

ATTESTATION PAPER
Regimental No: 1102


Other distinguishing marks.
Nearest relative


Dependents


Occupation. $\qquad$ Present Wage of 2
Previous service $\qquad$
Decorations $\qquad$
General Remarks. $\qquad$
Date of Enlistment.


I, Sta ina fin i trave $\qquad$ do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in', any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this. $\qquad$ day
of. $\qquad$ 1914.5

Name-Stanloy John Haleh

Apparent age_18_years
Cirth when fully expanded Range of expansion

Height $\qquad$ feet $\qquad$ inches. inches. inches.

Distinctive marks Golor: Dark, Hetr: Dank Brown, Hyout Blut

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Hargaret Walah,
| Relationship_

Hothon
Particulars as to Marriage.
(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriaga. (c) Present address. (d) Initials of Officer verifying entry.
(a)
(b)
(a)
(d)
$\qquad$ ${ }^{(b)}$
$\qquad$

Particulars as to Children.

| Christian Names |
| :--- |

STATEMENT OF THE SERVICES.


Name
stantoy Join waivin
Apparent age $\qquad$ 10 years $\qquad$ months. Height $\qquad$ feet inches.

Chest measurement
(Girth when fully expanded $\qquad$ inches. Range of expansion $\qquad$ inches.

## Distinctive marks

Colowe nuakg hatra Darit brommy ayose blu u

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin liarest Hazah,

> | Relationship_
$\qquad$
Particulars as to Marriage.
(a) Ohristian 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)

| (a) | (b) | (c) | (d) |
| :--- | :--- | :--- | :--- |

Particulars as to Children.

| Chritian Names |
| :--- |
|  |


| Corps in <br> which served | Regt. or <br> Depot | Promotions, Reductions, <br> Casualties, dc. | Army <br> Rank |
| :---: | :---: | :---: | :---: |


| Service not allowed to reckon for fixing the rate of pens on | Service in Reservenotallowed to reokon towards G. C. Pas |
| :---: | :---: |
| years \| days | years \| |

Signature of Officers certifying correctness of entries

Service towards limited engagement reckons from $0 / 3 / 15$
Joined at Dto.JOhn'a on 8th Fobmiazy ilo


1

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\therefore \quad 1
$$

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n \square
$$

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may - be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.


Witness $\qquad$

Dated at


Wabsw, Stady.
Tay bopt.
$0 . K$


CANCELLATION OF ALLOTMENT

1. I, (No) //10ג (Rank) $\qquad$ Private (name)
 hereby apply for cancellation of Allotment made by me on N.F.P./11 No. $\qquad$ 1081 dates Toby 1905 in favour of tho cedwand tony for $\$$ $\qquad$ cts 72 per diem.
such cancellation to take effect on the Thirty fast day of
$\qquad$ 1918
2. I agree to accept all. risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such nondelivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts. bomfinming b able $24 / 4 / 18$.


Approved and Witnessed:


To be made out in TRIPLICATE and delivered at the Pay \& Record office not later than date of cancellation, in accordance with P.\&.R.O. O.L./10, 9/12/16.

## 1aroh 24, 1919

\$2392 I/Cpl. stariey Jowelsh,
期 Cookstown Rae.
c1ty.
Dear S1天:-
Ploase fin a enalosed "plsahaxgo Certificato
$120.15060^{\prime \prime}$ Yours tru2y,

Captain.
Paynastor \& Oeficer 1/0 llacords


I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Reestablishment 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:

Do take course in telegraphy

AAucter
Keg. No. 1104
Signature of the Vocational Officer or his Representative.
Place fr lohn's
Date Fehf $28^{\text {te }} 1919$

## WAR SERVICE GRATUITY.

$$
\text { St. John }{ }^{1} \text { S, Yetifoundland. }
$$

Declaration required of Officers and men of the Royal Nevfoundienc Regiment, who claims Var Service Gratuity under Ordor-in-Council dated Jenuary 28 th. 1919.

A complete reply must be given to every question in this Declaration. There must be $n 0$ blanks and if lake ${ }^{2}$, If any question ore not


On completion this Declaration is to be returned to THE OFF ICRR I/C RECORDS, PAY is RECORD OREICE; ST. MOHLIS. Christian nome. S.Geuley. . . . . . 2. Sumane hae 3. Rank
5. Address in full to which future payments of gratuity are to tax be

6. De te of enlistment in the Regiment.... F.........5... $6.1 .95 . .$.
7. Heme of dependent, if any, to whom Separation Allowance is being issued, or vas being issued, imediotely prior to your discharge........

8. Relationship of such dependents.


$\qquad$
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on cocount of mother soldier?....... 11. Were you on active service only in Hila. If so, give dates, ind xericulcers of such service. Over.......
12. Give total length of tine winch you served on active service,
 jury fur days
13. Have you had more than one enlistment? If so, give particulcro of discharge end re-eillistmeat $s$, ind under whet regimental numbers.

## ......

14. Hove you already received any pay he nt of post Discharge pay or War Service Gratuity? If so, state amount you ad your dependents have already received and by hon pele..
15. $92.40 . \div$ cather .pan
16. Have you been issued with a liar service Bed ge?........... 16. Have you, durize the present vic, served in the Imperial porcos...? 17. Are you entitled to receive, or have you received any cratuity in the nature of post Dijcitifge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. 2. . . . . . . . . . . . . . . . not nope. cube.
17. Did you revert overseas to, a rank lover th an the substantive rank held by you on your arrival in unclad?..................................... (b). If so, was such reversion in consecuesce of misconduct of in-
 19. Are you now serving an the Re gt.? ........ If not give:- (a) Date


18. Did you at any time serve ct the front in an actual theatre of If r? If so give particulars of places, and dates of such service.....
 21. (a) Are you receiving treatment from the Civil Re-istablishraent corn. No (b). If fol, are you in receipt of full pay and allowances from that covittee . ..................................
And I moke this solemn declarationjoonscientiansly believing it te be true, and loving that it is of the same force and effect es if mede weer eth.

Signature of Applicant:
 Declared before ne at: A folks pes This $13 \stackrel{n}{2}$ dey of huron 19.19

Signature of Barrister of the Supreme court, Stipendiary Magistrite, Notary Public, Justice of the Peace, or commissioner of affidavits.


1st Newfoundland Regiment
ALLOTMENTS

1. Stantey Iothe Walsh. Regl. No. 1102
hereby agree, until further notifigation by me, and in similar official form, to make an Allotment of
Dollars and Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person $\frac{\text { and }}{\text { or }}$ Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person $\frac{\text { and }}{\text { or }}$ Persons concerned, viz. :


NOTE.-This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter. signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.
(Sig.)


Company
$\qquad$

SEPARATION ALLOWANCE.


Decision.


Instructions. $\qquad$
$\qquad$
$\qquad$
$\qquad$

bis
(Separetion Allwance Branch)

THIS Sqix unory Dementilor is to be 1111 ed in eorroetiy in overy detail, ama a copmioto yepiy must bo givon to acoh question.

Beol etetement is connidezod as being made on Oath and the fozm is to be algu before a Iaryieter of the Supxome Court, Stipendiary Nigfatrate, Iotary Publie or Juntice of the poace and roturned to:

Separation Allowarce Brameh St. John's Fild.

1. Fane in sall of selider Rank Reg'tox Onit Reg't Io, Stanly weleh Sonceorp. N.R.
2. 4ge of solaler Y1 peas

Married or single Dingle
3. Iame in fullof mon ther

Age. Occupation
65 Mervid witmen
Permanent Address 13 borkstrom Pd Where emplojed
4. Give name of your husband. Age occupetion
5. If your husbend is not supperting you state the reason
6. If youx husband is a chyenic invalid and to telly incepecitetod, atete nature of maidad. ( $a$ Medical Certiligate must in onolosed with this decumest stating from what date husbend has beon to taliy incapacitatod, and for how long incapaeity is I irely to continue).
7. If jou are a vidow stete dete and prid thaty yuan ape pleee of death of jour husband.
8. Have jou maniled egain sinee doath of above mentionod hushand?
9. Hames of your othez chlidion. Ebyitertitenty Eohined toly Fresa Welsh tris. Maymel Camell morica fory
10. State ampunt earned by

Adaregs Age. Occupation Married or dols stay


41 hio fitterived
B, rtat 35
Fila viderd 33 manied acoord
10. Stato (b) Yourself husbend 66
12. State mowit and sonice oi any other $n_{0}$ othen incose
$-2-$
12. Stato ratue of renl property bolonging A = $\$ \$ 1000$. A Houne to jou and your husbend
18. State ralve of per a mal proporty $\$ 250$ fumihiu, elc. bolonging to your and youx hueband
14. If husbard is dond state ralue of 1001 Qo $12 \times 13$ an a personal property lift by hil
$\qquad$
15. Aetual ampunt contributed by solacer
during the $y$ ma priex to his onilstient
16. Wes this mevilit contributed nivily
ox monthiy?
17. Did this amount incivie pasment of yes con's Beard, ote.
18. State your son's trade or oceupation Jailor prior to onlis triont
19. State amount of his wages per weeli $\$ 2.50$
19. State amount of his wagos per woek gis last gieph 7anell
 from sin since enilistrient.
22. State amount of allotment yoceived $\$ 960$ oo by you fram son since onlistreet
23. Ste te from what date did you recoive allotmont.
24. Aetran ampunt cointributed by othor ohilaren
$\qquad$ $\$ 7$
25. Axe any of these obilaren in the $\quad N_{0}$
26. If mot zeooiving suppoztixdin other furpor-unin fainih
87. With whom are you reviaing at prosent? af home beyblen.
28. Hare jou mice provious olalim for

Separetion Mlovape. If not,why? Give partie miane.
29. Are you already in receipt of Separation A110wane from any source? If 80, how much?

No
50. Are you ar ready in receipt of any payment Ir an any Partiotic Trap IS 00 , how much?
81. Was the celaier at the time of his enlistment ail enplogee of the Howifoundland Government?

Mo
88. In what rapacity and in what place?
55. In he in receipt of a daley as such
while serving in the Regal Newfoundland
Regiment? If so, how pinch?

I herewith make this.solemn Declaration conscientiously believing same to be true and knowing it to be of the same force and effect as if mede under Oath, and in Virtue of the Evidence set.
Signs tore of Appli catt-.....ncry--ind in dens
Place of Resiaenee--13 Cork=lonn Rd i ok ohio
 this-


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


This application must be si gre d bjtwe responsible peri es one of who must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after car efl investigation the above statement e are correct and the soldier first above mentioned is the sole sport of the applicant
Signature of Clergyman-

Signature of member of the Loner centers

## Jan.22. 1980

## Mys. Hayy Lomg.

\#1. 3 Sooles town Rd.,
city.

## Dear Madam:-

Referring to jour application for Separation allowame, I enclose cheque for Seven hundred and fourteen dollars $(\$ 714.00)$ in payment of same.
Yourse ty tily

Majoz

Paymastez.

Constabulaiy.
Station. Ro,
Dec $15 t h .17$.
Decemben the 15 ind 1917
Forvarded toJas M.Howley Baqr. Capt \& Pay Master of the Dept of Militia. for his information.
Sins,
$\checkmark$ reopectully heport as Duscted ly yow a hade Enquirico sits the tewamstane
brastskudciciff
Inspector General constby.
of hriss maky Aorig. 13 cothatim.
road. Shl is a hledouthoman
hosther of fiver childrene
there of then axe massied
Jas K. Horley Isqr.,
Capt \& Pay Master Dept of Militia. the is the ownes ditur. own house but Pays
\$IV. a year ground. sunh.
her dougfitel. Monica.
Rs employed ath. Leroge.
Mrovilings, and is
Recunting 8500 dolens
Per weetle Past of. Whek.
the Paps for his board.
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is hes adopted Ron.and
the is Beceving hisalitmenh
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## (foparation aliowande aranoho)

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Sieperration Appoimance Brapoh.
St. John's wildo

TH.
 Stanley pha walsh mivale
git ye of goldier 19

Harriad on singlefe
turgte

Name in Iuli pi Mother Age Ocoupalitiod Permanent Adaress.
13. Cootestowi Ld
4. Give zame of your hushand. Age pocupation Where employed.
\%. it your husband is not supporting yor atate the rasaon.

[^0]Wh If you are a widow, atste date snid place of deatin of your kusbend. Oluqd: 1906 a/ 2 at Ghesiol
B. Hare you marrifed sgain sinoe death of abore mentioned husband?
9. Names of your othar
chil 1 d .5 az
 Moncica bory

Address in Age. Ocoupstion Phill.

Married or single.
(2)


 to onlistment: Cveraqe Carvin/s $2 \frac{00}{x \times}$ weesty






 Chicd, earnuiqi, Whah suhy. carnoci Grevely zuffeem for he pelf.



ST. ЈОНN'S,
Royal Newfoundland Regiment.
Billeting Account,


Major Howley
0. I. C. Records

Please pay to S. Walsh, 1102 the sum of one dollar and seventeen cents in payment of arrears of allowance to date and charge same to Civil Re-establishment Committee \$1.17

Pension
Nil

184L. LEDGER.
PAY LeDGer $\qquad$
sEN. Lsecka immune ff os


Vocational officer


## Major Howlet

D. I. C. Records

Please pay to S. Walsh, 1102
the sum of fourteen dollars and charge same to Civil Re-establishment Committee
\$14.00
Pension Nil

vocational officer


## Ma jor Howley

0. I. C. Records

Please pay to S. Walsh, 1102 the sum of trelve dollars and etghty three cents in payment of allowance for week ended this date and charge same to Civil Re-establishment Committee
\$12.83


Major Howley
0. I. C. Records

Please pay to S. Walsh, $110 \%$
the sum of eighteen dollars
In payment of nine deys allowance to date
and charge, $s$ me to Civil Re-establishment Committee

$$
\$ 18.00
$$

Pension
NE)


Ma jor Howley
0. I. C. Records

Please pay to S. Hassh, 1102 the sum of sixty dollars in payment of A. \& P. Bonus ansd charge same to Civil Re-establishment Committee
$\$ 60.00$
Pension Nil


BBDB

Majer Hontey;
O. I. C. Pu \& Recorded
S._J. Walsh; 1102

Pleence pay to Joseaph MoXiniey;
the rum of Iilty collayis,
in payment of hatance of tuition fels on secount of the above named mam the took a four momths course in vuleanizing. Charge same to the Givil Re-ertablt mimat Comaittee.

$$
\$ 50.00
$$



Voentional of fin eer.
bheque heceived
BANter

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.
PAY VOUCHER.
\& $8 \frac{95}{x x}$
-O fY 1919
Received from the First Newfoundland Regiment
the sum of Eegla $\cdots \frac{\text { Is }}{100}$ Dollars.

10. /102 RankL/Cle

Tame


Waleh
c. Walsh

MPAR?O
suctract from Daily Orders part II, Depot St.John's dated March 19the, 1919.

The discharge of the undernotedcon demobilization has beencenryanit by Officer $1 / \mathrm{c}$ Records on 14-3-19.
\#7192 I/G. Stanley Walsh.

$$
1102
$$

Extract of Daily Orders, Part 11, The Royal Newfoundland Regimen St. John's, Neld. Maroh 4 th 1919.

The discharge of the undernoted on demobilization has been APPROVED by O.C. Disoharge Depot on noted date.

28/2/19.
\#1102 Pte. Stanley Walsh.

## C.R. 1102

Fetreot from Prelininary Report of Hedioal Board held on Thursday Feb. 20 th 1919.

1102 PTE. S. Halsh.

Recommended Disoharge as permanentiy unfitg

## C.R. 1102

##  

The andorneted metrimed trin ovecroma and woported to Bopet च-e-3s.
$\sigma$

$1102 \mathrm{I} / \mathrm{C}$. Stanley Walsh.

## C.R. 1162

##  

$1102 \mathrm{I} / \mathrm{C}$. Walsh. 2

## C.R. 1102



1100 Cpl . Walsh S.J.




## C.R. $1 / 102$

Bxtract from Daily Orders Part 11 Unit The Royal Nild. Regt., France, $30-11-18$.

1102 I//C. S.J. Walsh.

To England "B" 22-11-18.

## CRI 1102

 znd Mettalion soyal üevtormalieni Reginerto.

## The tollowing having moported teek iroe the 2 st Betine is 

$$
1102 \mathrm{~L} / \mathrm{C} \text { Wal sh, J. }
$$

## C.P. $1 / 02$

Retraot from Iist of Slok and Wounded N.C.Os, and Wen of the
${ }^{7}$ Expoditionary Force - France, dated 23rd Mov. 1918.
List Fo: H.A. 31857.


I R. Now foundland....... . nillatioge Iflid.
Aam. 10 Con. Dep. Faeuly I2 Mov ' 18.

## C.R. 1102

 IT PRAMOE DATED $20 / 11 / 18$.

Appointed I/Cpl.

1102 Pte. S. Walsh.

13/10/18.

Dear 15rse Walsh:
I regret to have lo inform your
that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effed that
your son 110, 1102, coxpl. Stanley J. Walsh was samittod to 53ra General Hospital Boulogne oct. 27th suffering gun-shol woundilyegs mild.

I trust that latex rephonta will
bring news of his onnualescence.
Any further information reseived at this Office as to his condition will be at once notified to you.

> Yours faithfully,

## C.R. 1102

Aftraot from liar office Liat Mo. O. 27\% dited $0 / 12 / 18$.

Hovime $25 / 10-18$.
\#2102 Pte. S. Walsh.
C.R. 1802

Bxtract Irom Gasusities ......e. Inist N0. H.A. 31369
$1102 \mathrm{Cpl} . \mathrm{S.J.Walsh}$.

Adm. 2 Nat. Lab. Cen. H. Pont-de-Briques 5 th Nov ${ }^{1} 18$. G.S.W. Mild.

## $C \cdot R / / 0^{2}$

- Extract from War Office Ifst Io. HoA. 81019.

ADMITYAEAD to 53 Gan . H. Boulgone 27 th., Ootober 27 th., 2918.
$1 \quad 1102$ Opl. S.J. Wath
G.ET - LRGS. MILD. N-5

## CR 1102

Fistreat of rominal 2027 of 2nd. Dattalion to 解 Z. F., onbaized Soutsampton. $25 / 7 / 28$

\#1102 Pte, S. J. Walsh.

## C.R. 1162

Fxtract from Oxders by Major ToG. Mathias, D.S.O. Commandin $g$ 1st Battn. Royal H11d. Regt. 3/7/18. 1

The follwoing arrivad yesterday and is attachad to A.Co.

1102 Pte. Walsh.

## C.R. ${ }^{1102}$

䠄traet iran relegram reasived from London, deted Apzil 18th, 1918.

Fellowing alteration meae in allotment of pry to be es resllea:
\#1102 Pte, Walsh.

## C.R. $/ 102$

Fitenen Casualties receifed trom Pay \& Record office Ionden, Dec.31, 1917.

Discharged Irom 3rd London Goneral Hospital, Wandeworth S.W.

1102 Pte, S.J. Walsh.

Fit for 1 duty. Farlough Irom 29-12-18 ty $7-1-18$.

$$
\text { C.R. } 1102
$$

##  orrtes zontion, tatat zeoonbor 51p201\%.

\#1102 Pte. S.J.Walsh.
 Wanloworth $\mathrm{F}, \mathrm{V}$ : Fit fon 1 (Duty.

## Thrionch troa $29 / \mathrm{s} / \mathrm{h}$ to 7/2/20.

$$
\text { C. }\{1102
$$

##  coter 29th. Dec, 2017.

spaser

## 1102 Pte. S.J. Walsh

Sevilitied te $\mathrm{B}_{4}$ Re $24 / 11 / 17$. Wded.

## C.R. $1 / 02$

Extract of Casualty received from Pay \& Record
Office, London, dated Deodmber 4,1917.
\#1102 Pte. S.J.Walsh. Wounded Bo/11/17。
10. 1102 PTE. STAHLHE WATSH.

EXIRACT OF DASUADTY LIST RECEIVED FROM THE PAT AND RECDRD OFFICE LONDON DATED NOVRAMBER 27 th, 1917.
"ADMITTED WANDSWORTI GUHSEOR WOUNDS LHPTT IEG".

Madam, $\qquad$ 191
Sear
Q regret to have to inform you that a report has this day tree received from the Precord Bice of the Sit Berufandland Regiment, Bondon, to the effect that $\qquad$ No. 1102, Private Stanley J. Wal Bn, has been admitted to Wandsworth suffering from gunshot round in the left leg.
© trust that later reports will bring nerves of his convalescence.

Pry further information receved at this Office as to his condition will be at once notified to you. Bour faithfully.

Mrs. Margaret Wal ah, 13 Cookgtom Rd. Colonial Stcutany.

Extract from Daily Orders fart 11 Unit The Wild. Regt. Station G.H.Q., ard Echelon, dated Aug.Ilth1917.

1102 Pte . S. Walsh.

Joined 29 I.B.D $\frac{1}{4}$ Rouen, from Home 7/8/17. Rejoined Baton. from Hospital, En gland 28/7/17


## H. HaA. 280 s

Frans.to 3 Beat Comp.Unfit ex i Con.DepoBoulogne 7th 3ay'17.


## C.R. $110^{2}$

#   Mazacillan 5al-16. 

1102 Pte. S.Walsh.

## C.R. 1102




1102 Pte. Walsh S.

Staney J. Walsh ves athestea for Genomal Servize
 Regimenval Noo 1102 vas allovbed to Pte Stanley J. Walsh. A JTHORITY:

Recori 2ntigoz

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\begin{aligned}
& \text { Dostin of Milztia, } \\
& \text { Maxch 2rth, x.ex?. }
\end{aligned}
$$



## 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 Ic 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


Regimental number
Intended address


Height on discharge


Complexion
Color of eyes
Descriptive Marks
Figure on discharge
Christian name of Father
Christian name of Mother
Wife's maiden name in full
Date and place of marriage
Christian names of children $\rightarrow$

Place and date of soldier's birth
 $23-3-1898$

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct
(Soldier's signature in full)

amer Date

(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that

1. I, (No) $110 \mathrm{z}^{(R a n k) ~ P i v a t e ~(N a m e) ~}$
 hereby apply for cancellation of Allotment made by me on N.F.P./11 No. $\qquad$ dated $\qquad$ in favour of for $\$=$ cts 70 per diem. Such cancellation to take effect on the
 day of
$\qquad$ 1918
2. I agree to accept all risks and consequences of this application falling to reach Headquarters, St. John's, in time to become operative at above nominated cancellingldate; and that in the event of such nondelivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.


To be made out in TRIPLICATE and delivered at the Pay \& Record office not later than date of cancellation, in accordance with P.\&.R.O. C.L. $/ 10,9 / 12 / 16$.

Form K

No 1081
1St Newfoundland Regiment
ALLOTMENTS

- Stanley to hin walsh, kea No/ 1102
hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Deventer. Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person $\frac{\text { and }}{\text { or }}$ Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person or $\frac{\text { on d }}{}$ Persons concerned, viz. :


To, - "ha chiaf mpynaster,
royai Herfouncland Rogiment, 5R Victoris Street, toncion, S.".

SA2; -
Please chance the amountis sat oprosite my name to my account and pey it to tho No" ".A. "Prisoners of "ar FuEA" in quarterly instalmonts for tho pertod of one year. Comencing on 1st July 1918 .

$\qquad$
$\qquad$ Name (1)


## Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS. - This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units.

STATEMENT showing the Articles in possession of (Regimental No., Rank and Name)

to the


Date of enlistment Date of transfer $25-Y 191^{2} /$.

## FOR DETAIL OF ARTICLES; see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.
(1) Station

(2) Station

Commanding Squadron, Battery, or Company.

## Articles of Clothing \& Necessaries in Possession.

Articles not in possession should be strack out of the list. Any articles not included should be inserted.


I certify that this statement is correct. Date $25-4-14$.
Signature of the Soldier


Officer Commanding,
$1 / 1$ st. Newfoundland Regt. B. E. F.
(1)
(2)

Pay \& Record Office,
1 26th, September - 7 1102, PTE. S. WALSH.

## Tor suite cont.

With reference to the following telegram from the Minister of $M 111 t, 18$, No. $S_{0}$ R. 122, received, $23 / 9 / 17$,-
"Pay to 1103 Walsh two "pounds".
, Kindly say whether this amount should be forwarded to you or retained in this office for credit of wal $\mathrm{sh}^{7} \mathrm{~s}$ account.

Chief Paymaster \& © $-1 / 0$ Records.

Temporary A/C.


| Pay | F.Allce | Working |
| :---: | :---: | :---: |
| 100 | 10 |  |
| Less Allotment | $/ 10$ |  |
| Net Rate | 40 |  |


*N. G. B


2mD SCOTTISH GEKERAL ${ }^{\text {H }}$ HÓSPMTAE:

To the 0.C. Secords keufoundlend Negt 58 Victoria se. Lendion slo
I have to inform you that the undermentioped /man was admitted to this Hospital : $14 \frac{y}{4}$. Dease foryand hes $Q$ YB. 148 1102 Dt Lvaloh Stauluy 'A'boy nenfueforndlanerigh HE was on pass firm thance from 4 In bluty po is
 vath how ling he vicl be detaing O.O. and Scottish General M. .i.?



Notice.-The following Telegram is accepted by the Postmaster-General for transmission subject to the Regulations as to Foreign Telegrams made pursuant to the Telegraph Acts, 1863 to 1911, provided that the Request at the foot of the Telegram is previously signed by the Sender.

The Sender's Name and Address, or either of them, if to be telegraphed. must be written at the end of the text of the Telegram.

$$
\begin{aligned}
& \text { D. A. G., } \\
& \text { SRD ECHELON, } \\
& \text { B. E. F. }
\end{aligned}
$$

$$
275
$$

$$
\overline{18 / 7 / 17}
$$

$\qquad$


DETAINDD IMDESTNITHET。

I request that the above Telegram may be forwarded [via*_] subject to the Conditions which are printed on the back hereof, and by which I agree to be bound.

Signature and Address of Sender (not to be telegraphed) $\qquad$ 88, $710 \operatorname{cosin}_{4}$ St

[^1]"A" Form.



The aboves may be forworded as now corrected.

## WESTERN UNION



PLIEASE GABLE TENE POUNDS THROUGH HIILSTER MILITIA


Authomised.

Having reed the conditions printed in the back heroof, I request that the above tologram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.


ANGLO-AMERICAN
CAB EO


DIRECT UNITED STATES RAM
$\qquad$
$\qquad$

$\qquad$
$\qquad$
$\qquad$
$\qquad$
Having read the conditions printed on tho back hereof, I request that the above telegram be forwarded by the Weatern
NOT TO BE TELEGRAPHED. Union Tefegraph-Cable System, aubjoct to the anid conditions to which I agree.

Signature $\qquad$ Address $\qquad$ BS $\qquad$ 1. CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.


PLEASE GABLB SOME MONES qRROUGH MLITSTER MILITIA TO $3 E 7$ CORPL. LAMBBRT POR MB.

- STAMLES WATSB via sYNOPTIGAL.


[^2] LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.


> | To. EIKM MRS MARY LONG |
| :--- |
| 18 COOKSTOWN ROAD |
| STJOHNS (KIFIFOUNDLAND) |

PLEASE CABLE FIVE POUNDS TO 1102 PRIVATE $S$ WALSH CARE BARK MONTREAL LONDON

(Authorised)
 CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.


то G Gitrral ommer tambet Till you wire me bome numeey mine fiolen wise care soverney protee ketter following 1. rralth $102 /$

Cout You sosele. aintring?



Off. $1 / 0$ Recorde, Reg. Inf. Seot. No. 1, G.H.Q., Srd Eohelon, B.E.F.

1102, Pte. S.J. Walsh.
1st Nevfound land-Rogto
Reference D.O. No. $35 C$ of $4 / 8 / 17$ : Kindly note thet Wa.lsh proceeded to the B.E.F. on the $26 / 7 / 17$ to rejoin his Unit. A.F. B. 103 returned herewith. Kindly aolmowledge.

HA/JO

0, íc No. 1 Reg. Infanfry Sect

$$
118.17
$$

$\qquad$
$\qquad$ 58, Victoria Street, London, S.V. 1 ,


Please acknowledge receipt hereon:
(Sig. )
(Date)


\% Officer I/C Records.

No: 2151/165
From Chief Paymaster \& 0. i/c Records, oi. Newfoundland Contingent, 58, Victoria Street, London, S. IV. 1.
 $\qquad$ 11th February 1978

Subject: $\qquad$ 1102.

With reference to the following telegram (1440) from the Hon. minister of militia, received $10 / 2 / 18$ Pay to 1102, Walsh, $£ 2: 0: 0$

Draft \& 2:0:0 is enclosed for payment to this soldier,

Kindly obtain his receipt hereon.

Chief Paymaster \& $0 . i / c$ Records.

2/Bn Royal Tevifoumband ${ }^{\text {R }}$ gt Winchoterif, FE 8 1918


2 sate heremador.

 Herder the sum orlando

4 on account of cable remittance from Newfoundland.


NEWFOUNDLAND CONTINGENT
GENERAL HO 8F9/7 Chief Paymaster \& Officer i/c Records, Newfoundland Contingent,

REGISTRAR 26DEC1917.

58, Victoria Street,
London, S.W. (i).
 Please remit to $\qquad$ HE 1.4. Wish pounds $\qquad$ shillings, on the sum of $\qquad$ Q Account of any balance that may be due to me.
$f R=0=0$ ( 2.
2leli2/atprinn call
Regt 1 no 1102. Rank f le:
name Sid. Walsh
 $3^{3 /}$ Loom Con L Hospital.

$\frac{\text { \#1102 R.boup. Nalat, s.g. }}{\text { has pumininin lo are. }}$ at PrR.offie, se Ris ray al

$$
4 \cdot 12 \cdot 18
$$

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


Birthplace:-Parish Lt fohnie.


Physical Development..
Vaecination Marks $\left\{\begin{array}{l}\text { Arm } \\ \text { Sumber } .\end{array}\right.$
When Vaceinated
Vision
(a) Marks indicating congenital peculiarities or previous disense -
b) Slight defects but not sufficient to Cause Rejection

## - Approved by (Sigrature)

$\begin{array}{llll} & & \\ \text { Enlisted } & \ldots . . & \ldots & \ldots \\ \text { (Mank) }\end{array}$
Joined on Enlistment ..

Transferred to...
Became non-effective by.

Table 1.-GENERAL TABLE.
County




191

Table III.-Boards: Courts of Inquiry, Vaceination, Inoculations, de.; Examinations for Fipld or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, \&e.



Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. $\qquad$ Date. $\qquad$ 1917 admitted
(I) To the Officer i/c Records, 58 Victoria a
sous


Hold bontinpent
Barmy NB
(3) The Paymaster, 58 victoria $r$
oW


Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.
In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Recordseoncerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.
[MT2685] W13581/M1452 12m bks. 1/17 er G\& 8 B. 842

Army Form B. 103.
Regimental Number $/ 1 / 02$
Casualty Form-Actiye Service.
Regiment or Corps royal besofow le aud
Rank The Surname grace Christian tame S/auley fou
Religion Roman backolee Age on Enlistment. 18 years $\frac{1}{1}$ months. ff
Enlisted (a) Ix bolus Terms
Date of promotion to present rank $\qquad$ Date of appointment to lance rank
$\qquad$ Reengaged $\{$ 1

Qualification (b)
$\qquad$ $\downarrow$ $\qquad$ or 40 Aerate and Rate.
 patios:- Presoen
$\qquad$ $A$ Signature of Officer.
$\qquad$ Sunthomplat 25.7 14 Fence. 16.7 . Drier. 27.7 if hole s510/18
M. Avartegsenvort



Havel -


92431.-W64901535.-2.000.000-J. J. K. \& Co. Lid -Forme B. 103/2.

Army Form B. 103.
A 6.
Casualty Form-Active Service.
Regiment or Corps
ken form deans
Regimental No.
1102 Rank $\qquad$ Ale Name $\qquad$
Enlisted (a) $19 / \geqslant / 1 \wedge$ Terms of Service (a)
$\qquad$ $\left.\begin{array}{l}\text { Date of appointment } \\ \text { to lance rank }\end{array}\right\}$ Service reckons from (a) $\qquad$ hor $\qquad$
Date of promotion $\qquad$ Numerical position on $\}$ to present rank to lance rank roll of N.C.Os.
Extended Re-engaged Qualification (b)



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


2. Regtl. No.. 1102 .
3. Rank..... I/.C...............
shuon
4. Name

(Sumame)
5. Age last birthday............. si ve TE LJias I of \& ! 4)

6. Posted for duty on at.
in category (or grade).
8. If the disability is an injury was it caused
(a) in action
(b) on field service
(c) on duty
(d) off duty?
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

## Statement of Case.

Note. - The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to sucb 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.

1C.- If irvugit 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."

$$
\mathrm{V} . \mathrm{D}_{\mathrm{e}} \mathrm{H}_{4}
$$

11. Date of origin of disability.
12. Place of origin of disability.


 IUND WOV HBANWD. REPORTESP BEGK IN HFAKCIS MOV. 1918. WAS INVANDISD TO GLAND /F.D.H.
13. State whether the disabilities are
(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. man's part.
14 (a). If not due to any of these causes, to what specific condition do you attribute it ? $\}$

In all cases such as facial injuries, eye, ear. disalbilities, a specialist's report is to be attached with radiographs where possible; where possible: and in cases of expet position expet position
should be stated.
(a) attributable to

Yis
斯
........................
$\qquad$
$\qquad$
(b) àgenvated by
......................
$\qquad$ .
15. What is his present condition? (1) WOUND. TWO SMALT CIRCULAR(?) SCARS (A note should be made as to Weight in all.cases POSTBRIOR. SURFACB ABOUT 2IN. when it is likely to afford evidence of the pro- AP RT NOT PATMBIIL ON PRESSURES. gress of the disability.) (2) VID. RRGULAR SCAR ON ANFISRIOR SURFACE ERTPT IRG INFRRIOR TO LEFT PATETLA. NOT PAINFUL ON PRWSSURE.COMPLAINS OF NO DISABILITY. HBART ON GXAMINATION. FIRST SOUND APEX ROUGHENIED \& DIMINI SHIRD IN SNTHNSITY.
16. Was an operation performed ? If so, when and what was its nature?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,-Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?
20. Do you recommendRKPATRI ATI OI.
(a) Discharge as permanently unfit?
(b) Change to United Kingdom ?

Note-(b) is only applicable to soldiers invanded at
Foreign Stations.

Medical Officer in charge of case.
Station
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 definite answers are to be filled in by ths Board, as, in the event of a man heing invalidied, it is essential that the Minister of Pensions should be in possession of the most reliable formation to enable him to decide upon the man's claim to pension.

Expressions such as " may," "might," "prohably," 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 catses 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 differentiatc between them.
21. Give diagnosis and particulars of :-
(a) Any disability claimed or discovered. TWICR WOUNDRE IN IBGS V.D.H.
(b) The present condition thereof.

```
PULSR 80. TWO WOUNDS IN IETT LTM \(1 S T\) IN CALF 2ND. NEAR JOINT. NO DISABIL ITY. HEART SEE SRCT 25.
```

22. State whether the disabilities are:-
(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
Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?
11)
23. Is the disability in a final stationary condition ? If not
(a) How long is the present degree of disability likely to last?
(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.

## (a) Attributable to <br> (b) Aggravated by

 yes.NO. $\qquad$
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 Nii) (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. If an operation was advised and declined, was the refusal unreasonable ?

## If the Military

 Member is in disagreement with the Civil fan Members, he is to state his opinion in the space provided.26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
or
(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) ?

OnIy to be
answerd whe 27 . Do the Board find that the soldier has suffered any the soldier is rtaced in other
than Grade IV. impairment in health since his entry into the

## yas.

Opinion of Mititary Member in case of dis. agreement
28. Is treatment being recommended on Army Form B. 179 c ?
29. 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?


Station
Date

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 Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

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

Note. -The foregoing particulars are to be filled in and A.F.B. 179 в (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.

0.0 .4
12. Place of origin of disability.
13. Give concisely the essential facts of the history of wo de in frame man load the disability in so far as it is recorded in the Medical O-cennion History Sheet bearing on the case and in other relevant official documents.
2

14. State whether the disabilities are $\qquad$
(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 $\qquad$
(v.) Serious negligence or misconduct on the man's part.
14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

In all cases such as facial injurlies, eye, ear. nose and throat, disabilities, \&co. port 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? (1) N~~O
 when it is likely to afford evidence of the prograss of the disability.)
(2)

no

## 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 prewar 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 :-
(i) Service during the present war
(a) Attributable to \&es.
(b) Aggravated by
(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
Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it ? Pity in the not
(a) How long is the present degree of disability likely to last?
(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 $24 a$.

Actin emos
14. 54.
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. If an operation was advised and declined, was the refusal unreasonable?

Heme military 26. (a) Do the Board recommend discharge as physically Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided. unfit for further War Service, ie., do they place him in Grade IV. only ?
(b) In what other grade do the Board place him ?

Opinion of MilsOpinion of Member in
teary Men case of disagreement.
(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 prana Grade IV.
27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

## yo

28. Is treatment being recommended on Army Form
B. 179 c ?
29. 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 ?

$\int$ President or Chairman.
(insert sub-para. Ring regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).
Station
O.C. Discharge Centre.

Date

Note. -This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. ( I ), 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. Rouse
2. Regt. No. 110.2 . 3. Rain.

(Christian Names)
3. Former Trade or Occupation $\}$
7a. If the soldier claims previous service in Army, he should state-
(a) Former Regis. or Corps ; with Regtl. Nos.
4. Age last birthday.............
5. Posted for duty on . . . . . . . . . . . . . at. .................... in category (or grade).
6. 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.
7. If a Court of Inquiry was held on an injury state :-
(a) When
(b) Where
(d) Particulars of Pension or Gratuity (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 Medica: 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. Race 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.
$2^{n}$ d
 Wow a no healed
$\qquad$ R 10 wound un s Levee. Reported sect in thane Nor 1gis. unaladed Th Roland with
14. State whether the disabilities are
(i.) Service during the present war
(ii.) Previous active service..
(iii.) Climate in pre-war service
(iv.) Ordinary military service before the war
(v.) Serious negligence or misconduct on the man's part.
14 (a). If not due to any of these causes, to what specific condition do you attribute it ? $\}$

In all cases such as facial injurlies, eye, ear, nose and throat,
disabilities, \&ic., a specialist's report is to be attached with radiographs
where possible: where possible ;
and in cases of 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
 gas ot ne cisioulys) gre of the diainitis) Vo r paifue or pence.
 no disability
16. Was an operation performed ? If so, when and what was its nature?
17. If not, was an operation advised and declined ? Shows fir t Lome
18. *In the case of loss or decay of teeth,-Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?
20. Do you recommend-
(a) Discharge as permanently unfit ?
(b) Change to United Kingdom ?

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

Station Slagehy. Kamet
Recur morramination leather an a dinicuried
2 ono luce evicaler tearpostont别

## 

Reg. No......... .Rank. ..... Date of Enlistment. $+9$ 2 C. DEMOBILIze
 Occupation $\qquad$



Passed to Demobilization Officer with following documents:-


1. Civil Re-Establishment-

I am.............in a position to resume civilian occupation.


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) Clething-Supplied
Date.
$28-2-19$

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ..................to his home at $\qquad$ and Release Certificate No. ...3.0. $12 . .$. issued.

Date

$$
38-12 .-1.9
$$



Demobilization Officer

## 4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to Date .2.8-2.....1.9.
©UBdict Te ADNUSTMENit of OVAnmEAS PAY ACCT.
Discharge approved for.
Forwarded with following documents to O.C Discharge Depot.


## APPROVED.

Documents as above forwarded to:-
Officer ifc Records.
Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratuity

Date
FEB 281919

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

Date


## The Kiopal 3etwounolano zergiment

## Reg. No. $1 / 102$. Rank.

 Date of Enlistment...f9: 2...A......... Address. Occupation .Classification for Discharge Recommendation S.M.B. Inysucally. Un gr\$. Disability Rating

Passed to Demobilization ganger with for loping documents:-


Date ........28...2...4.
$4 M \operatorname{mss} 11$

## PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am......her.in a position to resume civilian occupation.
$\%$


Particulars passed to Vocational Officer for information and action.

Date.
$2812+9$.
2. Clothing.

Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable
(b) Clothing Supplied_-.

Date.....8....2....19
3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No.
at $\qquad$ and Release Certificate No.

Date
 . - 0 s . . . . to his home

[^3]4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to

Date $28-2-19$

- aquect te adustmint or ovenezas par acct.


Forwarded with following documents to O.C Discharge Depot.


## APPROVED.

Documents as above forwarded to:-
Officer ila Records.
Board of Pension Commissioners.
with following additional documents.

# Eligible for War Service Gratuity 

FEB 281919
O. C. Discharge Depot.

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


The Kiopal 3eewfounolano Xeegiment

## PROCEEDINGS ON DISCHARGE

1. No. 1102

Rank $I / C$ 。
Name

## Stanley Walsh

Intended place of residence.

2. Occupation

Presser
Classification of soldier
.
Medical Category
E
3. The above named man is discharged in consequence of

## Eligible for War Ser Hemocratuity

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

Place ......ST: リOHN'S.


Date ….....FEB. 28 . 1919.
for 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.



## Che bhopal seewfounolano regiment

I．No．．．．．！．！．2．．．．．．Rank Intended place of residence

2．Occupation $\rightarrow$


Classification of soldier $\qquad$ （3）． Medical Category $\xrightarrow{\text { 只 }}$

3．The above named man is discharged in consequence of ．．．．imaNepthty

## Eligible for War Service Gratuity

4．His accounts are correctly balanced and I have impartially inquired into all ${ }^{\text {matters }}$ brought before me，in accordance with Regulations．

Place
HEB 28 2 ジ

## 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． oubact to adjustment

Place and date ST．JOHNS．


Signature of soldier
Signature of witness

CIVILIAN REESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER 6．I hereby certify that $I$ in a position to resume civilian occupation immediately on discharge．

Place and Date ST．JOHN＇S．

$$
28 \cdot 2 \cdot 19
$$



7．Enlisted for service


No of days on Military
 Service

## APPROVAL OF DISCHARGE

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

Place ST．JOEYS．

FEB 281919
Date

9．The disch／rgof of above mentioned soldier is hereby confirmed

## CONFIRMATION OF DISCHARGE






From O.C. No 2 Medj.cal Board Base Depot.

You are ordered to process, england todath the..........vit. reporting to the A.L.IN.O. $\mathrm{S} / \mathrm{S}$.

on arrival at Southampton you will report to tho Embarkation officer for the necessary warrant to convey you to/benen. where you will report to the O.C. Depot of your Unit.

- The unconsufigd portion of the current days rations, and three days rations will be carried on the person, jo
$1858 / 272$
Authority:- D.H.G. C.F. No 1mwelman. Dated $\frac{24 / 7 / 18}{15}$
RRASON: "3" Personnel.
$22 / / / / 1918$.
Commanding lion 2 Medical Board sase Depot.


Table II. -Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.


## 1102 C.E.F.

WALSH, Stanley J. $\quad$ (AR

## L/epl.

 Medals Prev. Desp.Cross To Widow: Mrs. Helen F. Walsh,
$\uparrow 12$ Colonial st.,
St. John's, Newfoundland
Cross to Mother:
DEEP. OCT 241951 REG NO. 2006


[^0]:    6. If your husband is a ohronio iptaild and toteliyy incapscitated atede nature of maledy. (A nadiosi oertiflbate muat be onolosed with this deownent atating from what date hurband has beea totally luospsoi fingud and for how long incapacity is ikely to oontinue)
[^1]:    - This apace tis to be alled up only it there are alternative routes.

    For rontes, see the Table of Chargus for Forelgu Telograms in the Foat Ollge Gude.

[^2]:    NOT TO BE TELEGRAPHED. $\qquad$
    CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE

[^3]:    Demobilization Officer

