



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3396 Name M. Woodridge Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Medley Woodridge</u> |
| 2. What is your full Address? | 2. <u>Burnt Arm, B. Wood</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name |
| | Corps |
| 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. <u>yes</u> |

I, Medley Woodridge...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.

St Johns Jan 8 1917

Medley Woodridge SIGNATURE OF RECRUIT.

W. Parsons Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Medley Woodridge...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 8 day of Jan 1917.

Signature of Attesting Officer W. Strong

†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 1st.....

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

Date.....1917

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 Mildred Woolridge
 Apparent age 19 years 11 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Woolridge
Burnham Bolwood | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



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- 2. What is your full Address? 2. Burnt Arm, B. Wood
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 19 Years 11 Months
- 5. What is your Trade or Calling? 5. Lumberman
- 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, Medley Woolridge 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.

John Jan 8 1917 Medley Woolridge SIGNATURE OF RECRUIT.
W. Parsons Signature of Witness.

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Date 1917

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Name and Address of next of kin William Woodrige
Burnham Bowood | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from					<u>8-1-17</u>	Law <u>Co. 18-10-18</u>			
Joined at					<u>Johns</u>	<u>on January 8 '17</u>			
<u>Discharged April 25, 1919</u>									
<u>Embarked St John's S.S. Hoyle to Wexford 11-31 '17</u>									
<u>Embarked for St. J. 11-6-17</u>					<u>Re-embarked Queen 12-6-17</u>				
<u>Admitted 3rd Lt. 4th Sn. Reg. 21 '17</u>					<u>Invalided to Capt. 22 '17</u>				
<u>Wife transferred 4th Sn. Reg. 24 '17</u>					<u>Surgeon de attached Hoop 2-1-1918</u>				
<u>Wife returned 5-3-18</u>					<u>Discharged to leave 24 '18</u>				
<u>Joined Bath in the field 4-5-1918</u>					<u>Transferred from 1565 to Winchester 19 '19</u>				
<u>Wife transferred for demobilization 30-1-1919</u>					<u>Arrives 7-2-1919</u>				
<u>Demobilized at St John's</u>					<u>25-4-1919</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to <u>25-4-1919</u> (date of discharge) <u>2</u> years <u>107</u> days									
" " " Pensions " " " " " " " " " " " "									



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

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

Examination of *Medley Wooldridge*

aged *19 yrs. 11 months* conducted at

Date: *Jan 8/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no* *W*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *eye both*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

2296

33 *no*
34 *5' 7"*
35 *132 lbs.*
36 *34" 38"*
37 *83500 per month*
38 *Father Wm. Wooldridge Retired*
39 *Wore*

Signature of Medical Examiner:

W. Burden

C.R. 3396

Extract from Daily Orders part II, Depot
St. John's dated April 29th., 1919.

The discharge of the undernosed on Demobilization
has been approved by Officer i/c Records on

#396 L/C. Hedley Woolridge,
3396

25-4-19.

C.R. 3396

Extract from Daily Orders Part 11 Unit The Royal Nfld.
St. John's, 11-2-19.

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

Repatriated on A/c of Demobilization.

3396 L/C. L. Wheelridge.

C.R. 3396

Extract from Nominal Roll of the Royal ~~WFLA~~ Regt
Barrked A.S. Corstuan, Jan. 20, 1919.

3396 L/C. Woolridge.

C.R. 3396

Extract from Memorial from Roll of the Royal Wilt. Regt.
24-1-19.

The Undermentioned who was transferred from
E.M.F. to the 2nd Bn., Winchester, 19-1-19, awaiting
Repatriation.

3396 L/C. M. Woolridge,

No. of Paper

1248

PERSONAL EFFECTS.

Name

Woodbridge M.C.R. 3396

Rank

Pte

Regiment

THE ROYAL NEWFOUNDLAND REGT.

Article

Where stored

Notified by

Kt. Bag

Final disposal

Shipped from Depot

Remarks:

With B.E.F.
Next of Kin: -
Wm Woodbridge

Burr Ave. - B. Wood

C.R. 3396

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 20/11/18.

Appointed L/Cpl.

#3396 Pte. M. Woolridge.

18/10/18.

C.R. 3396

Stepaside, Burin.
June 25th / 18.

J. H. Howley.
St. John's, Nfld.

Dear Sirs-

instead of sending Allotments
re. Medley Woodridge, to Burnt Arm,
Botwood, as formerly, will you
kindly send it to me, at the
above address, in the future?

Yours truly,

Alex. Woodridge.

OR
WCB

C.R. 3396

Extract from Casualties received from Pay & Record Office,
London, dated May 3rd 1918.

#3396 Pte. N. Wooldridge.

Discharged to Camp Adjutant ex 1st Stationary Hosp.
April 24, 1918.

Extract from Casualties received from Pay & Record Office,
London, dated March 11, 1918.

#33~~96~~ Pte. M. Wooldridge.

mild
V.D.S. / Admitted 1st Stationary Hospital, Rouen, 5th
March 1918.

CR 3396

Extract from Nominal Roll of Draft No. 39. 50 Other Banks
from 2 Bn. Royal Newfoundland Regiment to 1st Bn. Royal
Newfoundland Regiment, E.E.F.

Embarked Southampton, 1/3/18.

3396 Pte. M. Wooldridge.

C.R. #396

Extract of Casualty list received from Pay & Record
Office, London, dated January 2, 1918.

#3396 Pte. M. Wooldridge. ✓

From Military Hospital, Hampstead, Furlough 2/1/18
to 12/1/18 . 1 Command Depot.

C.P. 3396

Extract from Casualties received from Pay and Record Office,
London, dated 2nd., January, 1916.

#3396 Pte. M. Woolridge,

From Military Hospital

Furlough 2-1-18- 12/1/188

1. Duty.

C.R.

3396

Extract from War Office List No. C. 1400 dated
4/12/17.

#3396 Pte. M. Wooldridge.

WOUNDED

20/11/17

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Line Number	Rcd	By	Sent	by	Check

Dated

November 27, 1917.

To

Mr. William Wooldridge,
Burnt Arm,
Betwood.

Regret to inform you that Record Office,

London, officially reports No. 3396, Private Hedley
Wooldridge, has been admitted to New End Military
Hospital, Hampstead, London, suffering from gunshot
wound right leg.
Upon receipt of further information I shall immedi-
ately wire you and trust that next report will be
of his convalescence.

~~J./R./BENNETT~~ R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 3396

NO. 3396 PTE. HEDLEY WOOLDRIDGE.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD OFFICE
LONDON DATED NOVEMBER 27th, 1918.

"AT NEW END MILITARY HOSPITAL HAMPSTEAD LONDON GUNSHOT WOUNDS
RIGHT LEG." ✓

C.R. 3396

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

STRENGTH.

3396 Pte. M. Waelringe.

Invalided to U.K. 22/11/17. Wounded.

C.R. 3396

Extract from Nominal Roll of Draft No.25 Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayre, to 1/1st Newfoundland
Regiment B.S.F.

3396 Pte. Wooldridge, M.

M.S.F.

C.R. 3396

Extract of Nominal Roll of Officers and men Embarked St. John's
51-7-17 Sailed Halifax S. S. AUSONIA 16-4-17.

#3396 PTE. M. WOLLRIDGE.

3396

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., ST. John's, Jan.8th, 1917.

3396 Pte. Hedley Woolridge.

Attached to Strength from Jan.9th, 1917.

Woodbridge, An

3396

Haycept

April 25, 1919

#3396 L.-C. Medley Wooldridge,

Burin.

Dear Sir:-

please find enclosed "Discharge Certificate
No. 1936."

Yours truly

Paymaster & Officer i/c Records Capt.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3396 Rank L/Cpl Name Woodrudge M.

Intended place of residence Burin

2. Occupation Lumberman

Classification of soldier E Medical Category A-E

3. The above named man is discharged in consequence of
Eligible for War Service Gratuity
DEMobilIZATION!

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 APR 1 1919 *H. News St.*
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S 1-4-19 *M. Woodrudge*
Signature of soldier

J. D. Snow
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S 1-4-19 *M. Woodrudge*
Signature of soldier

E. Wilcox Sgt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-1-17 No of days on Military

Discharged from service 18-4-19 plus 14 days Service 838

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed, by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S *R. H. Sait Capt*
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

Date APR 11 1919

CONFIRMATION OF DISCHARGE

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

Place St. John's Nfld *M. Howley Capt*
Officer i/c Records
The Royal Newfoundland Regiment

Date April 25/1919

Attest my hand 1936

44
79
31
55
108

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 31.3.19

Regimental No. 3396

Name Waldridge, Medley

L/Cpl.

Address Burin

Present Medical Category A 1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

R. H. Lait Capt.
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

D. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3396 Rank Lt Name Woodbridge M
 Date of Enlistment 8.1.17 Address Burris District Burris
 Occupation Lumberman Classification for Discharge H Medical Category AT
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 31.3.19

H. News
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

M Woodbridge

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$160.00

(b) Clothing Supplied

Amblouston

Date 1-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 91134 to his home
at Burn and Release Certificate No. 1928 issued.

Date 1-4-19

J.A. Crawford
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 25-4-19

Date 1-4-19
SUBJECT TO ADJUSTMENT OF OVERLAP PAY ACC.

H. M. Stewart
Depot Paymaster.

Discharge approved for 11-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122	1	Board 1st	" 2	1	<i>3-1-19</i>
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	1		" 6		
B 179c	B 120	M 93					

Date 1-4-19

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 11 1919

Date

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

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

Date

Civil Re-establishment Committee



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

*To resume former occupation
(Fishing)*

M. Wooldidge
Signature of Man.

Reg. No. 3396

J. A. Crawford
Signature of the Vocational Officer or his Representative.
ST. JOHN'S.

Place

Date APR 1 - 1919 191

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

MEDICAL HISTORY

Surname Wooldidge OR Christian Name Tredley

Table I.—GENERAL TABLE.

19 JUN 1917

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>8th</u> day of <u>Jan</u> 191 <u>7</u> at <u>St John's Hfld</u>		on _____ day of _____ 191____ at <u>NEWFOUNDLAND CONTINGENT</u> 59, VICTORIA ST. LONDON, S.W. <u>6 - MAR 1917</u> PAY & RECORD OFFICE	
Declared Age	<u>19</u> years <u>11</u> mths <u>_____</u> days		_____ years _____ days	
Trade or Occupation	<u>Lumberman</u>			
Height	<u>5</u> feet <u>7</u> inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>38</u> inches		_____ inches	
	Range of Expansion .. <u>4</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated	<u>never</u>			
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= <u>_____</u> L.E.—V= <u>_____</u>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's Hfld</u> on <u>8th</u> day of <u>Jan</u> 191 <u>7</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps. <u>1st Hfld Reg</u>	Regtl. No. <u>3396</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks, bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Military Hosp Windsor 115	15	3	17	27	3	17	Mumps	13	Discharged Fit for duty	J.R. Montgomery
	24	11	17	2	1	18	S. R. 2 R. Seg	39	Discharged on Furlough	

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
17-1-17	Vac. 20
24-1-17	20
5-2-17	TAB 20
14-2-17	3 20

It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 6 for discharge on Demobilisation. Medical category

31-3-19
Date of T.M.B.

[Signature]
Assistant Medical Officer
for Discharge Certificate

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
H. H. Houzel	Jan 31/17	3-2-17			
Windsor N.S.	3-2-17	16-4-17			
D. D. Anselmia	16-4-17				

No 3396 Name Medley Woolridge Son, Batty, or Company } H Corps Royal Newfoundland Date of enlistment } 9/1/17 G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } 23/2/18 No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. Company, etc. } Ground Major Character } Good

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

Army Form B. 192

No. 3396 Rank Pte Name Woodbridge M

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

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s d		
						From	To						
Balance					Balance		20 ¹³ / ₁₈				14	13	5
Acquittance Rolls					Pay @ Net Rate	21 ¹² / ₁₈	24 ¹ / ₁₉	35	60	21 00	4	6	3
Hospital Advances													
A.B. 64. 70 hrs		2	13	8									
100 mks		2	12	6									
P.&.R.O. Payments													
10-6-2 Depot Payment		5	0	0	£ 8-13-6								
Chq No 11573		8	10	0									

MEMORANDUM CONTINGENT

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records _____

J.P. Victoria

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Dart, Christian names Ford Wm
(in full)

Regt. No. and Rank 3397. Pte. Regt. or Corps 1. R. Nfld.
(If T.F. this should be stated)

His address on discharge will be Exploits.
Nfld.

This information is for the Central Army Pension Issue Office only.

The Soldier states that _____ allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

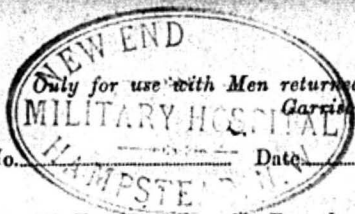
Station 3rd London Gen.

Date WANDSWORTH 24/4/18.

Walter Stein
President of Board
(Approving Officer)

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.



Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 8016. (In Books of 200.)

No. _____ Date 1-1-1918

- (1) To the Officer i/c Records, ✓ Newfoundland
58 Victoria St. S.W. (Station).
- (2) The Officer Commanding, ✓ Newfoundland
Ayt (Station).
- (3) The Paymaster, ✓ Newfoundland
58 Victoria St. S.W. (Station).

Regimental No. 3396

Rank and Name Pte Woodridge M

Regiment or Corps ✓ Newfoundland Regt

has been granted a furlough from 2-1-18 to 12-1-18

His address while on leave will be: Ayt Hotel
Ayt, Scotland

I consider he is fit for* ii. Command Depot Wheene Capt. B.A.M.C.

* Strike out that which is inapplicable. iii. Employment.

for Officer in charge Military Hospital,
Hampton (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 8016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

No. 3396 Rank Pte Name Woolbuds R

Pay	F.A.	Wkg	Total
10-0	10		110
Less: Allotment			50
Net Rate			60

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To						
Balance				Balance									
Acquittance Rolls		7	1	4	Pay @ Net Rate	9	8					10	9
Hospital Advances		7	0	0	allow	17	2	18	208	6	12	80	25
A.B. 34					10dgs @ 2/							1	2
P. & R.O. Payments					(19-4-3)								
S-1-4 ✓													
- Cheque 7330	2/18	19	0	0									

CHECKED.


109 ✓
 1210 ✓
 120 ✓
 27 ✓

FORM K

N^o 3156



3. 1ST. NEWFOUNDLAND REGIMENT 141

ALLOTMENTS

I, Medley Woolridge, Regl. No. 3396, hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and fifty 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 Feb 15 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3353	Brother	<u>Alex. Woolridge</u>	<u>Burnt Arm Bostwood</u>	<u>50.</u>
Total Allotment, \$				

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
 to Company
St. Johns
Jan 30th 1917

(Sig.) m woolridge
 (Rank) Pte.



3. 1ST. NEWFOUNDLAND REGIMENT 14'

ALLOTMENTS

I, Medley Woolridge, Regl. No. 3396.

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty 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 Feb 1st 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3353	Brother	<u>Alex. Woolridge</u>	<u>Burns Arm. Bootwood</u>	<u>50.</u>
Total Allotment, \$				

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.) Chas. R. Aynel

Officer Commanding
to Company

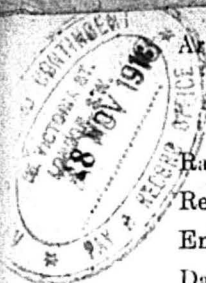
Signed:
Jan 30th 1917

(Sig.) m. woolridge

(Rank) Pte.

Casualty Form—Active Service.

Rank Pte. Regiment or Corps Newfoundland
 Surname Woolridge Christian Name Medley
 Religion Methodist Age on Enlistment 19 years 11 months
 Enlisted (a) 9.1.17 Terms of Service (a) Duration Service reckons from (a) 9.1.17
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation Lumberman or Corps Trade and Rate GS Troop



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <u>Shampton</u>		<u>11.6.17</u>	
		Disembarked... <u>Rouen</u>		<u>12.6.17</u>	
		Joined Battalion		<u>2 JUL 1917</u>	<u>B 213</u>
<u>26 NOV 1917</u>	<u>J.C.</u>	WOUNDED IN ACTION		<u>20 NOV 1917</u>	<u>A.F.B. 213.</u>
<u>24/1/17</u>	<u>377 A</u>	<u>Gswitzky/haus</u>		<u>5 CES</u>	<u>24/1/17</u>
		Transferred to England		<u>27/1/17</u>	<u>11.3003</u>
		<u>J. Neary</u>			
		O. 1/c No. 1	Infantry Section		
			G.H.Q.. 3rd Legion		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoenig-Smith, & Co. (6228) W. 13863/M1477 2.400.000 1/17 McA & W Ltd Forms B/103/4 (R. 856) [P.T.O.]



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full

Madley Woolbridge

Regiment from which discharged

Royal Newfoundland

Regimental number

3386

Intended address

Burin

Height on discharge

5' Feet 9"

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Medium

Figure on discharge

Christian name of Father

Wm

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Berwood, 1st February, 1899

Nature and locality of civil employment required

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

(Soldier's signature in full)

*M Woolbridge**Sgt*
(Rank)

Station

St Johns

Date

31-3-19

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.

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

April 26, 1919

#3396 L/Cpl. Medley Woolridge,

Burin,

Dear Sir:-

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

Yours truly

Paymaster & U. I. c Records

Capt.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th, 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *Medley* 2. Surname *Woodridge*

3. Rank *LC* 4. Regt. No. *3396*

5. Address in full to which future payments of gratuity are to be forwarded. *Burn, Nfld.*

6. Date of enlistment in the Regiment. *December 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

8. Relationship of such dependents. _____

9. Address in full of such dependents. _____

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

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

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *From Dec. 1916 to*
Apr. 11/19 date of temporary discharge

17375

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

No

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

Offspring allowance \$60 -
Board allowance \$54 -
\$114

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

No

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

No

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

No

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

No

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

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

No

(b) Reason for discharge.

Sept 11/19
Temporary

Demobilization

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

France, Belgium, Germany - from June 1917 to Jan 15/19 - Officer, Cambrai, Morancy, Passchendaele, etc.

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

No

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

Medley Woodbridge

Signature of Applicant:

Place of Residence:

Ba gin, Nfld.

Declared before me at:

St. John's, Nfld

This

1st.

day of

April 1919

John M. Carthy

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5 mos.</i>	<i>250.00</i>
.....
.....
Certified Correct.			Paymaster.	<i>[Signature]</i>

ST. JOHN'S, APR 1 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Lt. M. Woodbridge

Billeting Soldiers as undermentioned

from Feb 8th / 19 to March 28th / 19

3396 - Lt. M. Woodbridge 50 40

ACCOUNT	<u>P.M.</u>
ACCT. NO.	<u>14979</u>
ISS. DATE	---
ISS. TIME	---
ISS. PLACE	---

Certified correct for \$ 50.

Amelouston
R. J. Woodbridge
Billeting Officer.

Casualty Form—Active Service

Regiment or Corps *Royal Newfoundland*
 Rank *Pvt* Surname *Woolridge* Christian Name *Medley*
 Religion *Meth* Age on Enlistment *19* years *11* months
 Enlisted (a) *St Johns* Terms of Service (a) *duration* Service reckons from (a) *9/17*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate _____
 Occupation *Lumberman* *journal keep* Signature of Officer _____

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.215, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... 1 MAR 1918		
			Disembarked... 8 MAR 1918		
	<i>1st Lt Wp</i>	<i>W.D.S.</i>	<i>Rouen</i>	<i>5-3-18</i>	<i>KA.20367</i>
	<i>2nd Lt Bb</i>	<i>James Ruse Depot</i>	<i>—</i>	<i>25-4-18</i>	<i>Rail</i>
	<i>OTC</i>	<i>Transferred to U.K.</i>	<i>17-5-18</i>	<i>18/10/18</i>	<i>B215 2/11</i>
	<i>Drmt</i>	<i>for Re-patriation</i>			<i>Over 2 3/4</i>
					<i>Capt p Lt Col</i>
					<i>Officer i/c Not Infantry Section</i>
					<i>G.H.Q. 3rd Echelon.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet *Serial*

Regiment of *Newfoundland*

Signature of O. C. Company *Wesley A. [unclear]*

Regimental Number and Name	
No.	<i>3396 Woodridge M.</i>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	Trade
Age on <i>19</i> years <i>11</i> months	<i>Landwehrman</i>
Place and Date of Enlistment } <i>St. John's</i>	Religion <i>Meth</i>
Period of { with Colours <i>10 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazley Down Camp</i>	<i>20-2-18</i>	<i>Pvt</i>	<i>"</i>	<i>Overstaying pass from midnight 20-2-18 until 4pm 21-2-18</i>	<i>Cpl. Meers</i>	<i>50 pence idays pay</i>	<i>23-2-18</i>	<i>Major March</i>	<i>Profits idays pay 1.60</i>
<i>Discharged</i>									
<i>Remobilized St. John's 25-4-19</i>									
To be carried over									

The Royal Newfoundland Regiment

D3396

DEMOBILIZATION OF

Reg. No. 3396 Rank LC Name Woodbridge M.
 Date of Enlistment 8.1.17 Address Burin District Burin
 Occupation Lumberman Classification for Discharge 16 Medical Category AT
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

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

Date 31.3.19

H. M. S. J.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

M. Woodbridge

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$160.00
- (b) Clothing Supplied Amblouston fuel

Date 1-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

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

Date 1-4-19

J.A. [Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 25-4-19

Date 1-4-19

H. [Signature]
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY AGES

Discharge approved for 11-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[26]	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st.	" 2.
B 178a.	D 400A.	B 1915	do 2nd.	" 3.
B 179	D 400B.	Form L.	do 3rd.	" 4.
B 179a.	D 400C.	Form K.	do 4th.	" 5.
B 179b.	B 103	ME 2.		" 6.
B 179c.	B 120	M 93.		

Date 1-4-19

J.A. [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 11 1919

Date

R.H. [Signature]
O. C. Discharge Depot.

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

APR 12 1919

Date

J.P. [Signature]
for Officer i/c Records

Reg. No. *3396* Rank *Le* Name *Wooldrige M.*
Attested Address *Step aside Durin*
Allotment Allottee
Date of Allotment Returned from Overseas *7-7-19.*
Returned on S.S. *Corsican* Cause *Discharge*

31.3.19.
4.4.19.

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED BY DEMOBILISATION.

EXTRACT FROM STATEMENT OF ACCOUNT TO 30-1-19 FROM
PAY AND RECORD OFFICE, LONDON

3396 L/C. Woolfidge, M. Cr. Bal. £1-6-9 plus 1 day's pay (31-1-19)

This transferred to Pay Office 9-4-19

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No 2870

Regt. No 3396 Rank PTE Name MEDLEY WOOLRIDGE

Corps served with ROYAL Nfld. REGIMENT

Date of Medical Board AUG 5, 1930 % of disability 10%

Pension for self \$ 7.50 per month for 24 months.

Allee., for wife \$ 2.50 " " " 24 "

ALLOWANCE FOR CHILDREN:

1.50 24 months.
1st. Child \$ 1.50 per month for 24 months.

2nd. Child \$ 1.50 " " " 24 "

children \$ each " " "24 "

TOTAL MONTHLY PENSION \$ 13.00 per month for 24 months

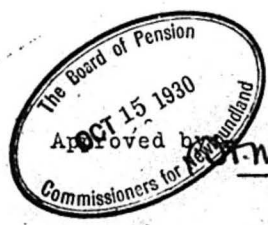
Total authorized amount \$ 312.00 from 21-9-30
to 20-9-32

Pension granted to:

MEDLEY WOOLRIDGE

199 SYDNEY ST.

ST. JOHN. N.B.



Wm. Mosdell Chairman.

[Signature] Commissioner.

[Signature] Commissioner.

Date of marriage 27-10-26 Name of Wife Lillian

Name of Child	Sex.	Date of birth.	Date all. Exp.
1. Helen	Female	8- 9-27	7- 9-44
2. Segaurd	MALE	2- 2-29	1- 2-45

[Handwritten signature]

2870

Oct 10, 1930.

Mr. Medley Woolridge,
53 Broadview Ave.,
ST. JOHN, N.B.

Dear Sir:

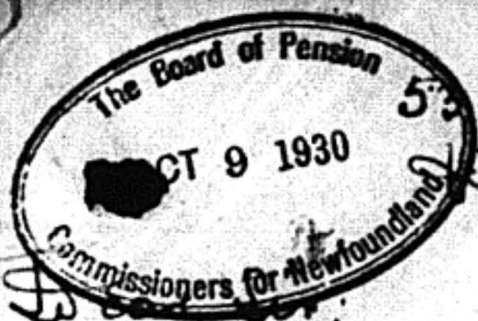
Receipt is acknowledged of your letter of the 4th. instant with reference to your pension. In reply I have to advise you that the cheque received by you for \$8.67 was the amount due you to the 21st. of Sept., the date on which your award expired. Your new Board was assessed at \$13.00 per month for twenty-four months expiring on the 30th. of September 1932. On the 4th. of October a cheque for \$4.33 being balance due you to the end of September was mailed to you at 199 Sydney St., St. John, N.B. Your regular pension cheque for \$13.00 will be forwarded at the end of each month until September 1932, when arrangements will be made to have you re-examined.

Yours very truly,



Secretary.

/M.S.



53 Broadview Ave

44/30

2870

on receipt of a check
which I received yesterday
amounting to \$8.67 And I am
wondering where the remainder
of my check is. And furthermore
I am entitled to \$15.00 a month
And I want to know
something decidedly as I
seem to have a lot of trouble
with this and remember
\$8.67 is the monthly check
Now I want to know
what you are doing
while awaiting
a reply I remain

Medley Woodrige
53 Broadview Ave
St. John's N.B.

8.67 e - - - 21.9.30

7 14.33 ~~10~~ 22.6.30.9
4 Oct 30. h h d

H e 13.0 16 124

✓ d 21.9.30 - 20.9.32

P misaddressed
199 Sydney St.
St. John

[Vertical handwritten scribbles]

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND**

TO MEDICAL EXAMINER :

ST. JOHN'S, Newfoundland,

Medical Report required; review date :-

Date August 1930.

AS SOON AS POSSIBLE, PLEASE:

The Secretary, Board of Pension
Commissioners for Newfoundland.Per B:T:

Regimental No.	3396	Rank	PTE:
Name	MEDLEY WOOLDRIDGE.	Address:-	189, Sydney Street, St. John, N.B.
Unit			

DESCRIPTION OF PENSIONER :

Apparent Age	31 Years.	Height	5'9"	Color of Eyes	BROWN.
Complexion	FRESH.	Colour of Hair	BROWN.	Weight	
Marks of Identification:					

Dec., 30, 1929:

Complains of right leg getting stiff and crippling him after working hard. The pain extends down the leg to the foot. He also complains of stiffness of the little finger of the left hand, and inability to fully extend this finger. Soreness of the eyes following gas.

Examination shows an oval scar the size of a twenty-five cent piece over the right peroneal group of muscles. This injury has not caused any damage to the nerves of the leg or the blood supply or the bones. It apparently has been a soft tissue injury. There is no atrophy of the leg muscles. Circumference of both calfs - 13 1/2". The movement of the foot and ankle are within normal limits. The movements of the knee are within normal limits. The little finger is carried in a position of dorsi-flexion at the M/P joint at an angle of 160° and at the P I joint the finger is flexed into the palm at an angle of 100°. It is not possible for him to fully extend the finger; there is no ankylosis of any of the joints, but, on account of injury, there has been a permanent contracture of the flexor tendons. The disability from the wound of right leg is very slight. That of finger of left hand with described deformity.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

GSW RIGHT LEG.
LITTLE FINGER OF LEFT HAND

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.

While working in the daytime and at night when reading he has difficulty in reading. Can hardly see a paper on account of water running down from his eyes. His eyes feel weak.

Deformity of little finger left hand. When he is working the little finger is very much in his own way, on account of it being flexed on the palm it strikes any object which he is handling.

The right ankle is stiff when he gets up in the morning. The right foot, ankle and leg becomes weak and painful after he does a heavy day's work.

The left hand - There is deformity of the little finger. It is permanently flexed at the proximal interphalangeal joint 120 degrees, due to injury of the long flexor tendon. A scar is evident along the external lateral aspect of the finger. It is not possible to actively or passively extend the finger beyond the angle described. It is in the way when working. He is able to actively fully flex the finger. Over the distal part of the finger on the dorsal surface there is an area of dermatitis.

Right Leg - There is a linear scar $3\frac{1}{2}$ " above the external malleolus and on the anterior aspect of the lower leg. Just external to the crest of the tibia; there is a circular scar - these being due to thro' and thro' wound of leg. There is no limitation of movement at the ankle joint. There is no atrophy of muscle. There is no evidence of bone, blood vessel or nerve injury.

Diagnosis - GSW left hand, causing permanent flexion little finger. GSW right leg thro' and thro', causing little disability.

Special Questions :-

SGD: V.D. DAVIDSON.

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 _____

Pensioner's Signature Medley Wooldridge.

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

(1) Permanent flexion contracture little finger left hand following GSW HAND.

(2) Weakness of right lower leg following GSW leg.

(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? none.

(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? no.

6 Are the disabilities permanent? yes.

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

(b) Should he continue to do so? not applicable.

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

(d) If any appliance is necessary?

no

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? no

(b) Nature of treatment advised none

(c) Is pensioner willing to accept treatment advised? none advised

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

REFUSAL OF TREATMENT :—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons :

The foregoing report submitted by:

Pensioner's signature

Place

Signature

Medical Examiner.

Date

Approved: 10 % for

John N B

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?

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

(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? no

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? no

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

Place SAINT JOHN N B

V D DAVIDSON

Date August 5, 1930

Head of District Office, (or Medical Practitioner)

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 2870

REGT. No. 3396 RANK PTE NAME MEDLEY WOOLRIDGE

Corps served with ROYAL WFLD. REGIMENT

Date of Medical Board DEC 30, 1929 Disability 10%

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

Allee. 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.

(C\$)

TOTAL MONTHLY PENSION \$ 7.50 per month, for 12 months.

TOTAL authorized amount \$ 90.00 from 21-9-29 to 20-9-30.

Pension granted to: _____

Approved by:

John Macdell
(Chairman)
[Signature]
(Commissioner)
[Signature]
(Commissioner)
[Signature]
(Secretary)



Date of Marriage _____ Name of Wife _____

NAME OF CHILD _____ SEX _____ DATE OF BIRTH _____ DATE ALLEE. EXP. _____

27.2.30
[Signature]

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,

DECEMBER 1929

Date

The Secretary, Board of Pension
Commissioners for Newfoundland.AS SOON AS POSSIBLE, PLEASE.
-----Per B.T......

Regimental No.	3396	Rank	PTE:
Name	MEDLEY WOOLDRIDGE:	Address:-	199 Sydney Street, St. John, N.B.
Unit	ROYAL Nfld REGT:		
DESCRIPTION OF PENSIONER :			
Apparent Age	30 YEARS.	Height	5'9" Color of Eyes BROWN
Complexion	FRESH	Colour of Hair	BROWN. Weight 136 LBS.
Marks of Identification:			

GUNSHOT WOUND RIGHT RIGHT LEG

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

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.

Complains of the right leg getting stiff and crippling him after working hard. The pain extends down the leg to the foot. Also complains of stiffness of the little finger of the left hand and inability to fully extend this finger. Soreness of the eyes following gas.

Examination shows an oval scar the size of a 25 cent piece over the right peroneal group of muscles. This injury has not caused any damage to the nerves of the leg or the blood supply, or the bones. It apparently has been a soft tissue injury. There is no atrophy of the leg muscles.

Circ. of both calves $13\frac{1}{4}$ ".

The movements of the foot and ankle are within normal limits. The movements at the knee are within normal limits. The little finger is carried in a position of dorsi-flexion at the M/P joint at an angle of 160° and at the P/I joint the finger is flexed into the palm at an angle of 100° . It is not possible for him to fully extend the finger. There is no ankylosis of any of the joints but, on account of injury, there has been a permanent contracture of the flexor tendons.

The disability from the wound of the right leg is very slight. The disability of the little finger of the left hand is as described with the resulting deformity.

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

W. D. Davis

Pensioner's Signature

Medley Woodruff

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

- (1) No disability demonstrated from wound of the right leg.
- (2) Fracture of the little finger of the left hand following injury.

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

None.

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

No past examination noted for comparison.

(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? Yes.

6 Are the disabilities permanent? No.

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? No. None necessary.

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? No.

(b) Nature of treatment advised None.

(c) Is pensioner willing to accept treatment advised? None advised.

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

REFUSAL OF TREATMENT :—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons :

The foregoing report submitted by:

Pensioner's signature *Medley W. Goldsedge*

Signature *W. A. Sanderson*

Medical Examiner.

Place *St. John N.P.*
Date *Dec. 30, 1929*

Approved: *W. A. Sanderson*
by *W. A. Sanderson*
Medical Examiner.

Month *1*
Signature *W. A. Sanderson*
from *Sept 21/29*
date of application

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? Yes. Dec. 27th, 1926.

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

10 (a) Has a child been born to pensioner since last medical re-examination? Yes. 8.8.1927. 2.2.1929.

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

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?
(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. 2870

Regt. No. 3346 Rank _____ Name Medley Woolridge

Rate of Pension _____%, period _____

Date of Marriage _____ Name of Wife _____

Additional allow. for wife _____ per month.

Date _____ Secretary. _____

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension 10%, period 20/9/32

Receiving allow. for 2 children.

PARTICULARS of 3 child.

NAME	SEX	DATE OF BIRTH.
<u>Mary Francis</u>	<u>Female</u>	<u>Nov 8/1930</u>

Allow. € \$ 1.00 per month granted from Nov. 8/1930

Date child comes of age _____
Date 6/3/31

[Signature]
Secretary.

Insur increased from \$1300 to \$1400
from Nov 8/30

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Medley Woolridge
 Rank _____ Regtl. No. _____ Rate of pension _____

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
<u>Lillian. E. Joy - French</u>	<u>Aug 17th 1905.</u>	<u>5B Broadview Ave</u>	<u>October 27th 1926</u> (If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
<u>Helen. Joyce. Woolridge</u>	<u>Sept 3rd 1927</u>	<u>all living with me</u>
<u>Edward. P. Roy. Woolridge</u>	<u>Feb 2nd 1929</u>	
<u>Mary Francis Woolridge</u>	<u>Nov 8th 1930</u>	

IV. Pensioner's Signature Medley Woolridge
 (The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address 5B Broadview Ave St John N.B Canada

CERTIFICATE

V. **THIS IS TO CERTIFY** that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 2
 day of February 1930
 and that I believe the Declarant to be the person named herein.

Signature S. M. D. Moore
 Qualification Justice of the Peace
 Address 127 Green St. St John N.B

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Mr. Woolridge

Rank _____ Regtl. No. _____ Rate of pension _____

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
Lillian May Trench	Aug 17 th 1905	53 Broadview Ave	Oct 22 nd 1936 (If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
Helen Joyce Woolridge	Sept 8, 1937	with Mother & Father
Sigward Tekoy Woolridge	Feb 2, 1938	with Mother & Father
Harry Francis Woolridge	Nov 8, 1930	with Mother & Father

IV. Pensioner's Signature Medley - Woolridge
(The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address 53 Broadview Ave St. John's N.F.

CERTIFICATE

V. **THIS IS TO CERTIFY** that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 3rdday of September 1951

and that I believe the Declarant to be the person named herein.

Signature William H. WilliamsQualification Justice of PeaceAddress 185 Lynch St. St. John's N.F.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner M. Woolridge
 Rank _____ Regtl. No. _____ Rate of pension _____

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
<u>Lillian May French</u>	<u>Aug 17th 1905</u>	<u>53 Broadview Ave</u>	<u>Oct 24th 1926</u> (If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
<u>Helena Joyce Woolridge</u>	<u>Sept 8, 1927</u>	<u>with Mother & Father</u>
<u>Sequard Tekoy Woolridge</u>	<u>Feb 2, 1928</u>	<u>with Mother & Father</u>
<u>Mary Francis Woolridge</u>	<u>Nov 8, 1930</u>	<u>with Mother & Father</u>

IV. Pensioner's Signature M. Woolridge
 (The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address 53 Broadview Ave St. John's N.F.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 3rd

day of September 1931

and that I believe the Declarant to be the person named herein.

Signature M. Williams

Qualification Justice of Peace

Address 18 Schuyler St. St. John's N.F.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

2870

Sept 11, 1931.

Mr. M. Woolridge,
53 Broadview Ave.,
ST. JOHN. N.B.

Dear Sir:

When checking up the form completed by you it was found that the date of birth of your child, Segnard, as given by you, does not agree with our records. It is requested that you advise this Department, as soon as possible, of the correct date of this child's birth.

Yours very truly,



Secretary.

/MMS.

This is to certify that Seaguard LeRoi son of Medley and Lillian
Woolridge was born in Saint John on February 2nd. 1929.

Copied from the records of Queen Square United Church.

Rev. W. C. [Signature]
Wester

Saint John
Sept 23 1931



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 2870

Regt. No. 3396 Rank Rte Name Woolridge Medley

Rate of Pensions 10%, period 20 Sept 1930

Date of Marriage 27 Oct 26 Name of Wife Lillian M. French

Additional allow. for wife 2⁵⁰ per month.

Date _____

Secretary.

ALLOWANCE FOR CHILD OR CHILDREN.

Rate of Pension ~~10%~~ period 10% 20 Sept 1930

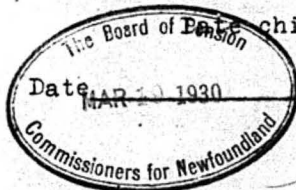
Receiving allow. for _____ children.

PARTICULARS of Two child.

NAME	SEX	DATE OF BIRTH
Helen	Female	8 Sept 1927
Seaguard	Male	2 Feb 1929

Allow. of \$ 3⁰⁰ per month granted from 21 Sept 1930

child comes of age _____



[Signature]
Secretary.

Pension increased to 13⁰⁰

5⁵⁰ from 21 ⁹/₂₉ to 31 ³/₃₀ 31 ⁸³/_✓

ok
MMS.

909

Pension No. 2870

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. I HEREBY DECLARE that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Medley Woolbridge
Rank Private Regtl. No. 3396 Rate of pension \$14.00 per month

II. I Further Declare that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
<u>Lillian French</u>	<u>Aug. 17th 1915</u>	<u>82 Britain St. St. John N.B.</u>	<u>27th Oct 1926</u> <small>(If unmarried this should be stated.)</small>

III. I Further Declare that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
<u>Helen J. Woolbridge</u>	<u>Sept 8th 1927</u>	<u>82 Britain St. St. John N.B.</u>
<u>Roy S. Woolbridge</u>	<u>Feb. 2nd 1929</u>	<u>" " " " " "</u>
<u>Mary F. Woolbridge</u>	<u>Nov. 8th 1930</u>	<u>" " " " " "</u>

IV. Pensioner's Signature Medley Woolbridge
(The signature must be inserted in the presence of the person who signs the Certificate below.)
Pensioner's Address 82 Britain St. St. John N.B.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 3rd day of November 1932 and that I believe the Declarant to be the person named herein.

Signature William M. Munroe
Qualification Justice of Peace
Address 100 Lynch St. St. John N.B.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Medley Woolridge
Rank Capt. Regtl. No. 3896 Rate of pension 10%

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name	Date of birth	Present address	Date of marriage
<u>Lillian M. French</u>	<u>Aug 17th 1905</u>	<u>199 Sydney St. St. John N.B.</u>	<u>Oct 27th 1926</u>

(If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name	Date of birth	State where each child is living and if not with father the reason
<u>Helen J. Woolridge</u>	<u>Sept 8/27</u>	<u>199 Sydney St. St. John N.B.</u>
<u>Sequard L. " "</u>	<u>Feb. 2/29</u>	<u>199 Sydney St. St. John N.B.</u>

IV. Pensioner's Signature Medley Woolridge
(The signature must be inserted in the presence of the person who signs the Certificate below.)
Pensioner's Address 199 Sydney St. St. John N.B.

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this 8th day of March 1930 and that I believe the Declarant to be the person named herein.

Signature William A. Macaulay
Qualification Justice of Peace
Address 188 Sydney St. St. John N.B.

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of the Courts.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

2870

Nov 7, 1932.

Mr. Medley Woolridge,
53 Broadview Ave.,
ST. JOHN.N.B.

Dear Sir:

I have been directed to advise you that as a result of your recent Medical Board your pension has been assessed at 5%, that is, \$7.00 per month, for twelve months, expiring on the 20th. of September 1933.

It has been noted that you were paid at the rate of \$14.00 per month from the 21st. of September 1932 to the 31st. of October 1932, making an overpayment of \$9.34. This overpayment will have to be deducted from your cheques for November and December 1932.

Yours very truly,

Secretary,

MHS.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 2870

Regt. No. 3396 Rank PTE Name MEDLEY WOOLRIDGE

Corps served with ROYAL Nfld. REGIMENT

Date of Medical Board SEPT. 28, 1932 disability 5%

Pension for self \$ 3.75 per month, for 12 months.

Allice. for wife \$ 1.25 " " " 12 "

ALLOWANCE FOR CHILDREN:

1st. Child \$.75 " " " 12 "

2nd. " \$.75 " " " 12 "

~~3rd/4th~~ other child ~~7/77~~ \$.50 each " " " 12 "

\$.50cts.

TOTAL MONTHLY PENSION \$ 7.00 per month, for 12 months.

Total authorized amount \$ 84.00 " " from 21-9-32
to 20-9-33

Pension granted to MEDLEY WOOLRIDGE

ST. JOHN, N.B.



By: [Signature] Chairman.
[Signature] Commissioner.
T Commissioner.

Date of Marriage _____ Name of Wife _____

Name of Child. _____ Sex _____ Date of Birth _____ Date Allow. expires. _____

M. W. Woolridge
27/11/32

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND**

TO MEDICAL EXAMINER :

ST. JOHN'S, Newfoundland,

Medical Report required; review date :—

Date AUGUST 1932The Secretary, Board of Pension
Commissioners for Newfoundland.AS SOON AS POSSIBLE, PLEASE
AND IN DUPLICATEPer B. T.

Regimental No.	3396	Rank	Pte
Name	MEDLEY WOOLDRIDGE	ADDRESS:	100 Sydney Street, St. John, N.B.
Unit	ROYAL NFLD REGT.		

DESCRIPTION OF PENSIONER :

Apparent Age	32 Yrs.	Height	5'9"	Color of Eyes
Complexion	Fresh	Colour of Hair	Brown	Weight

Marks of Identification:

August 5th, 1930:

There is a linear scar $3\frac{1}{2}$ " above the malleolus and on the anterior aspect of the lower leg. Just external to the crest of the tibia, there is a circular scar, -these being due to thro' and thro' wound of leg. There is no limitation of movement at the ankle joint, There is no atrophy of muscle. There is no evidence of bone, blood vessel or nerve injury.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

C S W RT. LEG

THE BOARD OF PENSIONERS

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.

There is a bluish scar outer surface of right leg, middle third. The scar is about the size of a ten cent piece. Right calf measures 14", left calf, 13-2/3". Foreign body was extracted from the entrance wound. There is no exit wound scar. There seems to be some slight evidence of a scar just above the right external malleolus. This scar is not easily seen. Man states that it has faded out. It is possible that this linear scar is the scar from which bullet was extracted although man states that he thinks it was taken out in the other one. No limitation of movement of the ankle joint - no atrophy.

There is an almost imperceptible scar above the crest of the left anterior superior ilium.

Left little finger: There is permanent flexion of this finger at an angle of 90° at the proximal interphalangeal joint. Flexion is possible to 85°. There is no active flexion of the distal interphalangeal joint. It is held in position of 180°.

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.)

Complains of weakness of the right leg and pain in the left elbow when he works hard. Pain comes in the little finger of the left hand which has been deformed following injury during the War.

Signature of Witness E.M. Tapley

Pensioner's Signature Medley Wooldridge

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

G.S.W. left hand with permanent flexion of little fin ger.
G.S.W. right leg.

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

None

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

No

(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? No

6 Are the disabilities permanent? Yes

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

(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? No

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

advised and refused to accept the same for the following reasons :

The foregoing report submitted by:

Pensioner's signature

Signature

Medical Examiner.

Place Approved:

Date 5 % for 62 Months

by [Signature]

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? --

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? --

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? no
(State date of death and names of children who have died.)

Place Sept. 28, 1932

Date West St. John, N.B.

E.M.Pratt

Head of District Office, (or Medical Practitioner)

21.9.32

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

IN REPLY REFER TO
N°



ST. JOHN'S,
NEWFOUNDLAND

September 21st., 1933.

Re:- 3396. M. Wooldridge: (Pen.No: 2870)

Kindly note that the marginally named
passed away at the Provincial Hospital,
Fairville, N.B., on SEPTEMBER 8th., 1933.

R. Thomas

from 1⁹/₃₃ to 8⁹/₃₃ @ 7⁰⁰ = 1.87

Next of kin

Mrs Lillian M Wooldridge,

2870

Oct 9, 1933.

STATEMENT OF ACCOUNT OF MEDLEY WOOLRIDGE, 3396
Who died at the Provincial Hospital, Fairville, N.B.,
on 8-9-33.

Pension @ \$7.00 per month from 1-9-33 to 8-9-33. . \$1.87

Next-of-kin,
Mrs. Lillian M. Woolridge.

- - - - -

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

IN REPLY REFER TO
No. 2870



ST. JOHN'S,

NEWFOUNDLAND

Oct 9, 1933.

STATEMENT OF ACCOUNT OF MEDLEY WOOLRIDGE, 3396
Who died at the Provincial Hospital, Fairville, N.B.,
on 8-9-33.

Pension @ \$7.00 per month from 1-9-33 to 8-9-33. \$.87

Pay pension to

Next-of-kin,

Mrs. Lillian M. Woolridge.

*and bonus of children (at date that father was
receiving at date of death) for one year.*

Ed.

[Handwritten signature]
[Handwritten signature]

[Handwritten signature]

Chq No. 4844 17.10.33

2870

Oct 28, 1933.

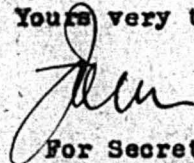
C.E. Hunt, Esq., K.C.,
Hunt, Emerson, Stirling & Higgins,
Duckworth Street,
C I T Y.

Dear Mr. Hunt:

With reference to the case of Mrs. Lillian M. Woolridge, widow of the late Medley Woolridge, #3396, who died at St. John, N.B., on the 8th. of September 1933, I beg to advise you as follows: The balance of \$1.87 due to the date of death was paid Mrs. Woolridge. An allowance of \$2.00 per month being amount due the children at the rate of pension the deceased was receiving previous to his death will be paid for a period of twelve months, expiring on the 8th. of September 1934. His widow is not entitled to pension as he married after his discharge.

I trust this is the information you are seeking.

Yours very truly,



For Secretary.

JAMCG/MMR.

2870

Nov 30, 1933.

Mrs. Lillian Woolridge,
Southside,
CARBONEAR.

Dear Madam:

This will acknowledge receipt of your letter of the 24th. instant and in reply I have to advise you that your cheque was mailed out addressed to you at St. John, N.B., before your letter was received at this Department.

Your change of address has been noted and your future cheques will be forwarded to you at Carbonear.

Yours very truly,



Secretary.

/MMR.

Carbonear

7870

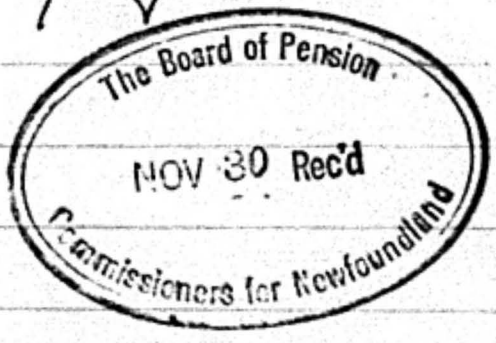
Nov 24/33

Dear Sir or Madam:

I wish to advise you that I with my three children have returned to Carbonear. and at present staying with my father.. would you kindly forward my pension check payable at Carbonear instead of St John NB Canada

Oblige
Yr Sillian Woodridge
South Side
Carbonear

W. J. S. D.



Newfoundland
Bureau of Health and Public Welfare
St. John's, Newfoundland
DIVISION OF PUBLIC WELFARE

November 29, 1933.

The Board of Pension Commissioners,
Water Street East.

Dear Sirs;

I am enclosing you a letter from Mrs. Lillian
Wooldridge, South Side, Carbonear, which appears to have
reference to your Department.

Yours very truly,

David L. Butler

Department Old Age Pensions.

Kindly address all Communications to the Department, not to individuals



DIVISION OF PUBLIC WELFARE

November 29, 1933.

The Board of Pension Commissioners,
Water Street East.

Dear Sirs;

I am enclosing you a letter from Mrs. Lillian
Wooldridge, South Side, Carbonear, which appears to have
reference to your Department.

Yours very truly,

David L. Butler

Department Old Age Pensions.

The Board of Pensioners for Newfoundland

28.70

Life Certificate.

DEPENDANTS

Pension No. ~~3396~~

I hereby declare that my full name is Mrs Lillian Worldridge
that my address is: 55 Seely St
St John N.B. Canada
that I am the Wife of No. 3396 Name Medley Worldridge
deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,

(if husband dead give date of death Apr 8th 1933)

Ma French (Witness) Mrs Lillian Worldridge Signature of Pensioner

(The following applies to male pensioner only)

If wife dead give date of death.....

(Witness)

Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

I Maule Bullock of 113 Queen St. St John N.B.
(Name) (Address)

Hereby solemnly declare that: I have known the person who signed the foregoing Life Certificate for 10 years, and I verily believe that (he or she) is the pensioner (he or she) represents (himself or herself) to be: that I have read the foregoing Life Certificate, that the facts stated therein are true.

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

Declared and subscribed

before me at St John N.B.

this 27 day of June 1934

Signature Maule Bullock

Signature Maule Bullock

Address 113 Queen St St John N.B.

Occupation Steward

N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

DEPENDANTS

Sheet No. _____

Pension No. 2870

Name of Pensioner Lillian M. Woolridge

Address 55 Selby St. St John MB Can

Pension awarded on account of:

Regt. No. _____ Rank _____ Name _____

PARTICULARS OF CHILDREN

NAME	Date of Birth	Date Pension Expires	NAME	Date of Birth	Date Pension Expires
1					
2					
3					

Period of Award		REMARKS	Date of Payment	Cheque Number	Amount	Total
From	To					
1.7.34	8.9.34	200d	31 July 34	1294	200d	
			31 Aug 34	2806	200d	
			30 Sept	4321	X53d	453

HIS MAJESTY THE KING
Patron-in-Chief of the British Empire Service League

Grand Patron:
HIS EXCELLENCY THE EARL OF BESSBOROUGH, GOVERNOR GENERAL OF CANADA

Grand President:
GENERAL SIR ARTHUR CURRIE, G.C.M.G., K.C.B.

Domination Honorary Presidents:
LT.-GENERAL SIR RICHARD TURNER, V.C. LT.-COLONEL JAMES McARA, V.B.

Domination First Vice-President:
BRIG. GENERAL A. ROSS, K.C., C.M.G., D.S.O., V.D.

Life Member Domination Executive Council:
LT.-GENERAL SIR PERCY LAKE, K.C.B., G.C.M.G.

Domination Vice-Chairman:
E. W. CORNELL, Esq.

Domination President:
MAJOR J. S. ROFER, M.C., E.C.

Immediate Past Domination President:
LT.-COLONEL L. R. LAFLECHE, D.S.O.

Domination Chairman:
A. E. MOORE, Esq.

Domination Second Vice-President:
COLONEL W. W. FOSTER, D.S.O., V.D., A.D.C.

Domination Honorary Treasurer:
J. A. MACRAAC, Esq.

General Secretary:
J. R. BOWLER, Esq.



P. O. BOX 384
PHONE QUEEN 926
Cable Address: CANLEG

February 5, 1934



The Secretary,
Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Dear Sir:

RE: #3396, Pte. Medley WOOLRIDGE
(Deceased)

With reference to your letter of October 10th last, regarding the allowance which may be paid to the children of the above named for a period of twelve months, from the date of his death, we beg to enclose herewith the three Birth Certificates of the children, Helen Joyce, Segard LeRoy and Mary Francis, together with B.P.C. for Newfoundland Form in the case (Authority For Pension Payments), in support of an application for the allowance.

We are informed that Mrs. Woolridge has returned to Newfoundland and is residing at South Side, Carbonear, Newfoundland.

The widow has asked for the return of the Birth Certificates when they have served their purpose.

The favour of your advice as to whether the allowance will be granted in this case will be very much appreciated, please.

Yours very truly,

B. Thomas
B. Thomas,

SERVICE BUREAU

CC.
Enclosures.

BY
Reply, Alice
is being paid
to Mrs W of Carbon
Some correspondence who W

2870

M-3396

February 12th., 1934.

Mrs M. Woolridge,
Carbonear. (South Side)

Dear Madam:-

We are in receipt of a communication from the British Empire Service League, Ottawa, who have been interested in your case, enclosing two B.P.C. Notifications which were forwarded to your address in St. John, N.B., and also Birth Certificates of your three children, which I am forwarding herewith to you.

Yours very truly,

Secretary.

BT:

February 12th., 1934.

Service Bureau,
The Canadian Legion of
THE BRITISH EMPIRE SERVICE LEAGUE,
OTTAWA, Ont.

Re:- 3396, Medley Wooldridge:(Deceased)

Dear Sir:-

In reply to your communication of February 5th., I beg to advise you that Mrs Woolridge is being paid the allowance on account of her children, at Carbonsar.

I am forwarding the Birth Certificates to her by to-day's mail.

Yours very truly,

Secretary.

. BT:

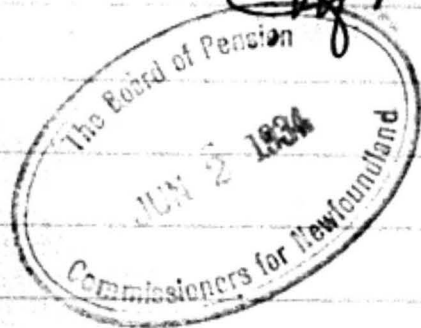
2890

55 Seely St
May 29/34

Dear Sir

Will you please
transfer my monthly
check of \$2.00 Instead
of cash to The
Above Address
And Oblige

J. P. Pillian Woodridge
55 Seely St
St John NB
Canada



The Board of Pensioners for Newfoundland

1975-M
file

Life Certificate.

DEPENDANTS

Pension No. 2870

I hereby declare that my full name is Lillian M. Woolridge

that my address is: 55 Sealy St

St John N.B. Canada

that I am the Wife of No. 3396 Name Medley Woolridge
deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,

(if husband dead give date of death Sept 8, 1933)

Miss Beatrice Living Lillian M. Woolridge
(Witness) Signature of Pensioner

(The following applies to male pensioner only)

If wife dead give date of death.....

(Witness)

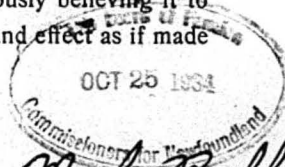
Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

I Merle Bullock of 113 Queen St. St. John N.B.
(Name) (Address)

Hereby solemnly declare that: I have known the person who signed the foregoing Life Certificate for 11 years, and I verily believe that (he or she) is the pensioner (he or she) represents (himself or herself) to be: that I have read the foregoing Life Certificate, that the facts stated therein are true.

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



Declared and subscribed

before me at St John N.B.

this 20th day of Oct 1934

Signature Merle Bullock

Signature Merle Bullock

Address 113 Queen St. St. John N.B.

Occupation Steward

N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

Pension No: 2870

August 27, 1937.

Dear Sir,

I beg to enclose herewith cheque for
\$21.04, payable to Isaac Pearce of Grand Bay which is
passed over to you as requested by Mr. Fred Kettle.

Yours faithfully,

J. A. McGrath,
Clerk, War Pensions.

Halley & Co., Ltd.,
New Gower St.

FRED KETTLE

GENERAL DEALER

FRESH COD & HALIBUT IN SEASON

GRAND BAY, Aug 24 1937
NEWFOUNDLAND

Dept. of War Pensions
St. John's Nfld.

Dear Sir. Enclosed please find cheque
signed by Mr Isaac Pearce (his mark.)
and witnessed by My self & Miss Mavis Kettle
Trusting same will make this cheque ok.

If not please send duplicate and Mr Isaac Pearce
~~proves~~ will take to Clergy or Justice of Peace and
Certify same. Otherwise Mr Isaac Pearce must
stand to the amount of cheque given to me of
which he are dead in need owing to sickly wife
for a couple of years and still sick.

Its too bad but I cannot understand why this
cheque were ignored when about 90% of all Isaac
Pearce cheque were signed by his wife since he were
married about 17 or 18 years ago.

Trusting same will be satisfactory and pass the
amount of cheque to Halley & Co Ltd of St. John's Nfld

Yours Truly
Fred. Kettle