The
Royal Newfoundland Regiment dated September 17th
1920. Station St. John's.

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

4450, Sgt. R. Woods.

29-9-1920.

11
C.F. 4450
EXTRACT FROM DAILY ORDERS PART 22, DATED APRIL 2nd, 1921

DISCHARGE CONFIRMED ON DEMOBILISATION

The discharge of the undernoted on demobilisation
has been confirmed by officer i/c records from date noted

4450 Sgt. R. Woods, 13-10-1920

CR. 4450

Anglo-American Telegraph Company

LIMITED.
ESTABLISHED 1866.

EIGHT TRANS-ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM.

CLASS OF SERVICE DESIRED	
Fast Day Message	
Day Letter	
Night Letter	
Patrons should mark an X opposite the class of service desired: OTHERWISE THE TELEGRAM WILL BE TRANSMITTED AS A FAST DAY MESSAGE.	

Important Messages should be repeated—

Attention is called to the Importance of legible writing.

CHECK	TELEPHONE 378 FOR MESSENGER.	TIME	
		Received	Sent

SEND the following telegram subject to the terms }
on back hereof which are hereby agreed to.

Date Dec. 22nd, 1920 191

To SERGEANT RICHARD WOODS, PARKER HILL HOSPITAL, ROXBURY, BOSTON

YOUR TELEGRAM TWENTIETH CLASS VOCATIONAL OFFICER
FOR ATTENTION

MILITIA

CHGE DEPT OF MILITIA

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:

DATE 23 mai 1975.

À:

NAME Woods Richard.

Service No.

4450

ARMY

(R.N.F.WWI)

CPC No.

26II87

NOM

Matricule No

CCP No

WVA No.

AAC No

Information Received from:

VA DO

Information reçue de:

Date of Death

7 fevrier 1975.

Date du Décès

Place

Vancouver B. C.

Endroit

Distribution: WSR-DASG

VI - ASS

DO - BD

HO - BC

Pour le chef,

for Chief, Central Registry Division.

Dépôt central des dossiers.