

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name W. J. [unclear]

Apparent age 10 years 1 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. [unclear]
[unclear] | Relationship [unclear]

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>12-10-16</u>									
Joined at <u>St. John's</u> on <u>October 12th 16</u>									
<u>Discharged Halifax, Oct. 23rd 17</u>									
<u>Res. Overseas Service</u>									
<u>Discharged Medically, Halifax 23-10-17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>23-10-17</u> (date of discharge) <u>1</u> years <u>12</u> days									
Pension " " " " " " " " " " " "									

C.R. C. 3149.

Thomas Thorne was attested for General Service
with the NEWFOUNDLAND REGIMENT on Oct. 12th 1916
Regimental No. 3149 was allotted to Pte. Thomas Thorne.

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919.

Used in connection with Paraph ^{MS. 14}

Examination of Joseph Thorne, aged, 18 yrs.
Conducted at Port aux Basques, Oct 11th 1916
Recruiting Officer: Robert S. Gray

No	Test	Finding
1		no
2		no
3		no
4		no
5		no
6		no
7		yes.
8		yes
9		no
10		Sight for colours good
11		Good Physique, skin clear, no deformity
12		Legs straight and well formed
13		Teeth fairly good, never had toothache
14		Throat in good condition
15		No discharge from ears,
16		Chest well formed, no scars
17		Lungs and Heart free from disease
18		No tendency to either heart or lung disease.
19		Sight good in both eyes
20		Fingers and hands well developed
21		Palms normal, hard.
22		Elbow & wrist joints normal
23		Shoulder joints mobile
24		Feet, ankles and knees strong
25		Hip joints normal
26		No hammer toes or flat foot
27		No hemorrhoids or fistula
28		Hearing good in both ears

No Test

Finding

- 29 No Physical deformity or weakness
30 Both arms strong and well developed
31 No hernia
32 no Varicocell
33 no.
34 5ft 3/2 inches
35 116 lbs
36 Max 34. min 31 inches
37 #22rd per mo'
38 Jane Thorne, my mother.
39 Father and mother

Wm. Bennett
Med Examiner

Joseph Thorne,
son of Joseph and Jane Thorne,
of Queen's Day Dist. of Queen's
Joseph ^{his} Thorne
mark

Witness first read over
and explained

Robert C. Squaney
Stipendiary Magistrate
and Recruiting Officer
at Chennai, N.F.

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

MEDICAL HISTORY

Surname Thorn

OR
Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Berie

County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 13 day of Oct 1916 at St John's R.F.		on _____ day of _____ 1916	
Declared Age	18 years 6 months		_____ years _____ days	
Trade or Occupation	Fisherman			
Height	5 feet 4 inches		_____ feet _____ inches	
Weight	130 lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... 34 inches		_____ inches	
	Range of Expansion ... 4 inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>Berie</u>			
Vision	R.E.—V = 6/9		R.E.—V =	
	L.E.—V = 6/9		L.E.—V =	
(a) Marks indicating congenital peculiarities or previous disease	/		(a)	
(b) Slight defects but not sufficient to cause rejection	/		(b)	
Approved by (Signature)	<u>J.W. Burden</u>			
(Rank)	Lieut.			
Enlisted	at St John's R.F.		at _____	
	on 12 day of Oct 1916		on _____ day of _____ 1916	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>3/1 Rifle Regt.</u>	<u>3119</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 1916		on _____ day of _____ 1916	
(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 epidemic, admission and readmission to hospital will be shown. The admission program, including postdischarge of treatment out of hospital, transfusion, etc., will be given in the special epidemic case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Walter J. Mc. Hays	10	1	1917	5	2	1917	Mumps	25	<p>Pt. states he had mumps for some 2-3 weeks with cough, watering eyes about 3-4 weeks ago. No vomiting, some pain of ear throat, headache, fever, cough, sleep. Took 100 mg. of insulin with day. 1000. No further improvement. 7th day, 100 mg. insulin influenced. 10th day, 1000 mg. insulin. 12th day, 1000 mg. insulin. 16th day up. 20 day discharged.</p>	<p><i>W. J. Mc. Hays</i> Lieut.</p>
Alpha James Hayes	11	2	1917	24	6	1917	Parotitis glandularis	150	<p>Parotitis glandularis from bacteria, pain in back, rigidity, cracks of spine, faint down off on 100 mg. insulin. Shows an abundance of polymorphous leucocytes. Starting with a number of symptoms in the course of the disease.</p>	<p><i>W. J. Mc. Hays</i> Sept. 9. 11.</p>

No. _____
In replying the number & date
of this letter should be quoted



General Hospital,
St. John's, Newfoundland,

July. 3rd. 191

Re Private Joseph Thorne.

Admitted to Hospital.

Feb. 12th.

Discharged from Hospital.

June. 21st.

Disease.

Meningitis Cerebro Spinal.

Result.

Improved.

A. Keegan
Superintendent

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 4 Sent by MJ Rec'd by me Check 7/10 No. 22

Place from Grandbank

To Capt J J O'Grady
H S B. Germany

AUG 17 1917

Will you please send me
ten dollars

Pte. Joseph Thorne

~~216~~ 216.10
48 15 15-5-17

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Saint Johns Nf
 Station
 Date *Sept. 7. 17.*

- | | |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>19</i> |
| 2. Regimental No. <i>3149</i> | 6. Enlisted on <i>12 Oct. 1916.</i> |
| 3. Rank. <i>Pte</i> | at <i>Saint Johns Nf</i> |
| 4. Name. <i>Thorne Joseph</i> | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

Cerebro-Spinal Meningitis

9. History *He develops measles on Steamer on his way back to headquarters from Tunis - on arrival was admitted to military base disease Hospital where was under treatment for 25 days. about a week after being discharged from this Hospital he developed Cerebro-Spinal Meningitis and was sent to General Hospital for treatment he was there for 150 days and was allowed to go home from there to attend funeral of his mother. while at home he became sick again and was under treatment and was sent to report himself at Headquarters on Sept. 6. 1917.*

10. What is his present condition? *Complains of pain in his back and hips, and states his legs are weak. He cannot walk without a stick. He has lost 30 lbs. weight, he sometimes loses pain in his hands.*

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

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board.

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

13. For pension purposes, the disability x *may* be considered as ~~aggravated by~~ due to
- (a) ~~Service during this war.~~
 - (b) ~~Climate.~~
 - (c) Ordinary Military Service

Remarks if any:— *Left eye shows external strabismus. Neck's action rapid & weak. No marrow. Muscles weak. Cannot walk far & complains of headache.*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— *40% six months*

15. Is the disability permanent?

Will improve

16. Has the disability been aggravated by

- (a) Intemperance.
- (b) Misconduct.

no

17. The refusal of operation sanatorium is:—

- (a) Reasonable.
- (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from ~~resumption in~~ the Army

as permanently unfit

Remarks if any:—

Signatures.

H. S. [Signature]
President
[Signature]
Major

Place

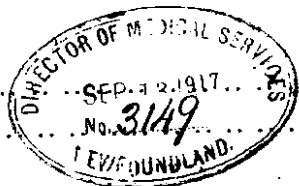
Date

Sophia
Sept 8/17

APPROVED

Station

Date



Administrative Medical Officer.

[Signature]
Major

September 18th., 1917.

From: Director of Medical Services.

To: The Secretary, P. & D. Board.

3149 Pts. J. Thorne.

Dear Sir:-

I beg to inform you that the marginally noted man entered the Naval & Military Convalescent Hospital September 18th., 1917

Yours faithfully,

CLUNY MACPHERSON,

Major, D. M. S.

Per

A. W. B.

NEWFOUNDLAND.

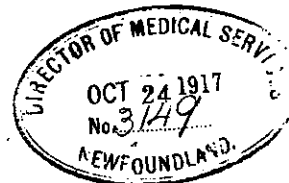
REPORT OF MEDICAL BOARD ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station ST. JOHN'S NFLD. Date OCTOBER 19th., 1917.
No. 3149 Age 19 Height 5'5"
Rank PRIVATE Complexion FAIR
Name THORNE, JOSEPH Eyes GREY Hair DARK BROWN
Unit 1ST NEWFOUNDLAND
Address GRAND BANK Former Trade FISHERMAN
Enlisted at ST. JOHN'S NFLD. on OCTOBER 12th., 1916
Disease or disability CEREBRO - SPINAL MENINGITIS

Present condition *states he has greatly improved weight on admission 112, now 120 - both times with clothes on. Headache gone Heart still weak, pulse 100, slight limp left leg*

Estimated disability *70%*

Recommendation of Medical Board



Class

L.P. Paterson M.D.

Members of Board

*J. Rindar Tait
M. Whitehead*

Approving Medical Officer.

Cluny Macpherson Major

C.R. 3149

Extract from Roll of Officers, NCOs and Men Discharged from The
Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No</u>	<u>Rank</u>	<u>Name</u>	<u>Date</u>	<u>Reason.</u>
3149	Pte.	Joseph Thorne	Oct. 23rd 1917.	Med Unfit.

Oct. 24th. 1917.

From O.C. Companies.

Headquarters.

To D/Paymaster & Officer i/c Records.

St. John's.

Re 3149, Pte. J. Thorne.

Herewith 3149, Pte. J. Thorne who has been discharged from Waterford Hall.

Medical Board of Sept. 8th. recommended his discharge as permanently unfit. Will you please take the necessary action, and advise me.

His account has been squared up to and including Oct. 23rd. 1917. No allotment.

Lieut.
Officer Commanding Companies.

Proceedings on Discharge

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	3149	Army Rank	Private
Name	Joseph Thorne		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	1st Newfoundland Regt.		
Battalion, Battery, Company, Depot, &c.			
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	October 23 rd 1914		
Place of discharge	St. John's, Nfld.		
1. Description at the time of discharge.			
Age	20	years	5 months
Height	5	feet	5 inches
Chest measure	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	fair		
Eyes	grey		
Hair	dark brown		
Trade	fisherman		
Intended place of residence	Grand Bank, Nfld.		
(To be given as fully as practicable.)			
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
3. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</u>			
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
To be filled in on the soldier quitting the Colours.	8. Military character:—		
	9. Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer
* Army Form B. 2067 has been issued to*			

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) M. A. H. M. A. _____ (Signature of Soldier.)

(Date) Oct 24th 1917 _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

J. Thorne

A. C. [unclear]

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 *Thorne Joseph*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *3149.*
 Intended address *Graus Bank.*
 Height on discharge *5* Feet *5*
 Color of hair on discharge *Dark Brown.*
 Complexion *fair.*
 Color of eyes *Grey.*
 Figure on discharge *medium.*
 Christian name of Father *Joseph.*
 Christian name of Mother *dead.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Born. 14 May. 1897.*
 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) *Joseph X Thorne*
mark
 Station *St Johns* Date *Sept 17/17* (Rank) *Pte*
Witness: Haston & Co. Pte.

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.

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

Station *St Johns Nf* Date *Sept. 7. 17*

Counter No. _____

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	Recd	By	Sent	by	Check

Dated December, 18 th. 1917

To Rev. William Grimes,
Grand Bank.

Please inform Joseph Horne that his son Joseph died this morning at General Hospital, Cerebro Spinal Meningitis. Extend our sincere sympathy. Please advise us to disposal of body. Would relatives like Military funeral.

Pensions & Disabilities Board.

3149

950108

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

Joseph Thorne

K. 1683.

45m (10) 6/21-[869] W3189/RO8318 G0m 1/22 (O.P.17) 3567 G & S 198

C.R. 3149

Co. 11th 22

Mr. Jos. Thorne
Grand Bank.

Dear Sir:-

This office has received a request from Lieut.-Col. Hangle, D.G.M & E., that we ascertain from you ~~where~~ the cemetery is in which No. 3149 ExPte. J. Thorne is buried, and I shall be glad if you will supply this information. An addressed envelope is enclosed.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

CR 3149
Grand Bank.

Oct. 28th 1922

Chief Staff Officer
Department of Militia
St. John's
Dear Sir:-

Po. 3149. Co Pte. J. Thorne is buried
in the Salvation Army, Cemetery.
Grand Bank.

Yours faithfully
J. Thorne.

Oct. 20 23

Joseph Thorne Esq.
Grand Bank.

Re #3149 Pte. J. Thorne, (deceased).

Dear Sir, I have the honour to acknowledge receipt of your letter of 15th. Oct. regarding the grave of the above named soldier.

As the season is now too far advanced to make the necessary curbing and further we do not expect to receive the headstone until the Spring, we are obliged to allow this matter to stand over until next year. We wish to assure you, however, that as soon as it becomes practicable, this grave will be attended to.

Hoping this information will be satisfactory to you,

Yours very truly,

Lieut.

Officer i/s records.

Office of the Archivist for Militia Records.

November 20th, 1925

Adj. Marsh, S.A.,

Grand Bank.

Dear Sir:-

I beg to advise that headstone for the grave of the late J. Thorne, No. 5149, Royal Hfld. Regiment, is going forward by S. S. Pertie,

I have taken the liberty of having the stone consigned to you, as I am quite sure you will be good enough to take delivery of it and see to its erection.

Yours truly,

Archivist.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$25.⁰⁰/₁₀₀

Oct 24th 1917

Received from the First Newfoundland Regiment
the sum of *Twenty five* 00/₁₀₀ Dollars.
on account of *Pay. Atty who Discharged*
balance

Ch. No.	<i>542</i>	Initials	<i>J. Thorne</i>
Pay Ledger	<i>77</i>	Initials	<i>J. Thorne</i>
Gen. Ledger	<i>82</i>	Initials	<i>J. Thorne</i>

J. Thorne

Regtl. No.

Rank

