



FIRST NEWFOUNDLAND REGIMENT

With

ATTESTATION OF

No. *3139*

Name *William Anthony* Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? *William Anthony*
- 2. What is your full Address? *Selham Ave. Cape, Iago Islet*
- 3. Are you a British Subject? *yes*
- 4. What is your age? *23* Years *1* Months
- 5. What is your Trade or Calling? *fisherman*
- 6. Are you Married? *no*
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? *no*
- 8. Are you willing to be vaccinated or re-vaccinated? *yes*
- 9. Are you willing to be enlisted for General Service? *yes*
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... } Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? *yes*

FOR THE DURATION OF THE WAR

William Anthony do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Anthony SIGNATURE OF RECRUIT.
McNair Signature of Witness.

Sept 7/16

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

William Anthony do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this *9* day of *Oct* 191*6*
Signature of Attesting Officer *St. John Capt*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.

Date 191
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz.—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Charles Hickey
 Apparent age 22 years 1 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 42 1/2 inches
 Range of expansion 6 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Samuel Hickey
Seldom-Come-by | Relationship father

Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ (" ") _____ " _____ "									

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3139

Name Wm Charles Anthony Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? Wm Charles Anthony
- 2. What is your full Address? Seldom Lane, St. John's, Nfld.
- 3. Are you a British Subject? Yes
- 4. What is your age? 23 Years 1 Month
- 5. What is your Trade or Calling? Fisherman
- 6. Are you Married? No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
- 8. Are you willing to be vaccinated or re-vaccinated? Yes
- 9. Are you willing to be enlisted for General Service? Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } Yes

I, Wm C. Anthony do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William C. Anthony SIGNATURE OF RECRUIT.

A. N. Oliver Signature of Witness.

5 Oct 7/16.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm C. Anthony do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 9 day of Oct 1916

Signature of Attesting Officer

Capt.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st

If enlisted by special authority, such will be attached to the original attestation.

Date 191

Place

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Wm. Chas. Anthony*

aged *27 yrs.* conducted at

Date: *Oct 7/16* Recruiting Officer:

NO OF TEST FINDING

1 no
2 no
3 no
4 no
5 no
6 no
7 *Yes.*
8 *Yes.*
9 no no ✓

3139

10 n
11 n
12 n
13 *Teeth to be attended to*
14 *Teeth slightly enlarged.*
15 n
16 n
17 n
18 n
19 *9 aft. 6 right.*
20 n
21 n
22 n
23 n
24 n
25 n
26 n
27 n
28 n
29 n
30 n
31 n
32 n

No report. Oct. 7/16/16.

33 *None*
34 *5' 8"*
35 *169 lbs*
36 *26 + 1/2*
37 *400 y.*
38 *None.*
39 *None.*

Sellow come by - Samuel Anthony

Del. Sept 13

Signature of Medical Examiner:

*Dev. Borden
Lieut*

C.R. 3139

Extract from Dasualties.....List No.H.A.35552

27/3/19

3139 Pte. W. Anthony

Dis. to Camp adjutant Ex.1. sSty. H. Rouen Mar.20th,1919.

V.D. G

C.R. 3139

Extract from War Office List NO.H.A. 358~~4~~.46

Admitted 1 Stationary Hospital Roue n 8th. April 1919.

3139 Pte. W. Anthony.

V.D.G.,

C.R. 3139

Extract from Daily Orders Part II Unit The Royal Newfoundland Regt.
St. John's, July 3rd 1919.

3139 Pte. W. Anthony.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 3139

Extract from Daily Orders Part II "In The Field" Unit
the Royal WFLA. Regt. 21-3-19.

Adm. Hosp. Venereal 29-1-19 Dis. 20-3-19.

3139 Pte. W. Anthony.

C.R. 3139

Extract from Daily Orders by Lt.Col. B.J. Burton, D.S.O.
Commanding 2nd Bn. Royal Rifles, Regt. 2-6-19.

The following having reported from the 1st Bn. is taken on the
strength and posted to "C" Company as from 1-6-19.

3139 Pte. W. Anthony.

C.R. 3139

Extract from Daily Orders Part 11 Unit The Royal Nfls.
Regt. St. John's July 10th, 1919

The discharge of the undernoted on demobilisation has
been APPROVED BY O.C. Discharge Depot with effect from
19-7-19.

3139 Pte. WM. Anthony.

C.R. 3139

Extract from W. O. List No. H. A. 36517.

Dis. to Camp Adj. Bruyeres Camp ex I Sty.H. 22 May 1919.

3139 Pte. W. Anthony.....1st.Nfld. R.....V.D.G,

C.R. 3139

Extract from Daily orders part II Royal New Zealand Regt.
Depot at. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/o Records from noted date
4-8-19.

3139, Pte. Wm. Anthony.

C.R. 3139

Extract from list of sick and wounded N.C.O's and men of the
Expeditionary Force - Frame dated Nov.28th 1918. List.No.
H.A. 32010.

3139 Pte. Anthony, W.

Influenza..... Dis.to 5 Rest Camp St.Martins ex 10 Con.Dep.23th Nov'18

C.R. 3139

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

D U B L I N RECORD OFFICE

No. H.A. 31803



ADM 10 CON DEP ECAULT 9 NOV'18

398303 Pte Noon G.....246 ABC att 95 SBAC x 8 Dub Fus. Tonsillitis Stt.

ADM BY (NEW DISEASE SUPERVENING) 10 CON DEP ECAULT 9 NOV'18

18728 L/C Brown W.E.....1 R. Dub Fus.....P.U.O.

DIS TO 5 BEST CAMP ST MARTINS BOULOGNE EX 10 CON DEP 9 NOV'18

723 Pte Bennett J.....	12 R. Ir Rifles.....	GSW Finger.
10525 Pte Cassels P.....	2/6 R. Ir Fus.....	Bronchitis.
7331 Pte Creelman G.....	1 R. Ir Rifles.....	GSW viii(1).
26395 Pte Kane C.....	1 Dub Fus.....	Sciatica.
22538 Pte Keir J.A.L.....	1 Rl. Ir. Rifles.....	P.U.O.
48384 Pte Donachie J.....	7/8 R. Inns. Fus.....	Septic Hand.
29257 Pte Taylor W.G.....	9 R. In Fus.....	Gas Shell.
17675 Pte Patton W.....	4 Rl. Inns Fus.....	SW R. Btck.
19374 Pte Goodwin F.....	1 R. Dub Fus.....	GSW Shldr L.
45117 L/C Matthews R.....	2 R. In Fus.....	Myalgia.
9097 Pte Condell J.....	1 R. Irish Rifles.....	SW F & L.
49470 L/C Barker R.....	1 R. Ir Fus.....	GSW Brk L.

17776

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 31803

ADM 10 CON DEP ECAULT 9 NOV'18

3139 Pte Anthony W.....1 R. Newfoundlands.....Influenza.



C.R. 3139

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

MILITARY POLICE - CANTERBURY.

LIST No. H.A. 26234.

18102 Pte. Speight, E. 2-Coun. of London. N.A.D. Yeom.

Dis: to Duty ex 51 Gen: H. Etaples. 10th. July' 18.

MILITARY POLICE - ALDERSHOT.

LIST No. H.A. 26234.

8559 Pte. Woodhall, T. 1-Scots. Rfls. att. Bronchitis. N.V. M.F.P.

Dis: to Duty ex 51 Gen: H. Etaples. 10th. July' 18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No. H.A. 26234.

3139 Pte. Anthony, W. R. Newfndld. V.D.G.

Dis: to Duty ex 51 Gen: H. Etaples. 10th. July' 18.

1ST. LIFE GUARDS - HYDE PARK.

LIST No. H.A. 26234.

2782 Tpr. Askey, F. 1-Life Gds. MG. Bn. ?Pulm. Tuberculosis. Sev. Adm: 83 Gen: H. Boulogne.

10th. July' 18.

No. 1 RECORD OFFICE - HOUNSLOW.

LIST No. H.A. 26234.

14455 Pte. Kenderdine, A. 7-Cyclist. Corps. V.D.G.
35277 " Beton, J. 1/8-Middlesex. Debility. Sev.
15532 " Newton, H.S. 1-S. Surreys. Periostitis. Mild.

Dis: to Duty ex 51 Gen: H. Etaples. 10th. July' 18.
Adm: 83 Gen: H. Boulogne. 10th. July' 18.
Adm: 54 Gen: H. Boulogne. 11th. July' 18.

No. TWO RECORD OFFICE - HOUNSLOW.

LIST No. H.A. 26234.

3162 Pte. Stevens, W.G. 9-R. Sussex. Influenza. Diarrh. Mild.
25360 " King, O. 1-R. W. Kents. D.A.H. Mild.
35566 Cpl. Symonds, A.J. 17-Garr. Bttn. R. P.U.O. " Suss.

Adm: 54 Gen: H. Boulogne. 11th. July' 18.
Adm: 54 Gen: H. Boulogne. 11th. July' 18.
Adm: 54 Gen: H. Boulogne. 11th. July' 18.

1493A



C.R. 313.9

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

RECORD OFFICE.

LIST.No.H.A. 24425.

8988 Pte.O.Callighan,G. 1st R.Muns.Fus. Gastric Ulcer.Sev. DIED. in 18 Gen.H.Dannes Camiers.11.P.M. 3.June'18.

D U B L I N - RECORD OFFICE.

LIST.No.H.A. 24425.

13808 L/C.Anderson,T.S. 1st.R.Dub.Fus. GSW. Thigh.L. Mild. Adm. 53 Gen.H.Boulogne. Base. 3rd June. 1918.
41049 Pte.Murphy,C. 1st do. GSW. Shldr.R.Back.Mld.Adm. 53 Gen.H.Boulogne. Base. 3rd June. 1918.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST.No.H.A. 24425.

3139 Pte.Anthony,W. 1.Newfoundland. V. D. G. Mild. Adm. 51 Gen.H. Etaples. 2nd June. 1918.

1283A
J

C.R. 3139

Extract from War Office List No. H.A. 31274

ADM. 1. CON. DEO. BOULOGNE & NOV. 1918.

#3139 Pte. W. Anthony.

C.R. 3139

WOUNDED & SICK H.C.O'S & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

ARTILLERY - ROYAL GARRISON.

ADMITTED 5 GEN H. ROUEN 26 OCT. 18.

LIST NO H.A. 30991.

115754	Gnr. Bond P.	RGA. 233/Sge.Bty.	Gas Shell W. Sev.
198610	Gnr. Parry W.R.	RGA. 228/Sge.Bty.	Gas Shell W. Sev.
371249	Sjt. Nicholls H.	RGA. 114 Sge.Bty.	Laryngitis Mild.
159939	Sgr. Seeley J.H.	RGA. 233/Sge.Bty.	Gas Shell W. Sev.
179689	Gnr. Clarke R.	RGA. 233/Sge.Bty.	Gas Shell W. Sev.
105782	Gnr. Andrews E.	RGA. 233/Sge.Bty.	Gas Shell W. Sev.
138625	Gnr. McDonald W.T.	-do-	-do-
113790	Gnr. Hill A.	RGA. 137/Sge.Bty.	Influenza. Mild.
393055	Bdr. Cole L.	RGA. HQ/47 Bde.	Influenza. Mild.
107306	Gnr. Barmfield J.	RGA. 230 Sge.Bty.	Influenza. Sev.
63949	Gnr. Spinks J.P.	RGA. 124/Sge.Bty.	NYD. Sick. Mild.
5901A	Gnr. McGhie R.	RGA. 236/Sge.Bty.	GW Abdomen Sev.
392473	Cpl. Kelly T.	RGA. 133/Hvy.Bty.	GW Thigh R. Mild.
32443	Sjt. Sanders A.J.	RGA. 233/Sge.Bty.	Gas Shell W. Sev.
48984	Gnr. Carling B.	RGA. 146/Sge.Bty.	Gas Shell W Sev.
77239	Gnr. Williams E.	RGA. 146/Sge.Bty.	Gas Shell W. Sev.
97077	Gnr. Pryor W.R.	RGA. 312/Sge.Bty.	Influenza. Sev.
168663	Gnr. Fowler E.G.	RGA. 225/Sge.Bty.	NYD. Sick. Mild.
600970	Gnr. Warburton A.	RGA. 228/Sge.Bty.	GW Thigh R. Sev.
292265	Pte. Holmes R.	RGA. 133/Hvy.Bty.	P.O.U.O. Mild.
65086	Gnr. Ferguson J.	RGA. 133/Hvy.Bty.	P.O.U.O. Mild.
206965	Gnr. Dixon W.A.	RGA. 163/Sge.Bty.2	Diarrhoea. Mild.
291478	Cpl. Nixey A.	RGA. 128 Hvy.Bty.	Peoriasis.
38392	Sjt. Gray G.R.	RGA. 294 Sge.Bty.	Pyorrhoea.
143015	Pte. Gray W.	RGA.att. RAP. 9 Sqd.	Bron.Pneumonia.....DIED in 5 GEN.H. Rouen 26 Oct.18.
99343	Gnr. Riggs W.	RGA. 296 Sge.Bty.	-do- .....DIED in 5 Gen.H. Rouen 26 Oct.18.

Handwritten signature/initials

NEWFOUNDLAND EXPEDITIONARY FORCE.

ADMITTED 13 (HARVARD USA) GEN.H. BOULOGNE 28 OCT. 18.

LIST NO H.A. 30991.

3139	Pte. Anthony W.	1/P. Harland	Influenza. Mild.
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NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated December 26, 1917.*To* Mr. Samuel Anthony,

Seldom Come By.

Have pleasure in informing you Record Office, London , today reports that No. 3139, Private William C. Anthony, who was previously reported missing, has been reported by Officer Commanding First Battalion as not missing.

R.A. SQUIRES

Colonial Secretary

C.R. 3139

Extract of Casualty list received December 26th, 1917.

#3139 Pte. William C. Anthony.

Previously reported Missing, now reported by Officer
Commanding 1st Battalion not Missing.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission ; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated December 21, 1917.

To Mr. Samuel Anthony,

Seldom Come By.

Regret to inform you that Record Office London, officially reports No. 3139, Private William C. Anthony, missing November twentieth

Upon receipt of further information I shall immediately wire you.

J. R. BENNETT R.A. SQUIRES
Colonial Secretary.

C.R. 3139

Extract of Casualty list received December 21st, 1917.

#3139 Pte. William C. Anthony.

Missing November 20th.

C.R.

3139.

Extract of Casualties received from pay & Record
Office, London, dated December 20, 1917.

#3139 Pte. W. Anthony. ✓

AMENDED. Cancel prev. report. of Missing in C. 1412

Now reported serving with Battalion 30/11/17 Authy:- O.C.

Unit d. 9/10/17.

C.F. 3139

Extract of Casualties received from Pay & Record
Office, London, dated December 16, 1917.

#3139 Pte. W. Anthony. ✓

Missing 20/11/17.

C.R. 3139

Extract from Nominal Roll of Draft No. 25; Embarked Southampton 11/6/19
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.I.F.

3139 Pte. Anthony, W.G.

MP.

C.R. 3139

Extract from Nominal Roll Drafts Registered St. John's,
31/1/17 For S.S. "Orangutan" sailed Halifax 18/6/17.

3139 Pte. W. Anthony.

C.R.

3139

William C. Anthony

was attested for General Service

with the NEWFOUNDLAND REGIMENT on Oct. 7th 1916

Regimental No. 3139 was allotted to Pte.

W.C. Anthony.

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919.

W. B. Anthony

C.R. 3139

P.R.O.

Army Book 57.

C.R.
H. Bonnick

(Station)

London

(Date)

July 24 1919

RECEIVED of*

3139 Pt Anthony W

the sum of

Ten pounds

in respect of

Rehant in No 2nd C.

NEWFOUNDLAND CONTINGENT.

£ 10 : 0 : 0

R. B. Sampson

CHIEF PAYMASTER & OFFICER I/C RECORDS.

* Insert the designation of the Officer making the payment.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

- 1. Unit and Corps. *Royal Newfoundland Lt.* Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *312* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Anthony* *WC* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
- 5. Age last birthday *26*
- 6. Posted for duty on *Oct 2/14* at *St. Johns.*
in category (or grade).....
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. *nil.*
- 12. Place of origin of disability. *nil.*
- 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. *nil.*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | ..... | ..... |
| (ii.) Previous active service.. | ..... | ..... |
| (iii.) Climate in pre-war service | ..... | ..... |
| (iv.) Ordinary military service before the war | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability but has lost eighteen teeth during service

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *Extraction recommended*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W. S. Proctor. Capt RMC
 Medical Officer in charge of case.

Station *Hazley Down Camp*

Date *17/4/19*

* 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 the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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:

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

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

.....
-------	-------

23. Is the disability in a final stationary condition? If not

- (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.

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 disablement 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 Civilian 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)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

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

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?

Signatures:—

Station *Higley Sown Camp* } President or
 Date *11/16/19* } Chairman.
 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station }
 Date } Only applicable
 Officer in charge, Central Hospital. } in cases of
 Patients in
 Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station }
 Date } O.C. Discharge Centre.

No. 1272/51 *1272/51*

From: NEWFOUNDLAND

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Transport 58, Victoria Street,
London, S.W. 1.

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
NEWFOUNDLAND CONTINGENT,
58 VICTORIA STREET,
S.W. 1.
ENGLAND.

To: Officer Commanding,
Royal Newfoundland Regt.

B. E. F.

22nd January 1919

Subject: 3139, Pte. W. C. Anthony,

With reference to the following telegram (605) from the Hon. Minister of Militia, received

Pay to 3139 Anthony £5:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Chief Paymaster & O. i/c Records.

A. A. Minnett Maj.

10-4 1919

ANSWER.

3139 Pte W.C. Anthony

This man wishes this amount retained to credit of his account please

*Deposited
18/1/19
JWS*

pay

No. **22**
23

ANGLO-AMERICAN



WESTERN UNION

DIRECT UNITED STATES

CABLEGRAM

Prefix _____ Code _____		SENT		FOR STAMPS
WORDS	CHARGE	At _____	To _____ By _____	
10		VIA ANGLO.		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

14/1/19 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To SAMUEL ANTHONY
SELDOMCOMEBY (Newfoundland)

CABLE FIVE POUNDS THROUGH MILITIA

WM ANTHONY

charge a/c 2139. 10/-

CHECKED.
[Signature]
16/1/19

CHARGED
PAYLEDGER
Date: 16/1/19 by: *[Signature]*

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address 58 Victoria St. S.W. 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.

14032

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.



Officer Commanding,
1st Newfoundland Regt.
B. E. F.

Pay & Record Office,
20th December 1917.

Reference Reverse: Postal Draft
£1:0:0 is enclosed for payment to
this Soldier. Kindly obtain his
receipt hereon.

The Balance of £1:0:0 has been
placed to his Credit, No.2. account
(Trust Account) at the Bank of
Montreal.

F. H. Marshall
Major,
Chief Paymaster & O. i/c Records,

*Recd
Dec 28/17*

*Received the sum
of one pound.*

W. Anthony

Pay & R. Office

*Receipt above as
requested.*

28/12/17

*C. W. [unclear]
A.A. [unclear]
for [unclear]
[unclear]*

No. 12522/236

Bloy

NEWFOUNDLAND CONTINGENT

N.F.P./80.

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
1/1st Newfoundland Regt.
B. E. F.

20th. November 1917

12-12-17. 191

Subject: 3139. Pte. W. C. Anthony

ANSWER

With reference to the following telegram (6942) from the Hon. the Minister of Militia, received 18/11/17,-

Please remit £5 Pte Anthony 4838 and credit the remaining £15 to his account.

"Pay to 3139 Anthony £2.0.0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, or retained to credit of his account.

A. L. Hadow..

A. A. ...
Major,
Chief Paymaster & O. i/c Records.

COMD'G. T&L. NEWFOUNDLAND REGT. LIEUT. COL.

1272/51

Royal Newfoundland Regt.

B. E. F.

22nd January 9

3139, Pte. W. C. Anthony,

✓
605

Pay tp 3139 Anthony £5:0:0

Anthony W^o

3139

Ray Dept

August 11th 1919.

Mr. Wm. Anthony,
Seldom Come Bye.

Dear Sir:

In referring to your application, I enclose,
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war ser-
vice gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *William C.*..... 2. Surname..... *Anthony*.....
3. Rank..... *Private*..... 4. Regtl. No..... *3129*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Seldom - Come By*.....
6. Date of enlistment in the Regiment..... *9/10/16*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not Applicable.....
8. Relationship of such dependents.....
9. Address in full of such dependents..... *Not Applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not App*.....
11. Were you on active service only in Nfld, if so, give dates and particulars of such service.....
Overseas.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 years 301 days*.....
..... *1.3*.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not Applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

Not Applicable

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received or to which you are entitled.

Not Applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

No

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

Not Applicable

19. Are you now serving in the Regt.?

No

If not give:- (a) Date of discharge. *4/8/19* (b) Reason for discharge.

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France & Belgium from June 1st 1917 to June 14 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

Not Applicable

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

August 5th 1919.

#3139, Pte. Wm. Anthony.
Selden Come Eye, Fogo

Dear Sir:

Enclosed please find Discharge Certificate
3534.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3139 Rank Plc. Name Anthony W
 Intended place of residence Seldom come by Foggo
 2. Occupation Furberman
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 7 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 7 1919
 Signature of soldier W. Anthony
 Signature of witness J. A. [unclear] Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 7 1919
 Signature of soldier W. Anthony
 Signature of witness James O'Sullivan 581

STATEMENT OF SERVICE

7. Enlisted for service 7-10-16 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 103 1/2

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 21 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

15
20
31
31
28
31
30
31
20
31
4
7

ANS 2079/3534

The Royal Newfoundland Regiment

Class for Demobilization: F6

Report of Demobilization Travelling Board, held on soldier for discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14.7.19

Regimental No. 3139

Name Anthony D/m

Address Seldom - Come - Bay

Present Medical Category Ai

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board { R.H. East Major
O.C. Discharge Depot.
H. Paterson
Senior Medical Officer
J. W. Burden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5139 Rank pts Name Anthony Wm
 Date of Enlistment 7-10-16 Address St. Johns District St. J.
 Occupation Fisherman Classification for Discharge E Medical Category SH1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P|36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 4-7-19

O. C. Discharge Depot. St. Johns

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with. Also

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date 7-7-19

O i/c. Re-clothing. Alfred Louisa

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **R2193** to his home at **Seldombomeby** and Release Certificate No. **3228** issued

Date **7-7-19** *J.A. Snow Capt*
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 **4-8-19**

Date **7-7-19** *J.A. Snow Capt*
Depot Paymaster.

Discharge approved for **21-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date **7-7-19** *J.A. Snow Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUL 21 1919** *N.R. Cooper Capt*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

W. Anthony
Signature of Man.

Reg. No. 3139.

J. H. Snowless
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *7-7-19* 191

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

MEDICAL HISTORY

Surname Antchany OF Christian Name Wm Chas

Table I.—GENERAL TABLE



Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 7 day of Oct 1916 at St Johns Nfld		on _____ day of _____ 191____ at _____	
Declared Age	23 years 1 mo days		_____ years _____ days	
Trade or Occupation	fisherman		_____	
Height	5 feet 8 inches		_____ feet _____ inches	
Weight	169 lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... 42 1/2 inches		_____ inches	
	Range of Expansion ... 6 1/2 inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= 6/6	_____	R.E.—V= _____	_____
	L.E.—V= 6/9	_____	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)	Lamm Paterson		_____	
(Rank)	Major		_____	
Enlisted	at St Johns Nfld		at _____	
	on 7 day of Oct 1916		on _____ day of _____ 191____	
Joined on Enlistment	Corps.	31 Nfld	Corps.	_____
	Regtl. No.	3139	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(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
10-10-16	Vaccination <i>LD</i>
21-11-16	TAB <i>LD</i>
24-11-16	TAB <i>LD</i>
4-12-16	D. <i>LD</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category *LD*

4.7.19
Date of T.M.B.

[Signature]
Corporal

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
<i>Windsor (Rt.)</i>	<i>Jan 31</i>	<i>Feb 3/17</i>			
<i>Windsor (Rt.)</i>	<i>Feb 3/17</i>				



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 *William Anthony*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3/39*
Intended address *Seldon Come Bay*

Height on discharge *5* Feet *11*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Samuel*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Seldon Come Bay - 5th Aug. 1895*

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) *William Anthony*

PL
(Rank)

Station *Sergeant*

Date *4-7-19*

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.

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

Station _____ 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. (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..... *100th Hussars* } Former Trade } *Fisherman*
 or Occupation }
 2. Regtl. No. *3139* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Anthony W.C.* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday *26*
 6. Posted for duty on *Oct 7/16* at *St. Johns* in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service.. .. .
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

N.A.
U.D. G. cured
na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

lost eighteen teeth during service.
He complains of no disability, - but has

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?

na.
na.
Dentures recommended.
na.

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W.S. Procuier. Capt. R.M.C.
 Medical Officer in charge of case.

Station *Hazley Sown Camp*
 Date *11/6/19*

* 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

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?

If the Military Member is in disagreement with the Civilian 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?

Opinion of Military Member in case of disagreement.

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)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

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

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?

Signatures:—

Station *Hagley Sown Camp* } President or
 Date *11/4/19* } Chairman.
 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable
 Date } in cases of
 } Patients in
 } Hospitals.

Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Plc. Surname Anthony Christian Name William
 Religion Methodist Age on Enlistment 23 years 1 months
 Enlisted (a) 7-10-16 Terms of Service (b) Duration of War Service reckons from (a) 7-10-16
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 Occupation Fisherman or Corps Trade and Rate.....
 Signature of Officer J. E. Fox

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <u>Shampton</u>		<u>11.6.17</u>	
		Disembarked... <u>Rovers</u>		<u>12.6.17</u>	
	<u>WITE Bn</u>	<u>30-13-17. Joined Battalion</u>		<u>2 JUL 1917</u>	<u>B 213</u>
	<u>894 N</u>	<u>Ad. "Dysentery"</u>	<u>Field</u>	<u>17-2-18</u>	<u>Ed. 7964</u>
	<u>17 Cos</u>	<u>do</u>	<u>do</u>	<u>27-2-18</u>	<u>Ed. 8446</u>
	<u>51 Gen 1601</u>	<u>Dis to Duty V.D.G</u>	<u>51 Gen 1601</u>	<u>30/18</u>	<u>Ed. 1945</u>
<u>15.7.18</u>	<u>do.</u>	<u>Adm. Hospital 2/6/18 Dis. 10.7.18</u>	<u>Etaples</u>	<u>10.7.18</u>	<u>HA 16254</u>
<u>13.7.18</u>	<u>Oc. Pm</u>	<u>Joined from 1601</u>	<u>Field</u>	<u>14/7/18</u>	<u>B 213</u>
	<u>3 Coy 1601</u>	<u>Ad. "Dysentery"</u>	<u>"</u>	<u>27/10/18</u>	<u>Ed 8553</u>
	<u>13 Gen 1601</u>	<u>Ad. "Influenza"</u>	<u>Boalogue</u>	<u>28/10/18</u>	<u>HA 30991</u>
	<u>1 Coy</u>	<u>do</u>	<u>"</u>	<u>24/11/18</u>	<u>HA 31274</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 (6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4. (E. 888) [P.T.O.]

RECEIPT.

C.R. 3139

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 3139..NAME ^{Mr} W. C. Anthony

DATE Jan 22 1920

PLACE Seldons home Bay

Reg. No. 3130, Rank PL, Name Anthony, Wm

Attested Address Seldom Come Bye,

Allotment Allottee ..

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S S Castalundra Cause Discharge

4.7.19
24.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

The Royal Newfoundland Regiment

93139

DEMOBILIZATION OF

Reg. No. 3139 Rank pte Name Anthony Wm
 Date of Enlistment 7-10-16 Address St. John's District 700
 Occupation Fisherman Classification for Discharge Ex Medical Category SH1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P|36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....	1	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	1 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 4-7-19

O. C. Discharge Depot. *Wm H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. *W Anthony*

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *\$60.00*

(b) ~~Clothing~~ Supplied *Wm H. Loustak*

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2193 to his home at Seldom bomeby and Release Certificate No. 3228 issued.

Date 7-7-19

J.A. Knowlton
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 4-5-19

Date 7-7-19

Mrs. H.
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

N.P. Cooper Capt
O. C. Discharge Depot.

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

[Signature]

Date July 21 1919

Fold Here

Receipt at War medals

014

Received Oct 10 1921.

2139
Signature William L Anthony

Date Nov 6th 1921

Ch
Address 730 Victoria Road.

Whitney Pier

Sydney C.B.

[P.T.O.]