

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4278 Name Low	Corps
Questions to be put to the	Recruit before Enlistment.
1. What is your name?	I
2. What is your full Address?	2 . As followed and in the second
3. Are you a British Subject?	3
4. What is your age?	4
5. What is your Trade or Calling?	5
6. Are you Married?	6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?	7
8. Are you willing to be vaccinated or re-vac-	8
9. Are you willing to be enlisted for General Service?	9
	io
11. Are you willing to serve upon the conditions as em to be signed by you if you are accepted?	bodied in the roll of service } II
made by me to the above questions are true, and that I	am willing to fulfil the engagements made. SIGNATURE OF RECRUIT. Signature of Witness.
OATH TO BE TAKEN BY R I bear true allegiance to His Majesty King George the Fifth, bound, honestly and faithfully defend His Majesty, His He all enemies, according to the conditions of my service.	do make oath, that I will be faithful and His Heirs and Successors, and that I will, as in duty
CERTIFICATE OF MAGISTRA	TE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that he would be liable to be punished as provided in the Army	if he made any false answer to any of the above questions Act.
The above questions were then read to the Recruit	in my presence.
	and that his answer to each question has been duly entered
on thisday of	a Mare al
†CERTIFICATE OF A	1 11
	cruit is correct, and properly filled up, and that the re-
quired forms appear to have been complied with. I accor	
If enlisted by special authority, such will be attached	to the original attestation.
Place S. Johnson	Approving Officer.
† The signature of the Approving Officer is to ‡ Here insert the "Corps" for which the Recru	be affixed in the presence of the Recruit. It has been enlisted.
* If so, Recruit is to be asked the particulars of his	former service, and to produce, if possible, his Certificate of

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name	lun	J. Shun	V N		es on th			2.0	
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			Particula	ars as to M	arriage	Za.			
	(a) Christi	an and Surname of Woman (c) Pres	to whom marrie ent address. (ed, and whether	spinster of	r widos	v. (6) 1	Place and	d date of marriage.
-77	(a)		(8)			c)			(d)
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· · · · · · · · · · · · · · · · · · ·			Particul	ars as to C	hildren				
	Chris	stian Names	10-7-1		TI-V		Date	and Pla	ice of Birth
Corps in	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	OF THE	SERVIC Service not allowed to reckon for fixing the rate of pension		Service in Re- serve not allow- ed to reckon to- wards G. C. Pay		Signature of Officers certifying correctness of
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FIRST NEWFOUNDLAND REGIMENT 127

ATTESTATION OF

Questions to be put to the Recruit before Enlistment. I. What is your name? 2. What is your full Address? 3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vaccinated? 8. Light Shaur Shau	
2. What is your full Address? 3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or revise.	in the second
3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vaccy.	e mete
3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or reward.	
4. What is your age? 4. 2.3. Years 9. Months 5. What is your Trade or Calling? 5. 4. 4. 5. 4. 4. 5. 4. 5. 4. 5. 4. 5. 4. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	
5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or reward.	
6. Are you Married?	
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? } 8. Are you willing to be vaccinated or reverse.	
jesty's Forces, naval or military, if so,* which? } 7.	
8. Are you willing to be vaccinated or re-vac-	
	,
9. Are you willing to be enlisted for General Ser- you serious 9.	
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?} 10	
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?	
A CATH TO BE TAKEN OF RECRUIT ON ATTESTATION.	88.
do make oath, that I will be fall bear true allegiance to dis Majesty King George the Fifth, His Heirs and Successors, and that I will, as bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity all enemies, according to the conditions of my service.	thful and in duty y against
CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.	- 47.4
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	r antonal
as replied to, and the said recruit has made and signed the declaration and taken the oath before me at	. //
on this 2.9 day of	4
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 re-
quired 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. 1917	04-11-1
Place 8 Approvi	ng Officer
t The signature of the Approxing Offices to be affect to the second of the D	
† 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.	

Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows,

vis:-(Name).....re-enlisted in the (Regiment).....

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Apparent age 23 years Q, months. Height feet inches Girth when fully expanded. Chest Measurement Range of expansion inches Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-Signature of Officers certi-fying correctness of entries Promotion, Reductions, Casualties, &c. Corps in Rgt. or which served Depot Army Rank Dates

Total Service forfeited as above......

Date of last enti-	uct Sheet)	or The sele	of last		freedo	m from extra fine	ger =	/ No.	Company, etc.	- HAR	Utu Min	040
Place	Date of offence	Rank	Cases of Drunken-		Offens	•	N	ames of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Rema
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and in

Reg. No. 41 Rank Attested 30/12/11	Ne. Name Show	h Euse 11)
Date of Allotment	Returned from Overseas	
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211114 Nas		
W Leave 14/4.	6117	
	V.	
	phys. a.	
	- Jane - international designation	

C.R. 4278

Extract from Bully orders Part 11 Unit The Royal MfM. Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been COMPINIED by Officer I-o Records from 7-7-19.

4278 L/Cpl. Wm. Shaw.

CR 4278

Extract from Daily Orders Part II Soyal Newfoundland Segment. Depot St. John's June 18th 1919.

The discharge of the undernoted on demobilization has been APPROVED by 0.0. Discharge Popot with effect from 25/6/19.

4278 L/C. W. Shaw.

Extract from Daily Orders Part 11 Depot, St. Johnes, Date 12-5-19

letter of the control of the street party, at a toute,

4278 L/Cpl. Wm. Shaw

Reported at Headquarters 1-6-19. which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 4278

April 7th., 1919;

4278
4287 L. Cpl. W. Shaw was discharged from the 3rd. Lendon G. Hospital on 5/4/19 and granted furlough to 14/4/19. He is marked fit for I. Duty.

Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. "In the Field" 31-3-19.

4278 L/Cpl. W. J. Shaw

Invalided to U.K. 8-3-19 Sick.

March 31st, 1919

Mr. John Shaw

Little Heart's Rase

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning the condition of No. 4278, Private W.J. Shaw, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 4278

Extract from Casualties received from Pay & Record Office. London dated 19th. March 1919.

The undermentioned, excellents was transferred from thr 2nd. to the 3rd. London General Hospital on 17/3/19.

4278 L/C. W. Shaw.

Extract fro, Daily Orders part II, Depot winchester by Lieut. Gol. B.J. BARTON, D.S.O., Officer Gimmending 2nd., Battalion. dated 14-4-19.

The following having reported back from the lat flattelion is taken on the strength efficien and posted to "H" Go from 12-4-19.

#4278 L/C. W. Shaw.

C.R. 4278

Extract of telegram from Syn., London, to Military. March 15th/19.

INFLUENZA.

#4278 L/Cpl. Shaw.

NEWFOUNDLAND POSTAL



(MOT TRANSMITTED)

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 ntirely 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. (a.d 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.

Signature	of Sender	, s	. Ad	Address Dept of Hilitia.		
Line Number	Rod	Ву	Sent by	Check		
Dated	Mar 15	th, 1919				
To	John	Shaw. Litt	de Heart's Ease			

Regret to inform you that Record Office. London. officially reports No. 4278. L/Cpt. William

Shaw now at St. Andrews Hospitel, London suffering from infauena

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chee Dept of Militia

Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TE



Cable Connection with all the World

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

NOT	TRANSMI	TTED

Signature of	f Sender			Addre		
Line Number	Red	Ву	Sent	by	Check	

Dated

Marh 18th 1919

To

John Shaw Little Heart's Ease

Beg mannet to inform you that Record Office, London,

officially reports No. 4278, L/Cpl. William Shaw

at 6th General Hospital Rouen March 8th removed from seriously ill list

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. . Ben nett

Chge Dept of Militial

Minister of Militia.

FOR TYPEWRITER

Extract from Casgalties received from Pay & Record Office, London, Mar. 10th, 1919.

0.C. 6th General Hospital, Rouen, reports 8-3-19 the undermentioned is no longer SERTOUSLY ILL.

4278 L/C. Shaw, W.

Extract of Telegram from Syn., London, to Military dated Mar. 10th/19.

16th General Hospital B.E.F. March 8th removed from seriously ill list

4278 L/Cpl. Shaw.

Axtract from War Office List Tho. S. A. 17683

Admitted St. Andrews Hos. Dollis Hill, London N. W. 10th. March 1919.

#4278 L/C. W. Shaw.

Engluense.

NEWFOUNDLAND POSTAL TFLE



Cable Connection with all the V

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

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

(NOT TRANSMITTED)

Signature of	of Sender		Ado	Address Dept of Militia.			
Line Number	Red	Ву	Sent by—	Oheok			
Dated	Me	r 6th, 19	19				
To	Jo	hn Shaw.	Little Heart sika	.			

Regret to inform you that Record Office, London, officially reports No. 4278, L/Cpl William Shaw at 6th General Hospital Rouen France am Feb 24th seriously ill no change

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge De t of Malitia.

Minister of Militia.

FOR TYPEWRITER

Extract from Belegram from Synoptical to Mil. dated Mar. 5/1919.

6th., General Hospital, Rouen, Feby. 24th,m seriously ill No change 4278 Shaw.

March 4th., 1919.

· Mrs. William Norris.

Grates Cove.

Dear Madam:-

I beg to inform you that we have received a reply from our Pay and mecordeoffice. London regarding the condition of your brother 4278 L/C. Wm. J. Shaw, which states that he is still I regret to say seriously ill.

any further information that we get regarding him will at once be communicated to you.

Yours faithfully.

Li ut.

Casualty Officer.

Extract from Casualties ... List No. H.W. 2931.

4278 L/C. W. Shaw.

Br. Pneumonia 0.C. 6 Gen. Hosp. Rouen, reports Seriously 111 improving W/E Mar. 3, 1919.

C.R. 1278

Extract from telegram received from Synoptical London, Mar. 3rd, 1919.

In answer to your telegram Feby. 28th.

\$278 Shaw.

Seriously ill Feby. 20th.

C.R. 4278

Extract from telegram from Syn. to Mil. dated Feb. 2th., 1919.

Inform condition of 4278 Shaw.

Extract of War Office List No. H.A. 35116 from Pay & Record Office, London, dated Feb. 28th/19.

ADMITTED TO 6 GENERAL HOSPITAL ROUEN FEB. 19th/19.

INPLUENZA SEVERE.

#4278 L/C. W. Shaw.

Feb.28th 19

Mrs. Wm. Norris,

行人行为工

CHARLET BUILDING

Grates Cove, T.B.

Dear Madam:

I am directed by the Minister of Militia
to acknowledge receipt of your telegrem of
Pebruary 26th regarding the condition of your
brother in 4278 L/C Wm.J.Shaw, and in reply I
beg to state that we have forwarded your enquiry
en to our Pay & Record Office, London, and upon
receipt of an answer we will immediately communicate
with you.

Yours faithfully,

W/W Liout.

Casualty Officer.

MAM\MS.

C.R. 4278 NEWFOUNDLAND POSTAL TELEGRAPHS. CABLE CONNECTION WITH ALL PARTS OF THE WORLD To Bennetting lan you please aoure ne how they Brother lance sope william Shows Mrs William Norris 4278)

Extract from War Office 1 to No. H. M. 2913,

Seriously
III (no change) in 6th, Hen. H. Ronen
W/2 24th., Feb. 1919.
W/F

4278 ω \$ 44579 B/C. \(\frac{1}{2}\). Shaw.

PNEUMONIA .

NEWFOUNDLAND POSTAL TELEGRA



Cable Connection with al

All Messages Sent are Subject to the Following Conditions:

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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

The control of the N. P. T. over the Message shall be deemed to have ntirely 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 o	of Sender	Addresspt of Militia.				
Line Number—	Rcd By	_ Sentby	Cheok			
Dated	Feby. 22nd, 1919					
To	John Shaw, Little	Heart's Ease				

Regret to inform you that Record Office, London, officially reports No. 4278. L/Cpl. William J. Shaw at 6th General Hospital Roven Feby. 20th suffering from pneumonia seriously ill.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bemett

Minister of Militia. Chge "ept of Militia. FOR TYPEWRITER

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT IN FRANCE DATED 31/1/19.

APPOINTED L/Cpl.

#4278 Pte. W. Shaw.

16/1/19.

Artract from Dale Telegram despatched to Synoptical, London, dated June 5th.1918

Pay to as follows:-

#4278 Pte.Shaw,

Extract of Kominal Roll to B. F. F. emberget Felkestone. 2-7-18

#4278 Pte.W.J.Bhaw.

Estract from Southal Holl Fract "A" Company Esberaed

4278 Pte. Shaw W.

Extract of Daily Orders part 11, from Unit 4/1st Royal Newfounsland Regiment, Headquarte rs, dated December 31,1917.

4278 Pte. . Shaw.

Attested for General Service with the 1st Newfoundland Regiment with effect from December 30,1917.

4218 W. J. Shaw. P. P. Q

Nors.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, when the soldier has suffered impairment in feelth 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 Roarded Prior to Discharge or

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.	Transfer to Class W., W.	. (T), P., or P. (T), of the Reserve.
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; 9. If a Court of Inquiry was held on an injury state:— (a) When (b) Where (c) Opinion of Court Norz.—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. Norz.—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 exclasively 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.	1. Unit and Corps. Royal New J. 2. Regtl. No. 42.78 3. Rank. 186. 4. Name Show W (Christoff Christoff Chri	7. Former Trade or Occupation for Oc
(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 (b) Where (c) Opinion of Court Norz.—The foregoing particulars are to be filled in and A.F.B. 179 s (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case. Statement of Case. Norz.—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 exclasively 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.	in category (or grade)	
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. 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 thay be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to veneral 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.	[1] [1]	
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(d) Particulars of Pension or Gratuity (b) Where (c) Opinion of Court Norg.—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. Norg.—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 exclosively 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.	9. If a Court of Inquiry was held on an injury	state:-
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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.	12. Place of origin of disability.	
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		100/100

series in received with appropriate falter of the company of the company through the company of the company of

district the	14.	State whether the disabilities are	(1)
		(i.) Service during the present war	
ude		(ii.) Previous active service	
		(iii.) Climate in pre-war service	
		(iv.) Ordinary military service before the war	
. 6	1	(v.) Serious negligence or misconduct on the man's part.	eri 17316kana mining
+	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	}
such ajur- ear, roat, a re- be with phs able;	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 Complains of no disability
the			
atou.			
	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 treat- ment 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?	
-) 6 1 +
			Cepatriation
	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.	$\mathcal{O}(\mathcal{O})$
		Poleigh Stations.	7 Variania John
		A	6- 100 community 1 1 am
	St		dots : Medical Officer in charge of case,
	Ju		its ordered and an angle of the second of th
	Da	ate 10 14 / 19	or odr har seithebing becabet
,		Loss of teeth on or immediately after active service, ab	ould be attributed thereto, unless there is evidence that

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Nº 3870



4 1st. NEWFOUNDLAND REGIMENT /

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		Dollars and	Si	nty	Cents, per of	liem, from	ту	Pay,
of iden	tity of, and pro	duction of the	e relative Id	entity Cer	tificates by the		ACCUPING.	
Identity Certificate No.	Whether Wife, Child, other Relative or Friend		E (in full)		Address		AMOUNT (each person)	
58.18	Lather	John	Show	Lit	le Heart &	er. TB		6
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8	This form must be digned by the Office required payments of	r Commanding	Officer Comma	nding Comp	any, signed by the	Volunteer	, cou	nter-
Sig.)				s , Ku	m 1	Har.	w	_
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FORM K

Nº 3870



4 1st. NEWFOUNDLAND REGIMENT /

to, and for of identiconcerne	or the benefit of	the undermentioned Person and or I duction of the relative Ident	Cents, per diem, Persons, such payment to be n	Allotmo from m nade on	ent of y Pay, proof
	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	Ame (each	ount person)
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81	his form must be of gned by the Office equired payments of	completed by the Officer Commandi r Commanding Company and hand on application.	ng Company, signed by the Volument of the Paymaster as authority	iteer, co	unter- ce the
Sig .)		ficer Commanding (Sig	s, bom She	//	<u>~</u> `

8 rd Gordon general wondsworth Swis 9181 RAM 15 Go pagmaster 31-3-19 * Loyal Afld Regt 18 formal Sheet Sum of one Downed. to by acount 4278 som Should Rogar Mit Regs W/ affined OKAROF gritmas Cald Receipt 1880

3º London gen Hors woondsworth S. se 18. 19/3/19. Logal h & DAgo Dir folger pay kom. Sum of pounds and Charge I he Same to my Marin - Para Hope Jum Shanger Roger hit I. D Right REGISTRAR Ou found afford 19MAR1919 PARTIE NO. Julmas Coto 19 8 19

Np. 9183/838

NEWFOUNDLAND CONTINGENT

N.F.P. /73.

From

Chief Paymaster & O. i/c Records. Newfoundland Contingent, 58, Victoria Street,

London, S.W. 1.

To .

Officer Commanding, 2/Bn Royal Newfoundland Regt.

Winchester.

Subject

7th June

Subject: 4278, Pte. W. Shew

With reference to the follows ing tolegram (5081) from the Hon Minister of Militia, received

Pay to 4278 Shaw £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

LIEUT. COLONEL.

200 Br enoyaphyay of Morava that 1st Newfoundland Regiment

enic To mus ent hevisoen

on account of

cable remittance from Newfoundland.

No. 42) 8. Rank Criete.

To,- The Chief aymaster,
Royal Fewfoundland Regiment,
58 Victoria Street,
London, S.V.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.T.C.A. "Prisoners of Var Fund" in quarterly instalments for the period of one year.

Correcting on the 1st July 1918.

Regtl, No.	Rank	Name	Amount	Signature.
4278	Ple	Show So.	\$2 5°	
, - ·			140	

'I have the honour to be, Sir,

Your obedient servant.

W I have

Dato 29-6-18

No. 4764/49 N.F.P./80. NEWFOUNDLAND CONTINGENT From: Chief Paymaster & U. i/c Records, To: Officer Commanding, Newfoundland Contingent, 3rd London General Hospital, 58, Victoria Street, No. Wandsworth, S.W. London, S.W. 1. 26th March 1919 4278 Pte. Shaw W. H. With reference to the following telegram from the Minister of Militia, / "Pay to-4278 Shaw. £8. 0. 0. Kindly advise whether this pe mittance should be (1) forwarded to you for payment to this Soldier: (2) retained to credit of his account; or (3) otherwise dealt with. Chief Paymaster & O. i/c Record

30 fondon General Horyte mar 21 st 1919 To Paymaster. Sir Sir J. J. D. Ryt. Heave That so me the Sum of Sounds. 10 me v debit my account accordingly toblige The fol W. Thaw.

17,22/8/19 In Chief Fay . master royal Newfoundland records. Please rimit The sum of the private in Account of Any Ballance may Be due to Tre * 12-3-19. No 4278, BENEU DE O PER Appropriate Services of the services of th

Shaw, W

42/8

Lay Loept.

July 8, 1919

#4 278 L/C. William Shaw.

Little Bearts Base, T.B.

Denr Sir: Referring to your application 1 enclose chaque for seventy dollars (\$70.00), being amount of first payment due you on account of the War Service Cratuity.

Yours truly

Paymaster & 0.1/c Records.

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 Gratuaty 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 dakhes. 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. 3. Rank 4 . Regtl . No 5. Address in fully to which fit type payments of gratuity are 6. Date of enlistment in the Regiment 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... 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 mother soldier?..... 11. Were you on active service only in Wfld, Tr so give dates and particulars of such service ... 12. Give total length of time which you served on extive service, whether in/ Nfld.or Overseas

	13. Have you had more than one enlisthant? If so, give par violated
	of discharge and re-enlistments, and under what regimental numbers.
	Mo
	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 I: periol Dorces
	17. Are you entitled to receive, or have you received any Greatuity
	in the nature of Post Discharge Pay from the I periol Forces? If
	so, state amount received, or to which you are entitled

	18. Did you revort Overseas to a rank lower than the substantive
	renk hold by you on your arrivel in England?
	(b) If so, was such reversion in consequence of Misconduct or
	inefficiency?
	19.Are you now serving in the Rogt.? if not give?- (a) date
	of discharge fune 9/19.(b) Roason for discharge.
	Vemporary Demobilization
	20. Did you at any time serve at the front in an actual theatre of
X	War? If so give particulars of places, and dates of such service
77	auce, Belginger Germany - From
5	sure 1/18 to time 9/19-11/19
0	21.(a) Are you receiving treatment from the Wivil Re-Establishment
	Com.(b) If so are you in receipt of full pay and allowences from
	that Cormittee
	And I take 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.

3. W Shaw

Place of Residence:

Place of Residence:

Declared before me at:

May of Fille 19.19...

Signature of Berrister of the Supreme Court, Stipendiary Registrate; Notary Public, Rustice of the Peace, or Cornissioner of affidevits.

POST DISCUARGE PAY.

Date paid Reid Peid War Sorvice Not amount Soldier. Dependent.

Cortified correct.

Paymester

#4278 L/C.William Shaw,

Little Hearts Ease, T.B.

Dear Sir:-

Rlease find enclosed Discharge Certificate

No.2711.

Yours truly

Captain Faymaster & 0.1/c Records.

The Koval Mild. Kegiment

DEMOBILIZATION

No. 427 8 Rank

Name Slaw W

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

The Paris of the P	18 18 18 18 18 18 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18
Class for Demobil-	Report of Demobilization
ization:	Travelling Board, held on soldier for
4	discharge.
16/	
destroy and a comment	and the contract of the contra
Discharge Depot: Headquarters The Royal Newfo	
Discharge Depot: Headquarters The Royal Newfo	undland Regiment
	Date
	Date
Regimental No. 4.27.8	
Name as naw wm	
Pine W. I For	-
Address	
Present Medical Category	
Trescue Medical Category	
	(a) Immediate discharge
Recommended for:-	- { (a) Immediate discharge
Accommended for	(b) Standing Medical Board
	A
	DIM HIL
	Ret Jant Calv.
	O.C. Discharge Depot.
	100-1
: Members of Boar	To aversom
Members of Boar	Senior Medical Officer
	in 1
	1 Sulle don
	M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF J. W
Reg. No. 1 G. Rank T. G. Name Anaw With
Date of Enlistment 29 -1.2
Occupation Legher Man Classification for Discharge Medical Category
Recommendation S.M.B Disability Rating
HN [[[[[[[[[[[[[[[[[[[
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 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 2. D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6
B 179c B 120 M 93
Date. J. G. O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Q_{\bullet} , Q_{\bullet} ,
De Shaw
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied (b) Clothing Supplied

3. Transportation and Release Certificate.		0	V - +1.00
The above named has been provided with		91-10	
	ase Certificate No.	2533	ssued.
Date 9-6-19	24	Threw top	41
Environment of the second	1	Demobilization	Officer
4. Pay and Allowances.			Santa in the Santa S
The herein named soldier's accounts have	e been correctly b	alanced and all ma	tters in connection
therewith settled. He has received pay and	allowances to		
Date 9-6-19		Depot Paymas	Sfirst ter.
Discharge approved for	23-6	- 19	
Forwarded with following documents to O	C Discharge Depo	t.	
	/1	1 1/	1
N.F. P 36 B 268 B 121 B 178 B 122	N.F. Med Board 1st	D.F. 1	
			Tomas
B 179 D 400B Form L	do 3rd	" 4	J
B 179a D 400C Form K	do 4th	" 5	
B 179b B 103 ME 2		" 6	
B 179c B 120 M 93			
9-6-19	1.4	Thun	Coff.
ate	//	Demobiliza	tion Officer.
APPROVED.			
Documents as above forwarded to:-			
Officer ile Records.	· ·	- (
Officer i c Records. Board of Pension Commissioner with following additional documents.	ble for Wa	r Service	Cristonita
			er certification
		1 .	· · · · ·
H ⁰ 00 1010	- 1	P. H. Jan	rapi.
Date JUN 23.19.19.		O. C. Discha	rge Depot.
Received the above noted documents from O. C. Disc	harge Denot	new (Magainte)	
		Asabigus princessis	
	•••••	•	
Date			Miles Committee

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:

Date 1919 1919 191

dier

NO INTERVENIEN IN of Atriofesters for Williams and the Note.—This Form is only to be forwarded to the Ministry of Pensions 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. (1), 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

			or P. (1), of the Reser	
1. Unit and Corps	Royal Year	for f	7. Former Trade	nec
2. Regtl. No. 427	Rank.	10/	7a. If the soldier claims previous so Army, he should state—	
4. Name (Surname)	all	(Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.	
5. Age last birthday	24		र शासनायम् सम् स्व रणत्र	118
6. Posted for duty on . in category (or g	at			
8. If the disability is a	n injury was it cause	d		
(a) in action	(b) on field serv	rice		
(c) on duty	(d) off duty?	to a transfer do	(b) Date of Discharge;	
9. If a Court of Inquir	ry was held on an in	jury state :—	(c) Cause of Discharge.	
(a) When		10 10 10 10 10 10 10 10 10 10 10 10 10 1	the or of the in mental be seen at oath a	
(b) Where		i de la companya de l	(d) Particulars of Pension or (if any)	Gratu
(c) Opinion of Co			en and the analysis of the control o	
Note.—The foregoing is seen by the Officer in cl	ng particulars are to be a harge of the case.	filled in and A.F.B. 179	B (statement by the soldier) completed before	the sol
		Ctatament of Co	Marie Constituted and Political State Self-	100

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 veneral disease.

 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.

11-11-11-11

	20		THE PARTY OF THE P
		(i.) Service during the present war	
18 1/6		(ii.) Previous active service	
		(iii.) Climate in pre-war service	
1 He .		(iv.) Ordinary military service before the war	
		(v.) Serious negligence or misconduct on the man's part.	and they are immunioned
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	
Il eases such facial injur- eve, ear, ease threat, bilities, &co- ecialist's re- is to be ched with it og raphs re- possible; in casse of untation the troposition and the position and the posi	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.)	be conflains Thy
	16.	Was an operation performed? If so, when and what was its nature?	
	17.	If not, was an operation advised and declined?	The same was a first of the same of the sa
	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 treat- ment 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?	Reportation
	00	<u>, /, / </u>	
	20	. 'Do you recommend—	The state of the s
		(a) Discharge as permanently unfit?	
		(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at Foreign Stations.	Procumer Soulland
	St	ation Hazeley bour	Medical Officer in charge of case.
		ate .He-H. 119	uld be attributed thereto, unless there is evidence that
	15	is due to some other cause	

14. State whether the disabilities are

(a) attributable to

(b) aggravated by .

[P.T.O.

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

MEDICAL HISTORY

Surname Show		or Christian Nane	win)	<u>(</u>
		ERAL, TABLE.	2 - an	
Birthplace: -Parish Nui	u Starti Ease	T, Ley County	1961.	
	SPECIAL F	RESERVE.	REGUL	AR ARMY.
	on 29 26 day of	Dec 1917	on d	lay of 191
Examined	at Li	To have	at	IF HEVER THE
Declared Age	28 years	9 Non	ye	ars days
Trade or Occupation	J' s	Lerman		9
Height	. J feet	6 inches	fe	eet inches
Weight		136 lbs.		lbs.
Chest (Girth when fully expanded	35 - 4 -	36 mehes		inches
ment Range of Expansion		⊿ inches		inches
Physical Development				
	Right	Left	Right	Left
Vaccination Marks Arm				
When Vaccinated				
	R.EV-Z		R.E.—V=	
Vision	L.EV=		L.E.—V=	
	(a)		(a)	
(a) Marks indicating congenital peculi-				
arities or previous disease				
			an .	
(b) Slight defects but not sufficient to	(6)		(b)	
cause rejection				
Approved by (Signature)	Tammer Par	lesson		
(Rank)	man			
	7.	Medical Officer.		Medical Officer.
	1 at 11 1-	1. 2111	at	
Enlisted ···· ····	on 2974 day	of Dee 1917	on d	ay of 191
	Corps.	Regtl. No.	Согра.	Regtl. No.
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Became non-effective by	8			
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[Rank]

		1 10		THE P			Table II.—Only for admissio	n to hospi	tal or to the sick
, Name of Hospital	Ad 1	mitted Iospita	to l	Disc	harged Hospita	from l	Disease	Number Days in Hospital	Remarks bearing syphilis, admissio of trea
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St. Andrew's Hosp Dollis Hill, Lo	ita l P, ondo		79 .14.	ΙΥ	3	19	Influenza	8.	
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A Property of the Control of the Con	V					3.			
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ist in case of Warrant Officers treated in quarters.

n the cause, nature or treatment of the case likely to be of interest or of future use. In case of s and re-admissions to hospital will be shown. The subsequent progress, including particulars ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Muder with 70cs es

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Brief Details, and Signature

Date

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		*					
18.	Nac	AP .					
215	TAB	(PAL'Y)				
2 15	T 1-18	DE'X				ne å	
				It is hereby ce	rtified the	at this.	soldier
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		Table	e IV.—SEI	RVICE TABLE.			
	Date Arriva	of l or D	Date of eparture or	Station or Troopshi	ı	Date of rival or	Daté of

	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Daté of Departure or Disembarkation
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Mr.						
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7



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 $I_{\rm C}$ 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 SHaw. Wh	
Regiment from which discharged Royal Newfoundland	
Regimental number 4276.	
Intended address hithle Hearts lase.	
Height on discharge	
Color of hair on discharge hight hrow,	
Complexion duddy.	
Color of eyes gruf.	
Descriptive Marks	
Figure on discharge	
Christian name of Father Jahre	
Christian name of Mother Ellew	
Wife's maiden name in full	
Date and place of marriage	1
Christian names of children	
Place and date of soldier's birth Lithle Shears	13 lase 1896 3 et. mare
Nature and locality of civil employment required	
I declare that I am the soldier referred to above and that all the statement are, to the best of my knowledge, correct	e particulars contained in the above
(Soldier's signature in full)	a Lett

Station ST. JOHN'S.

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.

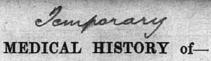
6.6-11.

MEDICAL HISTORY of-

Birthplace { Parish. County	TABLE II Vaccination for Field of engagement Issue of Signature of Sig	I.—Boards m, Inocula or Foreign it, or Pr urgical Aj eatment, e	courts of tions, etc.; E: Service; Ex colongation ppliances, Pa tc.	f Enquiry xaminations tension, Re- of Service articulars of
Examined on day of 191 ,	Date	A PROPERTY OF THE PARTY OF THE	rief details and Sign	inture
Declared Agedays.				
Trade or Occupation Height feet inches. Weight lbs.				
Colour of Hair		-		Э
Thest Chest Measurement Range of expansion inches.		-		
Physical Development				
Vaccination Marks {Arm, RIGHT LEFT LEFT Number				
When Vaccinated				
Vision $ \begin{cases} R.EV = & With \\ L.EV = & Glasses \end{cases} \begin{cases} R. & L. & L. & Mith \\ L. & Glasses \end{cases} $				
Identification Marks, such as Tattoo, Moles, Scars, etc:—				
Defects or Ailments:—				
l.	Special Remark	8:	t	
Fit for Grade III.				7
(Strike out those which do not apply.) Signature		DI W TV	Service Tab	
Chairman of Medical Board.	Station or		Date of arrival or embarkation	Date of departure or disembarkation
Re-examined for posting at		sid in the same	or emoaration	or disemourization
On day of 191				
Enlisted {at		•		
Joined on Regtl. No.				-
enlistment 14. Augundland 4278.	Became non-effect	ive by		
Pransferred to	On(Signature	_day of	\$	191
	(Rank		10.3	べ.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of	,	dmitted Hospital	to	Disc	harged f Hospital	rom.	Discase	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, dc., will be given in the special syphilis case sheet.	Signature of
Hospital	Day	Month	Year	Day	Month	Year		Hospital	out of hospital, transfers, &c., will be given in the special syphilis case sheet.	, Medical Officer
ON COITY OF LONDON	10	3	19	13	3	19	Influence	86	To six London Sen P. Wandsworth	
Section)*			25	1000			1 1		ashin ann	Majn Registr
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Surname Thaw Chr	ristian Names	Will	lam,	Lepl		
TABLE I.—General Table. Birthplace { Parish	TABLE III.—Boards, Courts of Enqui Vaccination, Inoculations, etc.; Examinati for Field or Foreign Service; Extension, engagement, or Prolongation of Servi Issue of Surgical Appliances, Particulars Dental Treatment, etc.					
Examined on day of 191 ,	Date	Brie	f details and Signs	ture		
Declared Age						
Trade or Occupation				- 4		
Heightinches, Weightlbs.						
Colour of Hair Complexion	•		E			
" Byes	The State of the second state of the second	•		3		
Chest Girth when fully inches. Measurement Range of expansion inches.	1					
Physical Development	.					
Vaccination Marks { Arm, RIGHT LEFT LEFT Number						
When Vaccinated						
Vision {R.E.—V = With Glasses {L.				Adding the second second		
Identification Marks, such as Tattoo, Moles, Scars, etc:						
Defects or Ailments:— Examined and found—						
Fit for Grade III.	Special Rema		t	7.005		
(Strike out those which do not apply.)						
Signature Chairman of Medical Board.	т	ABLE IV.	P. 124			
Possessing for posting at	Station	or Troopship	Date of arrival or embarkation	Date of departure or disembarkation		
Re-examined for posting at						
Enlisted {at						
			ļ., <u> </u>			
Joined on Sol. Newfoundlan 4278	•	SENSON OF				
enlistment / Sel. Newfoundtan 40/8	Became non-eff	ective by				
Transferred	on	day of		191		
to)	(Signat	ure)				
	(Re	(nk),				

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TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of		Admitted Hospital	to	Dis	charged i Hospital	trom	Discase	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilia, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, do., will be given in the special syphilic case sheet.	Signature of
Hospital	Day	Month	Year	Day	Month	Year		of days in Hospital	will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer
Andrew's Hospital,	10	3	19	17	3	19	Influenza	e eu	2	Mall
Dollis Hill, Leedon	G N	.W.		1			, ,			us. TRe
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Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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	Remort on	Soldier	Roarded	Prior to D	lischarge or	
Medical	Report on	a Doluici	Douraca	A ATOL CO D	Journal &c Or	
Transfe	Report on a	V., W. (T	. P., or P.	. (T), of th	e keserve.	

Transfer to Class V	V., W. (T), P., or P. (T), of the Reserve.
1. Unit and Corps. J. Ofsl	V., W. (T), P., or P. (T), of the Reserve.

2. Regtl. No. H.

5. Age last birthday. 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) Where
 - (c) Opinion of Court

is seen by the Officer in charge of the case.

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)

Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

Statement of Case.

Norg. -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.

	14.	State whether the disabilities are	(a) attributable to	(b) aggravated by
		(i.) Service during the present war	Na	
		(ii.) Previous active service	ka	
		(iii.) Climate in pre-war service	nas	
		(iv.) Ordinary military service before the war	na	
	29	(v.) Serious negligence or misconduct on the man's part.	na	
la esta	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	ha	
In all cases such as facial injurées, eye, car, nose and throat, disabilities, de, a specialiste per la tobe a specialiste	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 Comple disabeli	ans of ho
	16.	Was an operation performed? If so, when and what was its nature?	no	
-	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 treat- ment was unobtainable?	ha	
	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	
		And Afficiant Control of the Control	He.	hatriation
	20.	Do you recommend—	(/	00070
		(a) Discharge as permanently unfit?		
		(b) Change to United Kingdom?		
	Sta	Note—(b) is only applicable to soldiers invalided at Foreign Stations.	Procumes Medical Officer in	Caft A.A. M. C. charge of case.
	Da	ite		
	it	 Loss of teeth on or immediately after active service, sho is due to some other cause. 	uld be attributed thereto, u	nless there is evidence that

OPINION OF THE MEDICAL BOARD.

NOTES.—(I) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

- (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.
- 21. Give diagnosis and particulars of:-
 - (a) Any disability claimed or discovered.
 - (b) The present condition thereof.

22. 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 part of the soldier	,	
			a de la compansión de l
22 (a). If	not due to any of these causes, to what specific condition do the Board attribute		1
	it?		
23 Is the	e disability in a final stationary condition? If not		
	(a) How long is the present degree of dis- ability likely to last?		
3;	(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a	THE PROPERTY OF THE PARTY OF TH	

period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

10 mast	24.	(a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).	
		(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?	
	25.	i. If an operation was advised and declined, was the refusal unreasonable?	
disagreement with the Civil- ian Members, he is to state his	26.	unfit for further War Service, i.e., do they place him in Grade IV. only?	Opinion of Mili- tary Member in case of dis- agreement.
opinion in the space provided.		(b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?	
Only to be answered when the soldier is placed in other than Grade IV.	27.	7. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?	
	28.	B. 179c?	
		Does the soldier require:— a) An attendant for his journey home?	
		b) Transport from railway station to his home? c) The constant attendance of another person in his own home? Signatures:—	
	Sta	ation Hazeles D. Camp	President or Chairman.
	Da	ate	
	Sta	Discharge Approved under Para. 392 (xvi) King's Regulations.	Only applicable in cases of
	Da	Officer in charge, Centr	al Hospital. Patients in Hospitals.
		Discharge Approved under Para. 392 () King's Regulations. Transfer Approved to Class of the Reserve. sert sub-para. King's Regulations under which discharge is approved or insert W. or V.	V.(T), P. or P.(T)).
		Station	Discharge Centre.

Army Form B. 179A Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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), P., or P. (T), of the Reserve. Former Trade or Occupation 2. Regtl. No. 7a. If the soldier claims previous service in Army, he should state-4. Name (a) Former Regts. or Corps; with Regtl. Nos. 5. Age last birthday. 6. Posted for duty on ? 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 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.

	(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?	ra.
In all cases such	15. What is his present condition?	H andless of the
ies, 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.	(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 compleies of he disability
	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	Za.
and the	war, and if so, to what or by what specific military conditions?	(%)
Te.	The state of the s	7/1/1- F:
		V Garración
	20. Do you recommend—	
	(a) Discharge as permanently unfit?	
	(b) Change to United Kingdom?	
	Note—(b) is only applicable to soldiers invalided a Foreign Stations.	01007
	Station & Camp	Medical Officer in charge of case.
	Date 14-5-19	-
	· Loss of teeth on or immediately after active service, shoul it is due to some other cause	d be attributed thereto, unless there is evidence that

(a) attributable to

(b) aggravated by

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14. State whether the disabilities are

(i.) Service during the present war

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

- (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.
- 21. Give diagnosis and particulars of:-
 - (a) Any disability claimed or discovered.

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

(b) The present condition thereof.

	A section of the sect	
22. State whether the disabilities are :-	(a) Attributable to	(b) Aggravated by
(i) Service during the present war		
(ii.) Previous active service	ingnyanga.g	•
(iii.) Climate in pre-war service	A	
(iv.) Ordinary military service before the war		
(v.) Serious negligence or misconduct on the part of the soldier		
	- 1	
22 (a). If not due to any of these causes, to what specific condition do the Board attribute		
it?		
23. Is the disability in a final stationary condition? If not		Aganggar
(a) How long is the present degree of disability likely to last?		

	24.	(a)	What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).	7	
		(b)	In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?		5
	25.		an operation was advised and declined, was the fusal unreasonable?		
If the Military Member is in disagreement with the Civil- ian Members, he is to state his	26.	(a)	Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?		Opinion of Military Member in case of disagreement,
opinion in the space provided.		200	In what other grade do the Board place him? Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?) V	
Only to be answered when the soldier is placed in other than Grade IV.	27.	Do	the Board find that the soldier has suffered any impairment in health since his entry into the Service?		
	28.		treatment being recommended on Army Form) - Y	
	(a)	Ar Tr Th	es the soldier require:— a attendant for his journey home? ansport from railway station to his home? e constant attendance of another person in his own me?	,	
	Sta	tio	Signatures:- Signatures:-		President or Chairman. Members.
		Di	scharge Approved under Para. 392 (xvi) King's Regulations.		٠
	Dat	e . Di Tra	OR' scharge Approved under Para. 392 () King's Regulationsfer Approved to Class of the Reserve.		J Rospitali.
	uns		ub-para. King's Regulations under which discharge is approved or insation	Designation of the	

FORM K

Nº 3870



4 1st. NEWFOUNDLAND REGIMENT /

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co	nnany signed by the Voluntee	npleted by the Officer Commanding Co Commanding Company and handed to application.	3.—This form must be consigned by the Officer required payments on



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ON HIS MAJESTY'S SERVICE

To-the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

William J. Shaw

in respect of his service as No. 4278 Rank Pte.

Name W.J. Shaw Royal Nfld. Regt.

Nfld. Forest of Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal & British Was
Signature William J. Shaw

Date Oct 27th/21

Address Wittle Heart's Ease

		Casualty Form ctive	service.			
0		intent of Corps	foundad	. >	9- 3-18	93
Ranks M	Surname	Slaw? Chr	istian Name	سلف	an -5	
Religion		Age on Enlis	stment 23	years		3
Enlisted (a) 29 - 12 - 17	Terms of Service (a) A	Service reckons	from (a)	29-12-17	
		t rank Date of app				
Extended	()		corps Trade as		CHICAGO CONT	
Occupatio	المن لا ا	Coma Ju	allas	700	ature of Officer	.)
	Report	Record of promotions, reductions, transfers, causalties, &c., ducing active service, as reported on Army Form B213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of	Remarks Form from Army Form	
Date	From whom received	The authority to be quoted in each case.	race or Casualty	Casualty	documents.	
		A I Embarked	2 JUL	1918		
		28-6-18 Disembarked	5 JUI	1918		_ v
•		Joined Datient	field		1	7.
	10.01	appoures & Mans	- Jula	9-7-18	Bon well	C
	6 ggw 21!	adw: 'Ne Rev.		19215	1463511	?
	Ke 6 gen	21. to UK. MMt. Formed		8-3-15	arusos.	3
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			Vekat	2,1	Seets	lin.
				7		
Λ		Jero Prost, and Landing 178 and				70
,						7
(a) In the cas	e of a man who has re-engaged	for, or enlisted into Section D. Army Reserve, particulars of suc	b re-engagement or enlists	nest will be este	red.	生

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Porms B 121.

Regiment of

Royal Menformsland Signature of O. C. Company

	legimental Nun	ber and No	0.0	Enlistment	V Tordo	, ,	39		11
No. 4278	2 Llan) 4>	4	Age on 23 years 9 months	Trage Zisherman	Good Conduct Badges, Se		ficiency pay	
Joined			of Enlistment 1		Religion	apparter. A/C.			15.65
Joined_				Period of with Colours 192 years, with Reserve 365 years.	Place of Birth	(Blirth			
Pince	Date of Offence	Rank	Cases of Drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				and the state of the state of					
				Demobilized Pl	L. lodis, 7	7/9			
				8 /					
						1			
				/					B. 121
									Form
				i de la companya de La companya de la co					Army Form B.
				To be carried over					

Demobilisation Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Prog. No. 4278 Rank / to Name A Kaw Will
Date of Enlistment 29-12-17 Address the Ato base District rentil
Occupation Hester Man. Classification for Discharge Medical Category. A
Recommendation S.M.B
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 178
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 " 6
B 179c B 120 M 93
Date. 7 9 Q. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I am
& Shair
Particulars passed to Vocational Officer for information and action.
Date
a. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
Date. 9-6-19 Oile. Re-clothing.

3. Transportation and Release Certificate.	
The above named has been provided with Travelling Warrant No. 7.1715.3663	to his home
at	
010 01 8 -11	
9-6-19 - My Inew Cafel	
Demobilization Officer	
	10.22
4. Payand 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	· 150 n. 15 p. 16
· · · · · · · · · · · · · · · · · · ·	1
Date 9-1-19 1 1/1/14/14	M
Depot Paymaster.	
13.6.19	
Discharge approved for	
Forwarded with following documents to O.C Discharge Depot.	
N.F. P 36 D.F. 1 B 121 N.F. Med D.F. 1	
F. 178 W 3494 B 122 Board 1st " 2	mo
B 178a do 2nd " 3	WIND.
B 179 do 3rd " 4	
B 179a D 400C Form K do 4th " 5	
B 179b B 103 ME 2 " 6 " 6	•••••
B 179c B 120 M 93	
9 1 10 80 1	11
Date Jack	11
Demobilization Of	ficer.
	100
APPROVED.	
Documents as above forwarded to:—	
Officer ilc Records. Board of Pension Commissioners.	
	-
with following additional documents.	Alex.
Higible for War Service Grat	THEY
PHILIP	
1111 00 1 919	
Date JUN 23 1919	
O. C. Discharge Do	spot.
Received the above noted documents from O. C. Discharge Depot.	
Mmels of de	
1	
Date Junt 19/19 ford referen	do
Date	

Reg.	Name Haw. Word. Address Little Hearts Eas	
Attes	Address Little Hearts Cas	-
	Allottee Returned from Overseas 119. d on S.S. Desicau Cause Desicharge	<u>.</u>
2.6	/9. FASSED TO DEMOBILIZATION OFFICER	
23.6	DISCHARGE APPROVED OF DEMOBILISATION.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

Intended place of residence. Jacats Ease
2. Occupation — Arsherwan Classification of soldier — — Medical Category — — — — — — — — — — — — — — — — — — —
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 T. JOHN'S! Date JUN 9 1919 Comanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE 5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment of all financial responsibility in my connection. Place and date ST. JOHN'S: Signature of soldier Signature of witness
CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER 6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and Date ST. JOHN'S 1919 Signature of soldier Signature of witness
7. Enlisted for service 2.9 - 1.2 - 1 No of days on Military Discharged from service JUN 23 1919 Plus 14 Says Service .535
APPROVAL OF DISCHARGE 8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ijc Records The Rayal Newtonathed Regiment, twenty-eight days from date. Place Officer Commanding Discharge Depot The Royal Newfoundland Regiment. Date JUN 23 1919
CONFIRMATION OF DISCHARGE 9. The discharge of above mentioned soldier is hereby confirmed Nowley Capt Place Hours, Na Officer ile Records The Royal Newtoundland Regiment
a4182019/2711