

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. S 287 Name Herman Paul Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Herman Paul
2. What is your full Address? 2. 25 Fitzgerald Ave
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 28 Years 0 Months
5. What is your Trade or Calling? 5. Section Man Railroad
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, Herman Paul 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.

Herman Paul SIGNATURE OF RECRUIT.
J. W. Williams Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herman Paul 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 21 day of May 1915.

Signature of Attesting Officer A. D. Dicks Lieut.

† 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 1915
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

5282

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

Name Herman Bail

Apparent age 21 years 0 months. Height 5 feet 3 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Bail 25 Hayward Ave. S. Phos | 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 limit of engagement reckons from <u>21-5-18</u>									
Joined at <u>S. Phos</u> on <u>May 21-1918.</u>									
<u>Reached S. Phos, Dec. 1918</u>									
<u>Embarked S. Phos S. Colombella to Halifax 16-1-18</u>									
<u>Boarded at Hazelton down camp. 5-11-18</u>									
<u>To field for demobilization 12-11-18</u>									
<u>Arrived to Newfoundland 29-11-18</u>									
<u>Discharged medically unfit 20-12-1918</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>20-12-1918.</u> [date of discharge] <u>22</u> years <u>22</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5282

Extract from Daily Orders part 11, from United States
Royal Field Regt. St. John's, dated May 22, 1918.

#5282 Pte. Herman Vail.

appointed for General Service with the Royal Field Regt.
from 21.5.18

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

MEDICAL HISTORY

Surname

Wail

OF

Christian Name

Kerman

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Johns

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>26</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
Declared Age	at <i>St. Johns</i>	at		
Trade or Occupation	<i>21</i> years	days	years	days
Height	<i>Section man</i>			
Weight	<i>5</i> feet <i>3</i> inches		feet	inches
Chest Measurement	<i>117</i> lbs.			lbs.
	<i>34</i> inches			inches
Physical Development	<i>3</i> inches			inches
Vaccination Marks				
When Vaccinated				
Vision	R.E.—V= <i>6/6</i> L.E.—V= <i>6/6</i>		R.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)		(b)	
Approved by (Signature)	<i>Ernest Paterson</i>			
(Rank)				
Enlisted	at <i>St. Johns</i>	at		
Joined on Enlistment	on <i>21</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
Transferred to	Corps. <i>Re Royal</i>	Regtl. No. <i>287</i>	Corps	Regtl. No.
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of
				191

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 5282

Rank. Pvt

Name. Vail Herman
(Surname) (Christian Names)

Unit and Corps } Regt 17th

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

England

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I think that the complaint from which I suffer at the present time was in operation before I joined the army.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Hazley Down Mumps 1944

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

none

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?
(b) What was your trade before joining the Army?
(To be checked by A.F.B.64 or A.F.B.103.)

Festermans

SO

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazley Down*.....

Signed (Soldier) *Vail Hermon* +.....

Date *5-19-18*.....

Signed *W. J. Woods*.....

CONFIDENTIAL

Army Form W. 3463A.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name Paul Hemon (Surname) Royal N F L Co (Christian names in full)
Unit from which discharged Royal N F L Co
Regimental Number _____ Rank on discharge _____ Age on discharge 21
Married, widower with children, or single single
Occupation before enlistment Fitterman
Special qualifications (if any) for employment in civil life } _____
Nature and locality of employment desired _____
Full postal address to which proceeding on discharge } Grates Court J.B. N F L Co
Name of Approved Society (if any) _____

PART B. Nature of medical unfitness Debilily
Service with Colours _____ years 180 days, of which _____ years
90 days were served abroad during the present war.
Military character Good
Anything against the soldier to render his recommendation undesirable No
Date of discharge 5-11-18 191____.
Station Hazley Down
Date 5-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

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..... *R. Depot Det.*
2. Regtl. No. *5282* 3. Rank..... *PC*
4. Name *VAIL* *Armen*
(Surname) (Christian Names)
5. Age last birthday..... *21 1/2*
6. Posted for duty on..... *27 May 1914* at..... *S. 10th*
in category (or grade).....
7. Former Trade or Occupation } *Sectin Man*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
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) Where
(c) Opinion of Court

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."
Debrity

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.

Since joining depot he was in parade for one week when developed mumps and throat, when he was for 19 days. Since then he has been in parade and doing his best to carry on, but is considered unfit for further training.

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.

Yes

No

No

No

No

Yes

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

No.

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.)

He is pale, thin emaciated and debilitated by underdevelopment. Prominent clavicles with supra-clavicular hollowings; ribs prominent, marked very sparsely covered. Cordae pectus visible in wide area. Numerous patches of old consolidation throughout both lungs.

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

na.

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

na.

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?

na.

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?

na.

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.

Discharge as permanently unfit for further military service. [Signature]

Medical Officer in charge of case.

Station Hazelton, British Columbia

Date 5-10-18

* 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

R. 5282

Extract from Nominal Roll Embarked London, f. or Overseas
Nov. 12th, 1918 Major Garty, Conducting, Officer.

BEING SENT HOME FOR DISCHARGE.

5282 Pte. H. Vail.

MM.

C.R. 5282

Extract from Telegram from Synoptical, London dated
November 18th., 1916.

#5282 Vail.

The above mentioned having embarked by the Government Transport
November 18th., for St. John N. B.

DC. DOCUMENTS WITH CASE.

C.R. 5282

Extract from Daily Orders part 11, Depot. St. John's
dated ~~DEC~~ Nov. 30th., 1918.

The undernoted returned from Overseas and reported at
depot. 29-11-18.

#5282 Pte H. Vail.

COPY

Dec. 3rd, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5282 Pte. H. Vail
5063 " A.B. Anderson
8008 " S. Norman

The marginally noted men have been recommended for discharge as permanently unfit and admission to Jensen Camp by Medical Board held on Monday, ~~November~~ December 2nd.

I am sending them herewith for your attention and necessary action, please, and have given them verbal instructions to report to D.M.S. after they have finished their business with you.

Copy to D.M.S.

C.R. 5-282

Extract from Medical Board held on Monday Dec. 2nd, 1918.

3282 Pte. H. Vail.

Recommended Discharge as permanently Unfit and Admission to
JENSEN CAMP. U R G E N T.

M.M.

5282

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.
5282

ST. JOHN'S, NEWFOUNDLAND,

December 5th., 1918

From:- D. M. S.
To:- O. C. Depot.

5282, Pte. Vail, H.

Please note that the marginally noted
man entered Jensen Camp December 4th., 1918.

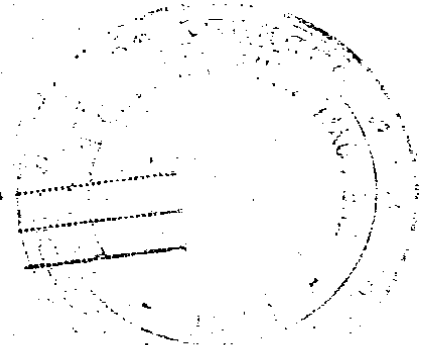
Cluny Macpherson

Major, D. M. S.

Copy to B. of P. Commissioners for Nfld.

To be Noted

Part II Orders
Card Index
Nominal Roll



Medical Report on an Invalid.

Station HAZELEY DOWN, WINCHESTERDate 5-11-18

- | | |
|--|---|
| <p>1. Unit ROYAL NEWFOUNDLAND REGIMENT</p> <p>2. Regimental No. 5282</p> <p>3. Rank Pte.</p> <p>4. Name VAIL, HERMON</p> <p>5. Age last birthday 21 years</p> <p>6. Enlisted { on 21/5/18
at St. John's</p> | <p>7. Former Trade } Section-man
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

DEBILITY

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Since joining Depot, he was on parade for one week, when developed mumps. Sent to Hospital where he was for 19 days. Since then he has been on parade and doing his best to carry on, but is considered unfit for further training.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- Attributable to, and aggravated by, service during the present war.**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He is a pale, thin, emaciated, and debilitated boy, undeveloped for his years. Prominent clavicles, with supra-clavicular hollowings, ribs prominent, and chest very sparsely covered. Cardiac pulsation visible over wide area. Numerous patches of old consolidation throughout both lungs.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

N.A.

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

N.A.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

N.A.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

N.A.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT, Capt. R.N.R.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

Officer in charge of Hospital.

Date _____

*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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war; (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly ~~attributable to~~ **Aggravated by**

(i.) Service during the present war; **Yes**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

Disability as stated in section 13.
Weight 109½ lbs. Temp 101.5

Constitutional

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

Yes

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Total

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or
(b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium; -----

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Jensen Camp. U R G E N T

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(Sgd) N. S. FRASER President.

Station St. John's, Nfld.,

J. SIM LAIR TAIT

Date Dec. 2nd., 1918

L. PATERSON, Major

Members.

Approver
DIRECTOR OF MEDICAL SERVICES
Station DEC. 2 1918

(Sgd) CLUNY MACPHERSON, Major M. S. NEWFOUNDLAND.
Administrative Medical Officer.

Proceedings on Discharge.

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

No. 5282 Army Rank Pvt

Name Vail Hermann
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 3rd Cavalry Regiment

Battalion, Battery, Company, Depôt, &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 December 19th 1918

Place of discharge St John's Regt

1. Description at the time of discharge.

Age <u>21</u> years <u>1</u> months	Descriptive marks.
Height <u>5</u> feet <u>3</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>pale</u>	
Eyes <u>blue</u>	
Hair <u>brown</u>	
Trade <u>Section man</u>	
Intended place of residence <u>Lyons Cove S.D.</u>	
(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.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(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.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2087* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

A.M.B. 2079/120

C.R. 5282

Extract from Daily Orders Part 11 Unit the Royal Hfld.
Regt. St. John's, Jan.³⁰ 29th, 1919.

Having been found Medically unfit is discharged from
Dec. 20, 1918.

5282 Pte. H. Vail.

February 5th., 1919

#5282 Pte. Herman Vail,
#25 Hayward Avenue,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 130."

Yours truly,

Captain,
Paymaster & Officer i/c Records

Enc 1 1.

COPY

JENSEN CAMP

March 12th, 1919

Capt. Duley

Dear Sir/-

Having been discharged Dec. 19th, 1918, and not received any discharge pay or clothing allowance, I would be very pleased to have my account settled and forwarded to me. I have applied to Capt. Howley and he informed me that I had to apply to you. I have been overseas and was sent back unfit for service and was discharged to that effect.

Trusting, Sir, you will look the matter up and let me have a satisfactory reply to this letter, as it is the fourth I have written and have received no satisfactory reply to date.

Hoping this will be at your entire satisfaction and hoping I shall have a favourable reply,

I remain

Your obedient servant

(sgnd). 5282 ex-Pte. H. Vail

March 18th, 1919

From Asst. Adjutant,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

5282 ex-Pte H. Vail

Enclosed you will please find letter from above noted man with reference to his discharge pay etc.

Why is this matter referred to me when I have no connection with it whatever? This man arrived here with Repatriation Draft of 28-11-18, the discharges of which were handled entirely by the Pay Office, without reference to Depot in any way for pay or allowances.. If your staff would take the trouble to look up his record they would find he was sent to you for disposal on 3-12-18, entered Jensen Camp on 4-12-18 and was discharged as medically unfit by Paymaster and Officer i/c Records on 20-12-18. Now where does my connection with the case come in?

The matron of the Camp telephoned me about a week ago saying both she and Vail had unsuccessfully tried to get some information from the Pay Office and asked me could I do anything. I told her I was unab. to do anything, as the matter lay outside the Depot and that the Pay Office was the only place for Vail to go.

Will you please see that his case is attended to? In the meantime I have written advising him of my position with regard to his case and advised him to still further take up the matter with your Department.

C.R. 5282

DEPARTMENT OF MILITIA
ST. JOHN'S, NEWFOUNDLAND

July 7th., 1919.

Major G. T. Carty.
District Officer Commanding.

5282, Pte. Vail, H.

Sir:-

I beg to report that the
marginally noted man died at Jensen Camp
July 7th., 1919.

He was discharged from
the Regiment December 19th., 1919.

I have the honour to be,
Sir,
Your obedient servant,

CLUNY MACPHERSON,
Major, D. M. S.,

Per *A. W. B.*

AMB.

5282

THIS IS TO CERTIFY THAT I HAVE THIS DAY RECEIVED FROM THE
DEPARTMENT OF MILITIA MEMORIAL PLAQUE IN RESPECT OF *Lt. Parr-*
ate. Demos. Hill TOGETHER WITH ACCOMPANYING MESSAGE FROM THE KING.

SIGNED. *By. Mt. George Wail*

DATE. *August. 14th. 1922*

*45 Field St.
City.*

January 12th 1920.

Mrs. G. Vail,
25 Hayward Avenue,
City.

Dear Madam:

With reference to your letter of recent date, (8151) I beg to inform you that War Service Gratuity can only be paid if you were drawing Separation Allowance on account of your son at the date of his discharge, please.

Yours truly,

Lieut.
For Paymaster

RS/.

DEPARTMENT OF MILITARY
Regimental Pay Branch.

PAY VOUCHER

\$ 195¹⁰.....

April 27th 1921.....

RECEIVED from the Royal Newfoundland Regiment
the sum of *One hundred and ninety five ¹⁰/₁₀₀*..... Dollars
on account of *W. J. Gratuity*

5865
156/2
<i>[Signature]</i>

J. C. R.

[Signature]

Solvent for George Wain

ST. JOHN'S, Nfld.
DEC 11
8 30 AM

BUY
MADE IN
NEWSCOMPLA

ON HIS MAJESTY'S SERVICE.

Artillery Department

P. H. Johns

G.S.O.F. (Plaque Section),

67



Royal Arsenal,

London, S.E. 18.

5282

950114

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.

E

W. George Tail

K. 1633.

45m (10) 6/21-[869] W31S9/ROS318 60m 1/22 (O.P. 17) 3567 G & S 198

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 1
 Signature of O. C. Company [Signature]

Regiment of 1st New Brunswick

Good Conduct Badges, Service pay or proficiency pay

Regimental Number and Name		Enlistment		Trade
No.	Age on	years	months	
<u>5212</u>	<u>21</u>			<u>Soldier</u>
Joined	Place and Date of Enlistment			Religion
	<u>St. John's</u>			<u>Method.</u>
Joined	Date	Period of	with Colours	Place of Birth
	<u>21.5.11</u>		<u>2 1/2</u> years.	<u>St. John's</u>
Joined	Date		with Reserve	
			<u>3 1/2</u> years.	

Place	Date of Offence	Rank	Cases of Drunkenness	Offence	Punishment awarded	Names of Witnesses	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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Medically unfit 20/11

1	2	3	4	5	6	7	8	9	10	11	12
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To be carried over