

Recruiting  
Form A, 1915

Medical Report



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 1615

Name in full Wilfred Adey Age 19

Address Adairton Trinity Bay

Married Height \_\_\_\_\_ Weight 134

Single Color Fresh Hair Light Brown Eyes Blue

Other distinguishing marks None

Nearest relative Father

Address Adairton Trinity Bay

Dependents \_\_\_\_\_

Occupation Fishing + lumbering Present Wage \$35 per month

Previous service None

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment June 5<sup>th</sup>

I, Wilfred Adey, 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.

Wilfred Adey

Declared before me this 11<sup>th</sup> day

of June 1915

F. Mellor  
2nd Lt.

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 1515

Name **Wilfred Adey**

Apparent age **19** years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks **Color: Fresh, Hair: Light Brown, Eyes: Blue**

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin **--- Adey, Adeyton, Trinity Bay, Nfld.**

| Relationship **Father**

**Particulars as to Marriage.**

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
(c) Present address. (d) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

**Particulars as to Children.**

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

**STATEMENT OF THE SERVICES.**

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <b>5/6/15.</b>									
Joined at <b>St. John's</b> on <b>5 June, 1915.</b>									
<i>Repatrolled Med Unit 4/4/16</i>									
<i>Embarked for U.K. 17/6/15. Sp. Barrington Hosp. Dilat. of Heart 24/6/15</i>									
<i>Repatrolled to Nfld for discharge 4/4/16</i>									
<i>Discharged St. John's Medically Unit 30/4/16.</i>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to <b>30-4-16</b> (date of discharge) <b>330</b> years <b>330</b> days									
" " " Pension " ( " ) " " "									

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1615

Name **Wilfred Adey**

Apparent age **19** years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks **Color: Fresh, Hair: Light Brown, Eyes: Blue**

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Adey, Adeyton, Trinity Bay, Nfld.**

| Relationship **Father**

### Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
(c) Present address. (d) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.
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### Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

## STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <b>5/6/15.</b>									
Joined at <b>St. John's</b> on <b>5 June, 1915.</b>									
<i>Discharged St. John's 30/4/16</i>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ ( " ) _____ " _____ "									

Regimental Number 1615

Company \_\_\_\_\_

THE  
1ST NEWFOUNDLAND REGIMENT.

---

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.

Signed Wilfred Adey

Witness Robertson

Dated at \_\_\_\_\_



191 \_\_\_\_\_

C.R. 1615

Wilfred Adey was attested for General service  
with the NEWFOUNDLAND REGIMENT on ..... June 5th 1915  
Regimental No 1615 was allotted to Pte. W1 Adey.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

C.R. 1615

Extract from Roll of Officers, N.C.Os. and Men Discharged  
from the Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name</u>	<u>Date.</u>	<u>Reason.</u>
1615	Pte.	Wilfred Adey	Apr. 30th 1916.	Med. Unfit.

C.R. 1615

The following Man Returning by Scandanavian Mar.31,1916

1615 Pte. Adey.

C.R. 1615

Extract from list of men discharged from the Royal Newfoundland  
Regiment on various dates.

#1615 Pte. Wilfred Adey, discharged Apr. 30th 1916 Medically  
unfit.



C.R. 1615

Ex tract from Nominal Roll Embarked St. John's for Overseas, per  
S.S. "Calgarian" June 19, 1915. "F"

1615 Adey W.

*Temporary*  
*1916*

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and  
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname *Addy* Christian Name *Wilfred*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
Range of Expansion. \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
Number ... \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191

Corps.	Regtl. No.
<i>1st Newfoundland</i>	<i>1615</i>

Transferred to ... \_\_\_\_\_

Became non-effective by ... on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Table II.—Only for Admissions to Hospital or to the Sic

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Re
	Day	Month	Year	Day	Month	Year			
<i>City death</i>	<i>24</i>	<i>8</i>	<i>15</i>	<i>15</i>	<i>9</i>	<i>15</i>	<i>Dilatation of Heart</i>	<i>22</i>	
<i>Cornick Homeless</i>	<i>26</i>	<i>10</i>	<i>15</i>	<i>1</i>	<i>11</i>	<i>15</i>	<i>Pleurisy</i>	<i>5</i>	
<i>"</i>	<i>27</i>	<i>11</i>	<i>15</i>				<i>General weakness</i>		

Table II - Board of Health - Sanitation - Warrant Officers  
k List in the case of Warrant Officers treated in quarters.

marks 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, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Patent was Treated with, Sixch Digitalis  
and 3 Syrups.

P. Allen Ph M.D.

Persistent weakness & quick pulse. friction desired

A. J. Graham  
officer of the 1st Regt

TELEPHONE N° 587.



W.F. BROWN, M.B. (GLAS.), D.P.H. (CAMB. & EDIN.)

MEDICAL OFFICER OF HEALTH.

Public Health Department,  
70 High Street,

*Syr*, 6th March, 1916.

Lieut. R. P. Graham,  
Newtonpark School,  
A Y R.

Dear Sir,

The Sputum (W. Adey) submitted to me  
for examination is POSITIVE.

Yours faithfully,

*per Walter F. Brown*

Medical Officer of Health.

*W.F.B.*

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

# MEDICAL HISTORY

Surname Adey.

OF  
Christian Name Wilfred

Table I. - GENERAL TABLE.

Birthplace:—Parish Adeyton

County Trinity Bay.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .. .. .	on 9th. day of <u>June</u> 191 <u>5.</u>		on    day of            191	
	at <u>St. John's.</u>		at	
Declared age .. .. .	<u>19</u> years            days		years            days	
Trade or occupation .. .. .	<u>Fishing &amp; Lumbering.</u>			
Height .. .. .	<u>5</u> feet <u>8</u> inches		feet            inches	
Weight .. .. .	<u>135</u> lbs.		lbs.	
Chest Measurement {	Girth when fully expanded .. <u>36</u> inches		inches	
	Range of expansion .. <u>3</u> inches		inches	
Physical development .. .. .	Right	Left	Right	Left
Vaccination marks {	Arm .. .. .			
	Number .. .. .			
When vaccinated .. .. .	<u>Never.</u>			
Vision .. .. .	R.E.-V.= <u>6/6</u>		R.E.-V.=	
	L.E.-V.= <u>6/6</u>		L.E.-V.=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Fred W. Burden,</u>			
(Rank)	<u>Lieut.</u>			
	<u>Medical Officer.</u>		<u>Medical Officer.</u>	
Enlisted .. .. .	at <u>St. John's.</u>		at	
	on <u>5th.</u> day of <u>June.</u> 191 <u>5.</u>		on    day of            191	
Joined on enlistment .. .. .	Corps	Regtl. No.	Corps	Regtl. No.
	<u>1st. Nfld.</u>	<u>1615.</u>		
Transferred to.. .. .				
Became non-effective by .. .. .	on    day of            191		on    day of            191	
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing syphilis, admission of
	Day	Month	Year	Day	Month	Year			
Craigleith	24	8	15	15	9	15	Dilatation of Heart.	22	
Carrick House	26	10	15	1	11	15	Pleurisy	5	
"	27	11	15				General weakness.		

list in the case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of  
ones and re-admissions to hospital will be shown. The subsequent progress, including particulars  
treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet

Signature of Medical Officer

Patient was treated with Linch Digitalis. and  
55 syrups.

E. Allan, Lt.R.A.M.C.

D.J. Graham.

Persistent weakness and quick pulse. Friction distinct) A.J. Campbell, Lt.R.A.M.C.



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

Date	Brief Details, and Signature
29/2/16.	Vaccination R.P. Graham, Lt. R.A.M.C.
16/3/16.	Phthisis Pulmonalis. Unfit for foreign service. M.J. Murray, Capt., R.A.M.C.

**Table IV.—SERVICE TABLE.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
St. John's.					



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Adey Wilfred*

Regiment from which discharged *1st. Newfoundland*

Regimental number *1615*

Intended address *Adeyton 2B*

Height on discharge *5 Feet 8*

Color of hair on discharge *Brown*

Complexion *fair*

Color of eyes *blue*

Figure on discharge *medium*

Christian name of Father *Lemuel*

Christian name of Mother *Lidia*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *Adeyton 2B. Nov. 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)

*Wilfred Adey*

(Rank)

*private*

Station

*St Johns*

Date

*April 3 1917*

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.

*J.W. Borden Lieut.*

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

Station

*St Johns*

Date

*Apr. 3/17*

V  
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE:

---

I hereby acknowledge that I have received all my pay and allowances.  
(including clothing allowances) and all just demands up to the pre-  
sent date.

Date May 14<sup>th</sup> 1917 W. E. Grant Sig. of Soldier.

Place Cheneyville Minnie Adey Sig. of Witness.

~~~~~



## Medical Report on an Invalid.

### NOTES:—

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

### Statement of Case

Station

Date

*John M*  
*Apr 3, 1917*

1. Unit *1st. Newfoundland*2. Regimental No. *1615*3. Rank. *Pte*4. Name. *Adey Wilfred*5. Age last birthday. *19*6. Enlisted on *5 June, 1915*at *P. Johna.*7. Former trade or occupation *Fisherman*

### 8. Disability

*Tuberculosis Pulmonalis*

9. History *About four weeks after arriving at Stoth Camp July, 1915 he had haemorrhage from lungs. was sent to Craiglock Hospital also had trouble with teeth. In Oct. 1915 had pleurisy was sent to Corrock House Coy*

10. What is his present condition?

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

11. Was sanatorium advised and refused? *Yes.*

*operation*  
*He was under treatment at Jensen*  
*Camp for about 4 weeks. Has legs saying he was frozen*  
*and would not do at home.*

12. Do you recommend discharge as permanently unfit?

*Yes.*

Signature

*J. W. Borden*

Rank or Qualification

*Lieut*

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

# Opinion of the Medical Board.

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

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

Remarks if any:— *Has temperature of 99.2 & pulse 120. Well nourished, but cannot exert himself in any way. From report seems to be improving. Lost his night sweats*

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

Remarks if any:— *total for 3 months*

15. Is the disability permanent? *no*

16. Has the disability been aggravated by

- (a) Intemperance. *no*
- (b) Misconduct. *no*

17. The refusal of operation ~~sanatorium~~ is:—

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

Remarks if any:—

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

Remarks if any:—

Signatures.

*R. S. Grace* ..... President  
*Stue Snyder* .....  
*For Major Paterson* .....  
*Pendleton, Capt.* .....

Place *St Johns* .....

Date *April 4<sup>th</sup> 1917* .....

APPROVED

Station .....

Date .....



*Clay Macpherson* .....  
 Major  
 Administrative Medical Officer.

## Report of Medical Board

Station St. John's, Nfld. Date June 25th., 1920.  
 No. and Rank 1615 Private Age 22 years Height 5' 8"  
 Name Wilfred Adey Complexion Fair  
 Unit Royal Newfoundland Eyes Blue Hair Brown  
 Address Adeyton, T. B.  
 Former Trade Fisherman  
 Enlisted at St. John's On 5/6/15 (The Board will please note how the soldier's appearance corresponds with above description).  
 Disease or Disability Original PHTHISIS PULMONALIS

### Subsequent

Present Condition (Compare with previous Board) *WT 130. Right chest shows disease still active. Bronchial breathing over left chest. Accompaniments right apex. Temp 98°*

**THE ENTIRE DISABILITY:** To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

*Total white in hospital*

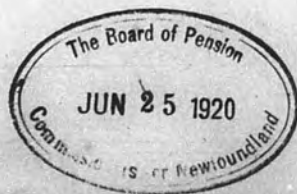
**PENSIONABLE DISABILITY:** To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board *Remain in Camp.*

Members of Board

*Chas. Macpherson*  
*J. B. [unclear]*

Approving Medical Officer.



SECOND BOARD.

Form 2179 N. M. D.

Report of Medical Board.

|                       |                        |                                                                                               |                   |
|-----------------------|------------------------|-----------------------------------------------------------------------------------------------|-------------------|
| Station               | St. John's, Nfld       | Date                                                                                          | JUNE 11th., 1918. |
| No. and Rank          | 1615- PTE.             | Age                                                                                           | 19                |
| Name                  | ADEY WILFRED           | Height                                                                                        | 5'8"              |
| Unit                  | Royal Newfoundland     | Complexion                                                                                    | FAIR              |
| Address               | ADEYTON. T. B.         | Eyes                                                                                          | BLUE              |
| Former Trade          | FISHERMAN              | Hair                                                                                          | BROWN             |
| Enlisted at           | ST. JOHN'S. On 5/6/15. | (The Board will please note how the soldier's appearance corresponds with above description.) |                   |
| Disease or Disability | Original               | PHTHISIS PULMONALIS                                                                           |                   |

Subsequent

Present Condition (Compare with previous Board)

HAS A FRESH COLD WITH COUGH AND LOSS OF VOICE. PULSE 132  
TEMPERATURE 99.4. 134 LBS.

MAOIST ACCOMPANIMENTS. RIGHT SIDE, ANTERIORLY.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?  
TOTAL WHILE IN HOSPITAL.

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?  
TOTAL WHILE IN HOSPITAL.

Recommendation of Medical Board TO ENTER JENSEN CAMP BUT SEE FIRST BOARD.

Members of Board

(SGD) N. S. FRASER.....

(SGD) CLINY MACPHERSON MAJOR.

J. S. TAIT.....

I. PATERSON MAJOR.....

Approving Medical Officer.



57  
W. A. A. A.

C.R.

16/15

P.H.O.

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

COPY SENT TO  
 Major General P. J. Hammett  
 Major J. J. Adams  
**MEDICAL HISTORY**  
 Letter Memorandum OF  
 Dated MAR 3 1916 Christian Name *Wilfred*



Surname *A Day*

Table 1.—GENERAL TABLE.

Birthplace:—Parish *Adeyton* County *Trinity Bay*

|                                                                   | SPECIAL RESERVE.                                         |                      | REGULAR ARMY. |                  |
|-------------------------------------------------------------------|----------------------------------------------------------|----------------------|---------------|------------------|
|                                                                   | Right                                                    | Left                 | Right         | Left             |
| Examined                                                          | on <i>9<sup>th</sup></i> day of <i>June</i> 191 <i>5</i> | at <i>St. John's</i> | on            | day of 191       |
| Declared Age                                                      | <i>29</i> years                                          | <i>8</i> days        | years         | days             |
| Trade or Occupation                                               | <i>Fishing &amp; Lumbering</i>                           |                      |               |                  |
| Height                                                            | <i>5</i> feet                                            | <i>8</i> inches      | feet          | inches           |
| Weight                                                            | <i>135</i> lbs.                                          |                      |               | lbs.             |
| Chest Measurement                                                 | Girth when fully expanded... <i>36</i> inches            |                      |               | inches           |
|                                                                   | Range of expansion... <i>3</i> inches                    |                      |               | inches           |
| Physical Development                                              |                                                          |                      |               |                  |
| Vaccination Marks                                                 | Arm                                                      |                      |               |                  |
|                                                                   | Number                                                   |                      |               |                  |
| When Vaccinated                                                   | <i>Never</i>                                             |                      |               |                  |
| Vision                                                            | R. E.—V== <i>4/6</i>                                     |                      | R. E.—V==     |                  |
|                                                                   | L. E.—V== <i>6/6</i>                                     |                      | L. E.—V==     |                  |
| (a) Marks indicating congenital peculiarities or previous disease | (a)                                                      |                      | (a)           |                  |
| (b) Slight defects but not sufficient to Cause Rejection          | (b)                                                      |                      | (b)           |                  |
| Approved by (Signature)                                           | <i>Geo W. Burden</i>                                     |                      |               |                  |
| (Rank)                                                            | <i>Leut</i>                                              |                      |               |                  |
|                                                                   | Medical Officer.                                         |                      |               | Medical Officer. |
| Enlisted                                                          | at <i>St. John's</i>                                     | at                   |               |                  |
|                                                                   | on <i>5<sup>th</sup></i> day of <i>June</i> 191 <i>5</i> | on                   | day of        | 191              |
| Joined on Enlistment                                              | Corps.                                                   | Regtl. No.           | Corps.        | Regtl. No.       |
|                                                                   | <i>1st. Afd.</i>                                         | <i>1615</i>          |               |                  |
| Transferred to                                                    |                                                          |                      |               |                  |
| Became non-effective by                                           |                                                          |                      |               |                  |
|                                                                   | on                                                       | day of               | 191           | on               |
| (Signature)                                                       |                                                          |                      |               |                  |
| (Rank)                                                            |                                                          |                      |               |                  |

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.

| Date                                  | Brief Details, and Signature                                                                                 |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 29. 2. 16.<br>16 <sup>th</sup> March. | Vaccination. R.P. Graham de Ranc.<br>Phthisis Pulmonalis unfit for foreign service<br>Informant<br>Capt Rowe |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| St. John's           |                                |                                      |                      |                                |                                     |

PAY LIST.

to March 31 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 1015

Rank

Private

Name

Whaley

Died (a)

at

on the

of

1916

Deserted at

on the

of

1916

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

| Date | Dr.                                              | £ | s. | d. | Cr.                                                                                 | £ | s. | d.  |
|------|--------------------------------------------------|---|----|----|-------------------------------------------------------------------------------------|---|----|-----|
|      | Balance Dr. last month.....                      | . | .  | .  | Balance Cr. last month.....                                                         | . | .  | .   |
|      | Cash issues<br>(Date of each issue to be stated) |   |    |    | Pay days at _____ from _____ to _____                                               |   |    |     |
|      |                                                  | £ | s. | d. | Proficiency, Service or good conduct pay                                            |   |    |     |
|      | 191                                              |   |    |    | days at _____ from _____ to _____                                                   |   |    |     |
|      | "                                                |   |    |    | Messing allowance days at _____                                                     |   |    |     |
|      | "                                                |   |    |    | from _____ to _____                                                                 |   |    |     |
|      | "                                                |   |    |    | Clothing and kit allowance .....                                                    |   |    |     |
|      | <i>Clothing not charged Feb. 18. 1/3</i>         |   |    | 12 | Amount produced by the sale of Necessaries                                          |   |    |     |
|      | Consolidated stoppage .....                      |   |    |    | Personal Clothing and Effects from Form 2...                                        |   |    |     |
|      | Balance due by the Paymaster                     |   |    |    | Amount of Savings Bank balance, including interest (if no balance, to be so stated) |   |    |     |
|      |                                                  | £ |    | 12 | Deferred Pay or Gratuity.....                                                       |   |    |     |
|      |                                                  |   |    |    | Balance due to the Paymaster.....                                                   |   |    | 1 2 |
|      |                                                  | £ |    | 12 |                                                                                     | £ |    | 1 2 |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>

Dated at

this

day of

31 AUG 1916

191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *2<sup>d</sup> Newfoundland Regt*  
 No. *1615* Rank *Private* Name *Adey W*  
 Died<sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular.

*Chas. H. Aye Capt.* { Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

| Date | Dr.                                                    | £  | s. | d.   | Cr.                                                          | £ | s. | d.   |
|------|--------------------------------------------------------|----|----|------|--------------------------------------------------------------|---|----|------|
|      | Balance Dr. last month .....                           |    |    |      | Balance Cr. last month .....                                 |   |    |      |
|      | Cash issues<br>(Date of each issue to be stated)       |    |    |      | Pay 13 days at <i>100</i> from <i>18/3</i> to <i>30/3</i>    | 2 | 13 | 5    |
|      | 191<br><i>March 25/16</i>                              | 10 | 0  | 0    | Proficiency, Service or good conduct pay                     |   |    |      |
|      | <i>March 31/16</i>                                     | 11 | 4  | 4    | days at _____ from _____ to _____                            |   |    |      |
|      |                                                        |    |    |      | <i>Field</i><br>Messing allowance 13 days at 10 <sup>d</sup> |   |    |      |
|      |                                                        |    |    |      | from <i>18/3</i> to <i>30/3</i> .....                        |   |    | 5 4  |
|      |                                                        |    |    |      | Clothing and kit allowance .....                             |   |    |      |
|      |                                                        |    |    |      | Amount produced by the sale of Necessaries                   |   |    |      |
|      | <i>Alotment 13 days</i><br>Consolidated stoppage ..... | 1  | 17 | 5    | Personal Clothing and Effects from Form 2...                 |   |    |      |
|      |                                                        |    |    |      | Amount of Savings Bank balance, including                    |   |    |      |
|      |                                                        |    |    |      | interest (if no balance, to be so stated)                    |   |    |      |
|      |                                                        |    |    |      | Deferred Pay or Gratuity .....                               |   |    |      |
|      | Balance due by the Paymaster                           |    |    |      | Balance due to the Paymaster .....                           |   |    |      |
|      |                                                        | £  | 2  | 18 9 |                                                              | £ | 2  | 18 9 |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 . \_\_\_\_\_ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

**PAY LIST.**

to **31st March** 19**16** . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **2/1st Newfoundland.**

No. **1615** Rank **Private.** Name **W. Adey**

Died <sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
**Embarked s.s. Scandinavian** on the **4th** of **April** **1916** .  
 Deserted at \_\_\_\_\_

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.

| Date | Dr.                                              | £        | s.       | d.       | Cr.                                                                                    | £        | s.       | d.       |
|------|--------------------------------------------------|----------|----------|----------|----------------------------------------------------------------------------------------|----------|----------|----------|
|      | Balance Dr. last month.....                      |          |          |          | Balance Cr. last month.....                                                            |          |          |          |
|      | Cash issues<br>(Date of each issue to be stated) |          |          |          | Pay days at _____ from _____ to _____                                                  |          |          |          |
|      | £ s. d.<br>191                                   |          |          |          | Proficiency, Service or good conduct pay<br>days at _____ from _____ to _____          |          |          |          |
|      |                                                  |          |          |          | Messing allowance _____ days at _____<br>from _____ to _____                           |          |          |          |
|      | <b>Clothing not charged<br/>Feb. 18th</b>        | <b>1</b> | <b>2</b> |          | Clothing and kit allowance .....                                                       |          |          |          |
|      | Consolidated stoppage .....                      |          |          |          | Amount produced by the sale of Necessaries                                             |          |          |          |
|      |                                                  |          |          |          | Personal Clothing and Effects from Form 2...                                           |          |          |          |
|      | Balance due by the Paymaster                     |          |          |          | Amount of Savings Bank balance, including<br>interest (if no balance, to be so stated) |          |          |          |
|      |                                                  |          |          |          | Deferred Pay or Gratuity.....                                                          |          |          |          |
|      |                                                  |          |          |          | Balance due to the Paymaster.....                                                      | <b>1</b> | <b>2</b> |          |
|      |                                                  | <b>£</b> | <b>1</b> | <b>2</b> |                                                                                        | <b>£</b> | <b>1</b> | <b>2</b> |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(a)</sup>

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 .



\_\_\_\_\_  
 Paymaster.  
 PAYMASTER & OFFICER I/C RECORDS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wilfred Ades, Regl. No. 1615

hereby agree, until further notification by me and in similar official form to make an Allotment of Seventy Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz. :

| Identity Certificate             | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS     | AMOUNT (each person) |
|----------------------------------|-----------------------------------------------|----------------|-------------|----------------------|
| 1                                | Father                                        | Lemuel Ades    | Adaviton    |                      |
| 3                                |                                               |                | Trinity Bay |                      |
| 4                                |                                               |                |             |                      |
| 9                                |                                               |                |             |                      |
| Commencing June 12 <sup>th</sup> |                                               |                |             |                      |
| Total Allotment, £               |                                               |                |             |                      |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) \_\_\_\_\_

Officer Commanding Company

St Johns  
June 12<sup>th</sup>  
191

(Sig.) Wilfred Ades

(Rank) Private

aday. W.

1615

Pay Dent





# 1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO  
"PAYDEPT."  
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE  
ADDRESSED TO THE  
PAYMASTER

## PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND,

..... 191

Account of Pte. Wilfred Adey, Regtl No. 1615

From March 31st. 1916 to April 30th. 1916

|                                 |              |       |
|---------------------------------|--------------|-------|
| Pay 30 days at 1.10             | 33.00        |       |
| Subsistence Allowance at 50     | <u>15.00</u> | 48.00 |
| Payments .-                     |              |       |
| April 19th. 1916                | 15.00 -      |       |
| Balance due at April 30th. 1916 | 33.00        | 48.00 |



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

May 13th, 1918.

From Officer Commanding Companies,  
Depot.

To Paymaster and Officer i/c Records,  
Dept. of Militia.

Re #1614 Pte. W. H. Adey.

The above mentioned man was sent to you for discharge today. His account has been squared up to and including today. He has an allotment current of 70cents per day.

*[Handwritten signature]*

*[Handwritten signature]*  
Ass't Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.

**PAY LIST.**

to 31st March

1918 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 2/1st Newfoundland

No. 1615 Rank Private Name W. Adey

Died (a) at on the of 191 .  
 Embarked s.s. Scandinavian on the 4th of April 1918  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.]

| Date | Dr.                                              | £ | s. | d. | Cr.                                                                                    | £ | s. | d. |
|------|--------------------------------------------------|---|----|----|----------------------------------------------------------------------------------------|---|----|----|
|      | Balance Dr. last month.....                      |   |    |    | Balance Cr. last month.....                                                            |   |    |    |
|      | Cash issues<br>(Date of each issue to be stated) |   |    |    | Pay days at from to                                                                    |   |    |    |
|      |                                                  | £ | s. | d. | Proficiency, Service or good conduct pay                                               |   |    |    |
|      | 191                                              |   |    |    | days at from to                                                                        |   |    |    |
|      | "                                                |   |    |    | Messing allowance days at                                                              |   |    |    |
|      | "                                                |   |    |    | from to                                                                                |   |    |    |
|      | "                                                |   |    |    | Clothing and kit allowance .....                                                       |   |    |    |
|      | Clothing not charged<br>Feb. 18th                |   | 1  | 2  | Amount produced by the sale of Necessaries                                             |   |    |    |
|      | Consolidated stoppage .....                      |   |    |    | Personal Clothing and Effects from Form 2...                                           |   |    |    |
|      | Balance due by the Paymaster                     |   |    |    | Amount of Savings Bank balance, including<br>interest (if no balance, to be so stated) |   |    |    |
|      |                                                  |   |    |    | Deferred Pay or Gratuity.....                                                          |   |    |    |
|      |                                                  |   |    |    | Balance due to the Paymaster.....                                                      |   | 1  | 2  |
|      |                                                  | £ | 1  | 2  |                                                                                        | £ | 1  | 2  |

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is correctly chargeable against the Public.

Dated at  
this

day of

31 AUG 1918

1918

for F. H. Marshall Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

**PAY LIST.**

to

**191 . Voucher No.**

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *21 Newfoundland Regt*  
 No. *1615* Rank *Private* Name *Adey W*  
 Died<sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular

*Chas. N. Ayle Cpt.* { *Commanding Squadron, Troop, Battery or Company.*

**STATEMENT OF ACCOUNT.**

[Form 1.]

| Date | Dr.                                                        | £          | s.          | d.        | Cr.                                                                                    | £        | s.          | d.       |
|------|------------------------------------------------------------|------------|-------------|-----------|----------------------------------------------------------------------------------------|----------|-------------|----------|
|      | Balance Dr. last month .....                               |            |             |           | Balance Cr. last month .....                                                           |          |             |          |
|      | Cash issues<br>(Date of each issue to be stated)           |            |             |           | Pay 13 days at <i>100</i> from <i>18/3</i> to <i>30/3</i>                              | <i>2</i> | <i>13</i>   | <i>5</i> |
|      | £ s. d.                                                    |            |             |           | Proficiency, Service or good conduct pay                                               |          |             |          |
|      | <i>March 25/16</i> <i>191</i>                              | <i>100</i> | <i>10</i>   | <i>0</i>  | days at _____ from _____ to _____                                                      |          |             |          |
|      | <i>March 27/16</i>                                         | <i>114</i> | <i>11</i>   | <i>4</i>  | <i>Field</i><br>Messing allowance 13 days at <i>104</i>                                |          |             |          |
|      |                                                            |            |             |           | from <i>18/3</i> to <i>30/3</i> .....                                                  | <i>5</i> | <i>4</i>    |          |
|      |                                                            |            | <i>10</i>   | <i>0</i>  | Clothing and kit allowance .....                                                       |          |             |          |
|      |                                                            |            | <i>1</i>    | <i>14</i> | Amount produced by the sale of Necessaries                                             |          |             |          |
|      | <i>Allotment 13 days at</i><br>Consolidated stoppage ..... | <i>70</i>  | <i>1</i>    | <i>17</i> | Personal Clothing and Effects from Form 2...                                           |          |             |          |
|      |                                                            |            |             |           | Amount of Savings Bank balance, including<br>interest (if no balance, to be so stated) |          |             |          |
|      |                                                            |            |             |           | Deferred Pay or Gratuity .....                                                         |          |             |          |
|      | Balance due by the Paymaster                               |            |             |           | Balance due to the Paymaster .....                                                     |          |             |          |
|      |                                                            | <i>£</i>   | <i>2189</i> |           |                                                                                        | <i>£</i> | <i>2189</i> |          |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 . \_\_\_\_\_ Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wilfred Adey, Regl. No. 1615  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Seventy Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

| Identity Certificate No.         | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS     | AMOUNT (each person) |
|----------------------------------|-----------------------------------------------|----------------|-------------|----------------------|
| 1                                | Father                                        | Lemuel Adey    | Aduiton     | 70                   |
| 3                                |                                               |                | Trinity Bay |                      |
| 4                                |                                               |                |             |                      |
| 8                                |                                               |                |             |                      |
| Commencing June 12 <sup>th</sup> |                                               |                |             |                      |
| Total Allotment, \$              |                                               |                |             |                      |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) .....

Officer Commanding  
 Company

*St Johns*  
*June 12<sup>th</sup>*

191

(Sig.) Wilfred Adey.

(Rank) Private

STATEMENT OF ACCOUNT

No. 1615

Name Adey Wilfred

Julies 31-1915-1917 & Feb. 26  
39 1/2

| Date.    | Particulars                                          | Ch. No. | Dr.   | Cr.    | Balance      |
|----------|------------------------------------------------------|---------|-------|--------|--------------|
| April 15 | By pay to date @ 1 1/2                               |         |       | 19 80  | 19 80        |
| 30       | 12 days @ 1 50                                       |         |       | 18 00  | 37 80        |
|          | Bonus                                                |         |       | 11 20  | 49 00        |
|          | Clothing                                             |         |       | 25 00  | 74 00        |
| March 31 | Acc due R.M.<br>£ - 1/4 <sup>d</sup> .               |         | 28    |        | 73 72        |
| April 19 | To Pay                                               |         | 15 00 |        | 58 72        |
| May 8.   |                                                      | 126     | 33 00 |        | 25 72        |
| 1917     |                                                      |         |       |        |              |
| March 15 | Acc due on discharge                                 | 14a     | 25 72 |        | <del>0</del> |
|          | War Service Gratuity<br>Clothing 54 70 <sup>00</sup> |         |       | 350 00 | 350 00       |
|          | Bonus                                                |         | 12 95 | 350 00 | 375 00       |
|          | Over or Allowance<br>7/6                             |         | 60    |        | 392 05       |
| Jan'y 13 | To Pay                                               | 8214    | 86 55 |        | 391 45       |
| Mar 1.   | To Pay                                               | 10403   | 70 00 |        | 224 90       |
| 15       | " "                                                  |         |       |        | 294 90       |
| April 1  | " "                                                  |         | 35 00 |        | 179 90       |
|          | " "                                                  | 13878   | 70 00 |        | 109 90       |
| May 1    | " "                                                  | 17463   | 70 00 |        | 39 90        |
| June 1   | " "                                                  | 21212.  | 39 90 |        | <del>0</del> |

4459 00 4459 00 — 0

Signed A. J. Evans J. S. M.

April 7th.1917

Mr. Wilfred Adey,

Adeyton, T.B.

Dear Sir:-

I enclose cheque for \$25.72, being the balance due to you at the date of your discharge.

Kindly sign and return the enclosed voucher, in the space provided for signature, and oblige.

Yours truly,

1615  
Lt.  
Deputy Paymaster

Adeyton, J. B.  
Oct. 20<sup>th</sup> 1917.

P. J. McGrath Esq.,  
St. Johns.

Dear Sir:-

A few days ago I received from you a cheque for \$6. Cheque in question reads in favor of "Frank" Adey. An envelope containing same was addressed to me viz. "Wilfred" Adey, will you kindly advise if this cheque was forwarded to me in error or if it should read in my favor.



An early reply will  
oblige.

Yours faithfully,

1/15

Wilfred Adey.

Cheque drawn in favour  
of Frank Adey  
Should have been addressed

Clareville  
I.R.

---

No. ....



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1615 Pte. Wilfred Adey Voucher No. 28842. Cheque No. 28842,

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entry: Mar. 14 330 Balance due when discharged \$25 72

CERTIFICATION

Dissect<sup>n</sup> Sheet No. ....

Recap. Sheet No. 330.

Signature of Paymaster

PAYMASTER

Checked by .....

RECEIPT

March 14th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Twenty Five Dollars and Seventy Two Cents in Payment as above stated.

Signature: April 9 March 1917.

\$ 25.72

[Sig.] Wilfred. Adey.

No. ....



## 1ST NEWFOUNDLAND REGIMENT

### VOUCHER

In Acct. with Pte. Wilfred Adey

Voucher No. 21078

Cheque No. 21078

Reg'l A/c No. ....

Name .....

C.B. Folio No. ....

| Date    | Req'n No. | Invoice No. | Particulars.                       | Amount   |
|---------|-----------|-------------|------------------------------------|----------|
| May 8th |           |             | Balance due. <i>to apr. 30/16.</i> | \$ 33.00 |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
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|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    |          |
|         |           |             |                                    | \$ 33.00 |

**CERTIFICATION**

*W. Bowley*  
PAYMASTER

Dissect<sup>m</sup> Sheet No. ....

Recap. Sheet No. 96

Checked by .....

**RECEIPT**

May 8th, 1916

**Received** from the 1st. NEWFOUNDLAND REGIMENT the sum of  
Thirty Three ..... Dollars

and ..... Cents in Payment as above stated.

May 1916

\$ 33.00

[Sig.] *Wilfred Adey*

Jensen Camp

Jan 2/18.

TO Lieut. H. Maddick:-

Sir:-

Please deliver bearer ( J. Evans) bonus money  
of three montas pay, due me on discharge.

Wishing you

"A Happy & Prosperous New Year",

I Beg,

To remain

Your Most Obedient Servant

1615 Wilfred. Adey

Frederic. Jones

Jensen Camp,

Mar, 18/19

4577

Capt. M.J Howley.

Dear Sir.

Having been discharged since 1916. and not received the balance of my clothing allowance I should be pleased to receive same at your most convenient opportunity, Hoping this may meet with your entire satisfaction,

I am

Your obedient servant

1615. *Wilfred A. Odey*

March 31, 1919

#1315, Pte. W. Aday,  
Fensen Camp,  
Blackmarsh Road.

I enclose herewith cheque for \$10.00, being  
difference in Clothing Allowance, due you.

Capt.  
Paymaster.

*F. C. S.*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 87 <sup>12</sup>/<sub>100</sub>

Jan 6 1918

Received from the First Newfoundland Regiment  
the sum of Eighty Seven <sup>12</sup>/<sub>100</sub> Dollars.

~~Amount~~  
balance of Pay. R.D.C.

Joseph Evans

|               |               |
|---------------|---------------|
| Ch. No. 7952  | Initials EW.  |
| Pay Ledger 75 | Initials aux. |
| Gen. Ledger   | Initials      |

Regtl. No. 2793  
Bank Included

No. 1615

Rank

06

Name

Adey W<sup>cm</sup>



DEPARTMENT OF MILITIA  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ ~~10.00~~

Mar 20 1919

Received from the First Newfoundland Regiment  
the sum of ~~Ten~~ <sup>Ten</sup> Dollars.  
on account of Pay. Clothing  
balance

|                |             |
|----------------|-------------|
| Ch. No. 13048  | Initials Ew |
| Pay Ledger 408 | Initials Ew |
| Gen. Ledger    | Initials    |

Regtl. No.

Rank

A. C. J.

No. 1615, Rank Pt

Name Adey W. M.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

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Forms  
B. 121.  
32.

Number of Sheet 1

Regiment of 1st Newfoundland

Signature of O. C. Company S.C. Norris, 2/Lt.

|                            |                         |                              |                                                        |                                 |                                                     |
|----------------------------|-------------------------|------------------------------|--------------------------------------------------------|---------------------------------|-----------------------------------------------------|
| Regimental Number and Name |                         | Enlistment                   |                                                        | Trade                           | Good Conduct Badges, Service Pay or Proficiency Pay |
| No.                        | Adey, Wilfred           | Age on                       | 19 years months                                        | Fisherman                       |                                                     |
| <u>1615</u>                |                         | Place and Date of Enlistment | <u>St. John's. NF</u><br><u>5/6/15</u>                 | Religion<br>Methodist           |                                                     |
| Joined _____ Date _____    | Joined _____ Date _____ | Period of                    | { with Colours     years.<br>{ with Reserve     years. | Place of Birth<br>Adeyton, T.B. |                                                     |
| Joined _____ Date _____    | Joined _____ Date _____ |                              |                                                        |                                 |                                                     |

| Place | Date of Offence | Rank | Cases of Drunkenness. | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|-----------------------|---------|--------------------|--------------------|-------------------------------------------------|-----------------|---------|
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Army Form B. 121.

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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.*

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Fold Here

OCT 11

1921.

The accompanying ~~Victory Medal~~ and/or **British War Medal**

is/are forwarded herewith to

Wilfred Adey

in respect of his service as No. 1615 Rank Pte.

Name W. Adey

Royal Nfld. Regt.

~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

Wilfred Adey

Signature

Date

Oct - 14<sup>th</sup> / 21

Address

Panatorium

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

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Forms B. 121. 39.

Number of Sheet 1  
 Signature of O. C. Company Serous et.

Regiment of 1st. Newfoundland

| Regimental Number and Name          | Enlistment                                                             | Trade                               | Good Conduct Badges, Service Pay or Proficiency Pay |  |
|-------------------------------------|------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|--|
| No. <u>1615</u> <u>Adey Wilfred</u> | Age on <u>19</u> years <u></u> months                                  | <u>Fisherman</u>                    |                                                     |  |
| Joined <u></u> Date <u></u>         | Place and Date of Enlistment) <u>St. John's Nfld.</u>                  | Religion <u>Methodist</u>           |                                                     |  |
| Joined <u></u> Date <u></u>         | Period of { with Colours <u>330</u> days<br>with Reserve <u></u> years | Place of Birth <u>Adeyton. N.B.</u> |                                                     |  |
| Joined <u></u> Date <u></u>         |                                                                        |                                     |                                                     |  |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE                             | Names of Witnesses | Punishment awarded | Date of award or of order depending with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|-------------------------------------|--------------------|--------------------|------------------------------------------------|-----------------|---------|
|       |                 |      |                      | Medically Unfit 30 <sup>th</sup> 16 |                    |                    |                                                |                 |         |
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To be carried over

COPY SENT TO

Adey

Letter Memorandum No. \_\_\_\_\_

Dated APR 5 - 1916

Army Form B. 121.