



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Ball, Andrew,*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *8730.*
 Intended address *Bathwood*
 Height on discharge *5* Feet *11."*
 Color of hair on discharge *Dark*
 Complexion *Dark.*
 Color of eyes *Brown.*
 Descriptive Marks
 Figure on discharge *Tall.*
 Christian name of Father *Wm.*
 Christian name of Mother *Jaymes.*
 Wife's maiden name in full *May.*
 Date and place of marriage *Bathwood 19.6.1914*
 Christian names of children *Elmer.*
 Place and date of soldier's birth *Bathwood. 11. 1889.*
 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)

A. J. Ball

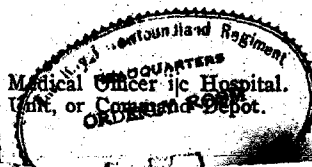
(Rank) *Sergt.*

ST. JOHN'S.

Station

Date *24. 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.



Station

Date

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

MEDICAL HISTORY

Surname Ball OF Christian Name Andrew J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Northern Ann County Botetwood

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	5th	June		
	at	Grand Falls.	at	
Declared Age	28.	years		
	7.	months		
Trade or Occupation	Lumberman.			
Height	5	feet		
Weight	162.	lbs.		
Chest Measurement	Girth when fully expanded			
	Range of Expansion			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease.	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection.	(b) Both little fingers broken, and crooked.		(b)	
Approved by (Signature)	<i>L. M. Patterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	Grand Falls	at	
	on	5th day of June	on	
		1917		
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	Infantry		8730	
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks (early syphilis, admission of)
	Day	Month	Year	Day	Month	Year			
M. S. H. Hospital	8	2	19	17	2	19	Influenza	9	Admission