



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5839 Name Wilson Workman Corps CofE

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Wilson Workman</u>        |
| 2. What is your full Address? .....  | 2. <u>Hearts Delight C.B.</u>   |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                   |
| 4. What is your age? .....   | 4. <u>24</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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 .....<br>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, Wilson Workman 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.

Wilson Workman SIGNATURE OF RECRUIT.

W. H. Moulton Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 26 day of July 1918

Aspirant Lieut  
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 27-7-18 1918

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

5839

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

Name Wilson Workman  
 Apparent age 24 years        months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
                           Range of expansion 4 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Workman  
Hearts Delight 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>26-7-18</u>									
Joined at <u>St John's</u> on <u>July 26-1918</u>									
<del>Transferred</del>					<u>August 9/1919</u>				
Embarked <u>St John's</u> train to <u>Halifax N.S.</u> <u>22-9-1918</u>									
To <u>Newfoundland</u> for demobilization <u>24-6-1919</u>									
Arrived <u>Newfoundland</u> <u>1-7-1919</u>									
Demobilization <u>St John's</u> <u>9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> [date of discharge]									
Pensions " " " " " "									

Total Service towards Engagement to 9-8-1919 [date of discharge] 1 years 15 days  
 Pensions " " " " " "

C.R. 5839

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/o Records from noted date  
9-6-19.

5839, Pte. Wilson ~~Northman~~ *Workman*



C.R. 5839

Extract from Daily Orders Part 11 Unit the Royal Wfld. Regt.  
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED BY O.C. Discharge Depot with effect from 26-7-19

5839 Pte. W. Workman.

C.R. 5839

Extract from Daily Orders Postmill Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5839 Pte. W. Worthman

Reported at Headquarters 1-7-19 on "Massandra" which  
sailed Glasgow June 24th, 1919.

C.R. 5839

Extract of Orders by Lt. Col. B.J. PARTON. D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.  
31/12/18.

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The following having reported back from Hospital is taken  
on the strength and posted to "C" Coy. from  
22/12/18.

#5839 Pte. W. Worthman.

C.R. 5839

Extract from Memorial Roll Entitled St. John's for Overseas.

Sept. 22, 1918. "1".

*Worthman*

5839 Pte. ~~Worthman~~ Wilson.



C.R. 5839

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's Sept. 24<sup>th</sup> 18.

THE UNDERNOTED MAN RETURNED FROM SPECIAL DUTY AT MOUNT PEARL.  
19-9-18.

5839 Pte. W. Worthman.



C.R. 5839

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, dated Sept. 9-18.

The Undernoted man proceeded on Special duty to Mount Pearl  
9-9-18.

5839 Pte. W. Worthman.

C.R. 5839

Extract from Daily Orders Part 11 Unit The Royal Nfld. . . .  
Regt. St. John's, dated August 17th, 1918.

5839 Pte. W. Worthman.

Returned from leave and reported at Headquarters for  
duty 15-8-18.

C.R. 5839

Extract from Daily Orders Part 11 Unit The Royal  
Nfld, Regt. St. John's, dated August 9, 1918.

5839, Pte. W. Worthman.

Granted Leave from 6/8-18 to 14-8-18.



C.R. 5839

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 27, 1918.

#5839 Pte. Wilson Workman.

Attested for General Service with the Royal Nfld. Regt.  
26-7-18.

W. Workman

C.R.

5839.

~~1110~~





Wockman, W

5839

Ray sept

August 14, 1919

#5839 Pte. Wilson workman,  
Hearts Delight.

Dear Sir:-

Please find enclosed Discharge Certificate #3704.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5839 Rank Pte Name Workman W.  
 Intended place of residence Heath Delight

2. Occupation Fisherman  
 Classification of soldier 2 Medical Category AI

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 JUL 12 1919

Must  
 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 JUL 12 1919

Wilson W. W. W. W.  
 Signature of soldier  
W. J. Baton  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 12 1919

Wilson W. W. W.  
 Signature of soldier  
W. J. Baton  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 26 7-18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 380

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 26 1919

D. R. Cooper Capt.  
 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 August 9/1919

W. J. Baton Capt.  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

Aug 20 1919 / 3764



# The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5839

Name Workman Wilson

Address Heart's Delight

Present Medical Category A1

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

Members of Board {

O.C. Discharge Depot.

J. Paterson  
Senior Medical Officer

Geo. Borden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2839 Rank. Plt Name Workman Ed  
 Date of Enlistment 26-7-18 Address Hearts Delight District Trinity  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 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 11-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Wilson in a position to resume civilian occupation.

Wilson <sup>Hus</sup> Workman  
<sub>Mark</sub> with wife

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing Supplied~~

O i/c. Re-clothing.

Date 12-7-19





## 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.

*Workman W*  
Signature of Man.

Reg. No. *5839*

*J. J. Snowcraft*  
Signature of the Vocational Officer or his Representative.

Place *ST. JOHN'S.*

Date *12-7-19* 191

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

# MEDICAL HISTORY

Surname Workman Christian Name Wilson

Table I.—GENERAL TABLE

Birthplace:—Parish Heart's Delight County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	26	July		
Declared Age	27	years		
Trade or Occupation	Waterman			
Height	5	feet 4 inches		
Weight		126 lbs.		
Chest Measurement	Girth when fully expanded		35 1/4 inches	
	Range of Expansion		3 inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/29	R.E.—V=	
	L.E.—V=	6/29	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lenn Johnston</u>			
(Rank)	Medical Officer		Medical Officer	
Enlisted	at	<u>St John's</u>	at	
	on	26 day of July	on	day of 1918
Joined on Enlistment	Corps	<u>Royal</u>	Corps	
	Regtl. No.	<u>5839</u>	Regtl. No.	
Transferred to	<u>Regt</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## 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 *Workman, Wilson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5839*

Intended address *Heart's Delight, I.R.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Short.*

Christian name of Father *Henry.*

Christian name of Mother *Lavinia*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Heart's Delight, Feb. 19, 1894*

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) *Wilson<sup>his</sup> Workman* (Rank) *Pte*  
*Wife. J. J. Walsh. R/c*

Station *ST. JOHN'S.* Date *8-7-19*

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.

Station \_\_\_\_\_ Date \_\_\_\_\_



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

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

1. Unit and Corps..... *Royal Newfoundland*..... 7. Former Trade or Occupation }  
 2. Regtl. No. *5839*..... 3. Rank..... *Pvt*..... 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Worthman*..... *William*..... (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
 11. Date of origin of disability.  
 12. Place of origin of disability.  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Developed Influenza at Kemmel Post - 45 Days in Hospital Rest to Depart Fr.*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service.. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. .

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

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

15. What is his present condition?

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

*The Complaints of weakness in legs for which Remedial Exercise.*

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*Repatriation*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*W. B. Pocumier*

*C. R. Rame*

Station *Rozelle Down*

Medical Officer in charge of case.

Date *13/4/19*

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

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

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

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Waldemar*  
 2. Regtl. No. *5839* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Waldemar Wilson* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday *24*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *Sept / 15*

12. Place of origin of disability. *He states*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *was two months in Kemmel Park Hill Hospital Beconsfield with influenza. He complains of painful legs on walking any distance.*



14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                | —                   | —                 |
| (ii.) Previous active service.. .. .                       | —                   | —                 |
| (iii.) Climate in pre-war service .. .. .                  | —                   | —                 |
| (iv.) Ordinary military service before the war .. .. .     | —                   | —                 |
| (v.) Serious negligence or misconduct on the man's part. } | —                   | —                 |

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

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

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

*His complaint as to his disability as previously stated.*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W. E. Pomeroy. Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *St. George's Barracks*

Date *8/14/19*

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



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

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *5839* 3. Rank... *Pvt.*
4. Name *Waukman* *Wilson*  
 (Surname) (Christian Names)
5. Age last birthday... *24*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

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

### Statement of Case.

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

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

11. Date of origin of disability. *Sept. 15.*
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- He states was two months' Nemuel Military Hospital Devonshire with influenza the complaint of painful legs walking any distance.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | ✓                   | ✓                 |
| (ii.) Previous active service.. .. .                       | ✓                   | ✓                 |
| (iii.) Climate in pre-war service .. .. .                  | ✓                   | ✓                 |
| (iv.) Ordinary military service before the war .. .. .     | ✓                   | ✓                 |
| (v.) Serious negligence or misconduct on the man's part. } | ✓                   | ✓                 |

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

~~The Complaints of~~  
~~Disability~~  
 As previously stated

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

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

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

Repatriation

20. Do you recommend—  
 (a) Discharge as permanently unfit ?  
 (b) Change to United Kingdom ?

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

*B. Procunier. Capt. Rone*  
 Medical Officer in charge of case.

Station *Hazeliy Down*  
 Date *8/4/19*

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









August 19, 1919

Mr. Wilson Worthman,  
Hearts Delight.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name..... *M* ..... 2. Surname..... *Worthman*
3. Rank..... *Pvt* ..... 4. Regtl. No..... *5839*
5. Address in full to which future payments of gratuity are to be forwarded..... *St. John's, Nfld.*
6. Date of enlistment in the Regiment..... *29. 1. 18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *no*
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?.....
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... *12 mos*
- ..... 1. <sup>a</sup>



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.

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

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

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.

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

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

19. Are you now serving in the R.A.F.? If not give:- (a) Date of discharge

no  
July 26/19

Remoh

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.

Explores

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.

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

Signature of Applicant:

*W. X. Worthman*

Place of Residence:

*St. Louis, Mo.*

Declared before me at:

*St. Louis*

This

*17* day of

*July*

19*.19*....

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

*John M. Clardy*  
*J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
..... Certified correct.			.....	.....

Raymorton

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company Radick Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5839 Wm Workman</u>	Age on	<u>24</u> years <u>11</u> months	<u>Soldier</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined	Date		<u>26-7-18</u>	<u>C of E</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		<u>1<sup>15</sup>/<sub>365</sub></u> years.		<u>Heart's Delight</u>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Princes Park</u>	<u>27-8-18</u>	<u>Pte.</u>		<u>Loitering on Sentry Beat St. James</u>		<u>48 Hours Detention</u>	<u>27-8-18</u>	<u>Capt. R. St. Tail. M.C.</u>	<u>060</u>
				<u>Demobilized St John's</u>	<u>9</u>	<u>8/19</u>			

To be carried over.



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

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

- 1. Unit and Corps. *Royal Grenadier Guards* } Former Trade or Occupation }
- 2. Regtl. No. *5839* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Worthman, Edlewin* (a) Former Regts. or Corps ; with Regtl. Nos. (Surname) (Christian Names)
- 5. Age last birthday.....
- 6. Posted for duty on *5* at..... in category (or grade).....
- 8. If the disability is an injury was it caused
  - (a) in action (b) on field service
  - (c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :—
  - (a) When (b) Date of Discharge ;
  - (b) Where (c) Cause of Discharge.
  - (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Developed influenza at Remount Park. 45 days in Hospital, sent to depot fit.*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war .. .. .
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service .. .. .
- (iv.) Ordinary military service before the war .. .. .
- (v.) Serious negligence or misconduct on the }  
man's part. ....

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

15. What is his present condition?

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

*All complaints of weakness in legs for which prescribed exercises.*

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

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*W. T. Proctor, Captain*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *13/4/19*

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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2839 Rank Plat Name Max Workman  
 Date of Enlistment 26-7-18 Address St. George's Delight District Trinity  
 Occupation Submarine Classification for Discharge F1 Medical Category A1  
 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 11-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Wilson <sup>His</sup> Workman  
<sub>Max</sub> with wife

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~

Date 12-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2447 to his home at Frank Delly M and Release Certificate No. 3492 issued.

Date 12-7-19 J.A. Snowloff  
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 9-8-19

Date 12-7-19 J.A. Snowloff  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915	1	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 12-7-19 J.A. Snowloff  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

JUL 20 1919

Date ..... H.R. Cooper  
O. C. Discharge Depot.

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

Date Aug 7 1919 [Signature]