



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 64142 Name Arms Rudolf Corps Melth

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Rudolf Arms
- 2. What is your full Address? 2. St. James Hill Rd. St. John's
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years & 8 Months
- 5. What is your Trade or Calling? 5. Baker
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Yes
Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Rudolf Arms 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.

Rudolf Arms SIGNATURE OF RECRUIT.
George Lantry Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Rudolf Arms 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 15 day of April 1915

Signature of Attesting Officer George Lantry

†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 April 15 1915
Place St. John's } 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).....

Report 22 18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Rudolf am
 Apparent age 18 years 8 months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Baschael am
Sigmund Alström Relationship Mother
 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
 " " Pensions " " " " " " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4412 Name Arms Rudolf Corps Methu

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Rudolf arms
2. What is your full Address? 2. Signet Hill Pt. St. Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years & Months
5. What is your Trade or Calling? 5. Baker
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. y
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Rudolf arms 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.

15. 2. 16 Rudolf arms SIGNATURE OF RECRUIT.
George Lbarty Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Rudolf arms 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. Johns

on this 15 day of April 1916 & George Lbarty Magr.
Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the 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 April 15 1916 }
Place St. Johns } 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)

Report 22. 4. 18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Rudolf Arn
 Apparent age 18 years 6 months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Rachael. Arn
Signal Hill Rd. St. John's Relationship Mother
 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 L'opot	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 <u>15-4-18</u>									
Joined at <u>St. John's</u> on <u>April 15-1918</u>									
<u>Enrolled at John's Oct 9/1918</u>									
<u>To report for duty 22-4-1918</u>									
<u>Embarked at St. John's train to Halifax N.S. 11-6-18</u>									
<u>Boarded at Hazelton down camp</u>									
<u>To Newfoundland for Larkham</u>									
<u>Arrived Newfoundland 4-8-1918</u>									
<u>Discharged medically Sept 9¹⁰/18</u>									
<u>No Active Service!</u>									

Total Service towards Engagement to 9-10-1918 [date of discharge] 178 years 178 days
 " " Pensions " " " " " " " " " " " "

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Arms Christian Name Rudolph

TABLE V - GENERAL TABLE.

Birthplace ... Parish St Johns County Newfoundland

Examined ... { on 15th day of April 1918
 at St Johns

Declared Age ... 19 years ... days.

Trade or Occupation ... Baker

Height ... 5 feet, 8 1/2 inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded. 34 1/2 inches.
 Range of Expansion 2 1/2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
 Number 1 Scar

When Vaccinated ... 17 yrs ago

Vision ... { R.E. - V = 6/6
 L.E. - V = 6/10

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) (Sgd) Lamont Paterson
 (Rank) Major Medical Officer.

Enlisted ... { at St Johns
 on 15th day of April 1918

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	<u>4442.</u>

Became non-effective by

on _____ day of _____ 191
 (Signature) _____
 (Rank) _____

Hazelley Down Camp,
13/7/18

1. Royal Nfld. Regt.
2. 4442
3. Private
4. ARNS, RUDOLPH
5. 18
6. April 15th., 1918, at St. John's, Nfld.
7. Baker
8. EPILEPSY
9. ?
10. ?
11. He states: That while on board ship he was taken with a fit during which he was unconscious.
12. Aggravated by strain of military service
13. He was observed in a typical epileptic seizure by medical officer of H. M. S. Gloucestershire whose report is attached. He is therefore unfit for service in France.
14. N. A.
15. N. A.
16. N. A.
17. N. A.
18. N. A.
19. N. A.
20. DISCHARGE AS PERMANENTLY UNFIT FOR ACTIVE SERVICE

(Sgd) J. ST. P. K., Capt. R. A. M. C.

21. (3) Yes
(b) Strain of military service
22. ---
23. Yes
24. ---
25. 20%
26. ---
27. Yes
28. ---
29. ---
30. ---

(Sgd) N. S. FRASER
J. S. WAIT
J. G. DUNCAN

St. John's, Nfld.,
Sept. 25th., 1918

APPROVED (SGD) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *J. W. B.*



Duplicate

Medical Report on an Invalid.



Station Fozley Down Camp

Date 13-7-18

- 1. Unit
- 2. Regimental No. 4442
- 3. Rank Private
- 4. Name ARNS - RUDOLPH
- 5. Ago last birthday 18 years
- 6. Enlisted { on 15 April 1918
at St John's Newfoundland

- 7. Former Trade } Baker
or Occupation }
- 7A. If with previous service in Army, state--
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. } no

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Epilepsy

Statement of Case.

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

- 9. Date of origin of disability. ?
- 10. Place of origin of disability. ?
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that while on boat ship he was taken with a fit during which he was unconscious.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Aggravated by strain of military service

no

no

13. What is his present condition?

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

He was observed in a typical epileptic seizure by medical officer H.M.S. Gloucestershire whose report is attached. He is therefore unfit for service in France.

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

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

na

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

If so—(a) When?

(b) Where?

(c) Opinion?

na

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

na

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

na

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

na

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

na

20. Do you recommend—

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

Discharge as permanently unfit for active service

R. S. Capt. Rame.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

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

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

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

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

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

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

yes

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

Strain of military service

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

23. Is the disability permanent?

yes

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

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

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

20%

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

27. Do the Board recommend—

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

yes

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

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

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

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

Signatures:—

Station *St. John's*

Date *Sep 25/18*

[Signature] President.

John G. Duncan
[Signature] Members.

Approved.

Station

Date

Cluny Macpherson
Administrative Medical Officer.



Reg. No. 4442 Rank Pvt. Name Amos, R.

Attested 15.4.18. Address 9 Signal Hill Rd.

Allotment To Allottee Mrs Charles Baker (Mother)

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas 11-6-18 Cause _____

Report 22.4.18.
Dec 23/18 1st Jan 1919 13/18 2nd Dec 1918 3rd Dec 46/18

C.R. 4442

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt.)ct.12/18.

4442 Pte. R. Arns.

Having been found Medically Unfit is discharged from 9-10-18.

C.R. 4442

Extract from Medical Board held Sept. 25th, 1918.

4442 Pte. Arns R.

Recommended Discharge-- Permanently Unfit.

C.R. 4442

PRELIMINARY REPORT.

Extract from Medical Board held Sept. 16th, 1918.

4442 Pte. Arns, R.

Did not present himself.

C.R. 4442

PRELIMINARY REPORT.

Extract from Medical Board Held Sept. 14th, 1918.

4442 Pte. Arns, R.

Did not present himself.

C.D. 4442

Extract from Daily Orders part II, from Unit The Royal
Nfld. Regt. St. John's, dated August 5th, 1918.

The following man returned from Overseas and reported
at Depot August 4th.

#4442 Pte. R. Arns.

C.R. 4442

Extract from Daily Orders Part 11. from Unit^s The Royal Nfld.,
Regiment, St. John's, dated June 14th 1918.

4442 Pte. R.Arms.

Embarked ~~for~~ Overseas with draft 11-6-18

C.R.

4442

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16, 1918.

4442 Pte. R. Arns.

Attested for General Service with the Royal Newfoundland
Regiment, from 15/4/18. to report 22/4/18.

R. Adams

C.R. 4442

~~PAID~~

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. 4442 Army Rank Private

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

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. *Description at the time of discharge.*

Age 18 years _____ months
Height _____ feet _____ inches
Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.
Complexion _____
Eyes _____
Hair _____
Trade _____
Intended place of residence {
(To be given as fully as practicable)

Descriptive marks.

COPIES SENT		
To	No.	DATE
M. of M.	<u>12002/08</u>	<u>26 JUL 1916</u>
O.C. 1st. Bn.		
" 2nd. Bn.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :— _____

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

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

Medical Report on an Invalid.

Station Angle Down Camp.

Date 12-7-18

- | | |
|---|--|
| <p>1. Unit</p> <p>2. Regimental No. <u>4442</u></p> <p>3. Rank <u>Plt.</u></p> <p>4. Name <u>ARN S Rudolph.</u></p> <p>5. Age last birthday <u>18yoo.</u></p> <p>6. Enlisted { on <u>15 April 1918</u>
at <u>82 10th Cavalry Regt.</u></p> | <p>7. Former Trade } <u>Baker.</u>
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge. } <u>no.</u></p> |
|---|--|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to Form B. 179.)

Epilepsy.

RECEIVED		
To	No.	DATE
M. OF M.	<u>12009/18</u>	26 JUL 1918
O.C. 1ST. BN.		
.. 2ND BN.		

Statement of Case.

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

9. Date of origin of disability. ?
10. Place of origin of disability. ?
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Hea both that whilst on board ship he was taken with a fit, during which he was unconscious.

aggravated by shock of military service.

no.

no.

He was observed in a typical epileptic seizure by the medical officer of H.Q.S. Gloucestershire, whose report is attached. He is therefore unfit for service in France.

13. What is his present condition?

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

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

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

na.

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

If so—(a) When?

(b) Where?

(c) Opinion?

na.

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

na.

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

na.

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

na.

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

na.

20. Do you recommend—

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

Discharged as permanently unfit for active service.
D.O.K. / Cap. Bone.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

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

MEDICAL HISTORY

Surname Arns OF Christian Name Rudolph

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	15 th day of April 1918	St Johns	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Baker			
Height	5 feet 8 $\frac{1}{2}$ inches		feet	inches
Weight	140 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	34 $\frac{1}{2}$ inches		inches
	Range of Expansion	2 $\frac{1}{2}$ inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Area	1 Scar		
	Number	1770-290		
When Vaccinated				
Vision	R.E.—V=	6/6		
	L.E.—V=	6/10		
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. J. Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns	at		
	on 15 th day of April 1918	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal</u>	<u>14112</u>		
	<u>Afla Regt</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
	day of	191	on	day of
(Signature)				
[Rank]				

COPIES SENT		No.	DATE
R.E.—V=			
L.E.—V=			
N. OF M.			
O.C.	1st. Etl.	12017/108	26 JUL 1918
	2ND BN.		
	(a)		

FORM K

Nº 4223



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Rudolph Arns, Regl. No. 4442

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2990	mother	Mrs Charles (Rachel) Dahn	9 Signal Hill Road St Johns	
			Total Allotment, \$	<u>70</u>

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.) [Signature]
 Officer Commanding
[Signature] Company
may 23rd 1918

(S.) Rudolph Arns
 (Rank) Plt



FORM K

No 4223 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Rudolph Arns, Regl. No. 4442

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3990	mother	<u>Mrs Charles (Rachel) Dahn</u>	<u>9 Signal Hill Road St Johns</u>	
			Total Allotment, £	<u>70</u>

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.) James Leitch
Officer Commanding
St Johns Company
may 23rd 1918

(Sig.) Rudolph Arns
(Rank) Pte

July 6th, 1918.

To C. Troops,
H. M. S. GLOUCESTERSHIRE.

Reference Pte. Arns R. No. 4442 NPLD. Draft.

This man was found on deck July 2nd 1918 in a semi-comatose condition, and while under observation by the ship's Surgeon and myself was taken with a typical Epileptic seizure. Upon disembarkation would recommend the man being kept under constant observation until destination is reached where he should be brought before the M. O. in charge upon arrival.

Pte. Poole No. 4564 NPLD. Draft
as suffering from Lobar Pneumonia should be admitted to Hospital immediately the ship reaches port.

Pte. White S. No. 4728 NPLD. Draft diagnosed as Mumps will also be dealt with by the embarkation Medical authorities on arrival.

Wood

CAPT. G. A. M. C.

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.F./19, 28/5/17.

Regt No. 4442 Rank Sgt Name Arvo R. Unit Royal 7th L.I.D. who was transferred to St John's on 21/7/18 Authority _____ Cause Unfit

STATEMENT OF ACCOUNT

DR.

PARTICULARS		£	s	d	PARTICULARS		£	s	d
	Balance Dr. from				Balance Cr. from				
	Allotment 48 days @ 1/70 ^d	133	60	6 18 1	Pay 48 days @ \$ 100				
	Cash Payments:				Field Allow 48 days @ \$100 (4800)	152	80	110	17 0
	8/7/18 Casual Tax			1 0 0	Other Allowes days @ \$				
	12/7/18 1 st Tax of Cost.			1 0 0	Other Credits:				
	19/7/18 2 ^d			10 0					
	Other Debits:								
	Sundries								
	Laundry Cost			2 11					
				9 11 0	Total Credits			10	17 0
					Balance due to Paymaster				
				1 6 0					
				10 17 0					

PERIOD: FROM 16/6/18 TO 2/6/18

CHECKED
Balance due by Paymaster
S.

File

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

C Company
Hazelton Depot Camp July 22 1918.
(Place) (Date)

J. M. ...
O.C. "C" Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to 11 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

No. 11581/1150

NEWFOUNDLAND CONTINGENT
N.F.P. /79.
23 JUL 1918

048145
JPB

From:

NEWFOUNDLAND CONTINGENT

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

Officer Commanding,

2/Bn. Royal Nfld. Regiment,
Winchester.

18th, July 1918

July 20th 1918

Subject: 4442, Pte. R. Arns *C*

With reference to the following telegram (6427) from the Hon. Minister of Militia, received

"Pay to 4442 Arns £4. 0. 0

Draft £4. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. ...
Chief Paymaster & O. i/c Records.

Receipt hereunder.

W. L. ...
LIEUT. COLONEL.
COMMANDING ~~AND~~ IN ROYAL NEWFOUNDLAND REGT.
1st Bn. Royal Newfoundland Regiment

Received the sum of _____

_____ on account of
_____ cable remittance from Newfoundland.

R ARNS
No. 4442 Rank Pte

Witness
3061 Sgt. S. M. ...

Cross, R

4442

May 20th 1891

Copy

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No.	<u>4442</u>	Army Rank	<u>Private</u>
Name	<u>Amos. Rudolph</u>		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>		
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	<u>October 9th 1918</u>		
Place of discharge	<u>St John's. Nfld.</u>		
1.	Description at the time of discharge.		
Age	<u>19</u> years	<u>2</u> months	Descriptive marks.
Height	<u>5</u> feet	<u>8 1/2</u> inches	
Chest measure-ment	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	<u>fair</u>		
Eyes	<u>brown</u>		
Hair	<u>dark brown</u>		
Trade	<u>Baker.</u>		
Intended place of residence (To be given as fully as practicable)	<u>9. Signal Hill Rd. St John's.</u>		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2.	The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the by and date of the letter to be quoted.)			
To be filled in on the soldier quitting the Colours.	3.	Military character:— <u>V.C.</u>	
	4.	Character awarded in accordance with King's Regulations:—	
	_____		_____
	_____		_____
	_____		_____
Certified that the above is an accurate copy of the character given by me on Army Form B. 2607* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.
Army Form B. 2688 has been issued to*			

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) D. Johns _____ R. Adams (Signature of Soldier.)

(Date) 9/10/18 _____ Wheehury Corp (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

R. Arms

Witness W. Newbury *Col*



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 *Arms, Rudolph.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *21112.*
 Intended address *9 Signal Hill Rd St Johns*
 Height on discharge *5* Feet *8 1/2.*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father
 Christian name of Mother *Rachel*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth.
 Nature and locality of civil employment required *St Johns Aug 27/1899*

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) *Rudolph Arms*

(Rank) *PT*

Station *St Johns* Date *Sept 11/18.*

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.

W. Gordon

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

Station *St Johns* Date *Sept 11/18.*

ORIGINAL
LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.F./19, 26/5/17.

Regt No. 4442 Rank Pte Name Arms. A. Unit Royal Rifles who was Transferred
to St. Johns on 21/7/18 Authority _____ Cause Unfit.

STATEMENT OF ACCOUNT

DR.

CR.

	PARTICULARS					PARTICULARS				
	£	s	d	£	s	d	£	s	d	
Balance Dr. from							Balance Cr. from			
Allotment 48 days @ 70 ^c	133	60	16	18	1		Pay 48 days @ \$1 ⁰⁰ 48 ⁰⁰			
Cash Payments:							Field Allow 48 days @ \$10 ⁰⁰ /4 ⁵⁰	152	80	110
8/7/18 Casual pay			1	0	0		Other Allowes days @ \$			
12/7/18 1 st pay of Coy.			1	0	0		Other Credits:			
19/7/18 2 nd " " "				10	0					
Other Debits:										
Sundries										
Laundry etc.				2	11					
				19	11	0	Total Credits			110 17 1
IN DEBIT							Balance due to Paymaster			
Balance due by Paymaster				8	6	0				
				110	17	0				110 17 1

PERIOD: From 16/6/18 To 2/8/18

IN DEBIT
Balance due by Paymaster

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of C Company
Hazley Down Camp July 22nd 1918
(Place) (Date)

W. H. Emerson Coy
O.C. "C" Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to / /
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

OK
W.H.

DUPLICATE
LAST PAY CERTIFICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.F. 19, 26/5/17.

Regt No 4442 Rank Plt Name Arms Mcd Unit Royal Nfld who was transferred
to M. John's on 21/7/18 Authority _____ Cause Unfit

STATEMENT OF ACCOUNT

DR.

	PARTICULARS	£	s	d		PARTICULARS	£	s	d	CR.
PERIOD: From 16/6/18 To 2/8/18	Balance Br. from					Balance Cr. from				
	Allotment 48 days @ 1/70 ^c	133	60	6	18	1	Pay 48 days @ \$1.00 - 148 ⁰⁰			
	Cash Payments:					Field Allow 48 days @ \$10.48 ⁰⁰	152	80	10	17
	8/7/18 Casual pay			1	0	0	Other Allowes days @ \$			
	12/7/18 1st pay of Coy			1	0	0	Other Credits:			
	19/7/18 2 nd " " "				10	0				
	Other Debits:									
	Sundries					2	"			
	Laundry etc.									
					19	11	0	Total Credits		
Total Debits										17
Balance due by Paymaster			11	6	0	Balance due to Paymaster				
Total				110	17	0				110

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

C. Conroy
Hayley Down Camp July 22nd 1918
(Place) (Date)

W. M. Cameron Ltd
O.C. "C" Company

Made up/Checked in accordance with information received in the Pay & Record Office _____ to / /
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

FORM K

No. 4223



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Rudolph Arns, Regl. No. 4442

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3990	mother	Mrs Charles (Rachel) Dahn	9 Signal Hill Road St Johns	
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.) James Sicut
 Officer Commanding
St Johns Company
may 23rd 1918

(Sig.) Rudolph Arns
 (Rank) Pte



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,


September 26th, 1918.

From Assistant Adjutant,
Depot.

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

#4442 Pte. R. Arns.

Above noted man has been recommended for discharge as permanently unfit by Medical Board held on Wednesday, September 25th. I am sending him herewith for your attention and necessary action, please.


Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

1918 • 1918

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 61⁷⁶

Oct 19th 1918

Received from the First Newfoundland Regiment
the sum of Sixty one ⁷⁶ Dollars.
~~on account~~ of Pay.

R. ARMS

Ch. No.	2676	Initials	EW
Pay Ledger	78	Initials	WR
Gen. Ledger		Initials	

Regtl. No. 4442 Rank O/C

[Signature]

No. 4442. Rank P.C.

Name Ans R.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Mar 6 1919

Received from the First Newfoundland Regiment
the sum of Thirty five ⁰⁰/₁₀₀ Dollars.

~~on account~~
balance of Pay Clothing

R. WMS

Ch. No. 12265	Initials. E. W.
Pay Ledger 6	Initials. J. T.
Gen. Ledger	Initials.

Regtl. No.

Rank

A. C. J.

No. 4442 Rank P.L.

Name Amos P.

CR/

4442

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *R. Arns* No *4442*

Date *November 17*

Place *9 Signal Hill Rd*

Copy

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Gillich & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms B. 121.
(1484) W6827/20/2220 2500 7/172 22_56

Regiment of ROYAL NEWFOUNDLAND REGIMENT.

Signature of O. C. Company

Number of Sheet *One*

Col. C. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
Age on	19 years	months		<i>Baker</i>	
Place and Date of Enlistment	<i>St. Johns 15/4/18</i>		Religion	<i>Method</i>	
Period of	with Colours	years.	Place of Birth	<i>St. Johns</i>	
Joined	Date				
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or order expiring with trial	By whom awarded	REMARKS

To be carried over



ARMY FORM B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of

The Royal Rifles

Number of Sheets

one

Signature of O. C. Company

G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Rudolph Arns</i>	Age on	<i>19</i> years <i>10</i> months	<i>Baker</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 15-11-18</i>	Religion <i>Method</i>	
Joined	Date	Period of } with Colours <i>17 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth <i>St. John's</i>		
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
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

816

COPIES SENT		DATE
To	No.	<i>26 JUL 1918</i>
M. of M.	<i>2000/105</i>	
O.C. 1st. Div.		
" 2nd. Div.		

*Discharged Medically unfit**St. John's, 9th 18*

To be carried over

Army Form B. 121.

54442

September 26th, 1918.

From Assistant Adjutant,
Depot.

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

#4442 Pte. R. Arns.

Above noted man has been recommended for discharge as permanently unfit by Medical Board held on Wednesday, September 25th. I am sending him herewith for your attention and necessary action, please.

St John's, Newfoundland

October 9th, 1918

Officer Commanding,
Royal Newfoundland Regt.
Headquarters

SIR:

The undermentioned men have been discharged
on the dates given. Kindly post in Daily Orders
Part II.

I have etc.

(sgnd) J.M.HOWLEY,

Capt etc.

3668 Pte. Davis, Edwin	Oct. 5-18	Med. Unfit
2725 Cpl. McNeilly, JJR.	Do.	Do.
4442 Pte. Arms, Rudolph	Oct. 9-18	Do.
3004 " Darby, G.B.	Do.	Do.
3370 " Reid, S.M.	Do.	Do.
2324 " Jones, Ephraim	Do.	Do.

Reg. No. 4442 Rank Pfc Name Arns R.

Attested..... Address Signal Hill St.

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas 4-8-18

Embarked for Overseas..... Cause Leischarge

25-9-18. Rec - Dis - Per - Unfit

DISCHARGED - MEDICALLY UNFIT 9-10-18 Dis 178