

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

MEDICAL HISTORY

Surname Ball OF Christian Name Andrew J

Table I.—GENERAL TABLE.

Birthplace:—Parish Northern Arm County Botwood

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	on <u>5th</u> day of <u>June</u> 1917	at <u>Grand Falls.</u>	on	day of 191
Declared Age	<u>28.</u> years <u>7.20.</u> days		years	days
Trade or Occupation	<u>Lumberman.</u>			
Height	<u>5</u> feet — inches		feet	inches
Weight	<u>162.</u> lbs.		lbs.	lbs.
Chest Measurement {	Girth when fully expanded....	inches	inches	inches
	Range of Expansion..	inches	inches	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b) <u>Both little fingers broken, and crooked.</u>		(b)	
Approved by (Signature)	<u>L. M. Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Grand Falls</u>	at		
	on <u>5th</u> day of <u>June</u> 1917	on	day of	191
Joined on Enlistment	Corps. <u>Infantry</u>	Regtl. No.	Corps.	Regtl. No.
	<u>8th</u>	<u>8730</u>		
Transferred to				
Became non-effective by				
	on	day of	191	on
(Signature)			day of	191
[Rank]				



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. & 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 *Bell, Andrew.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8730.*

Intended address *Bathwood*

Height on discharge Feet *11."*

Color of hair on discharge *Dark*

Complexion *Dark.*

Color of eyes *Brown.*

Descriptive Marks

Figure on discharge *Tall.*

Christian name of Father *Wm.*

Christian name of Mother *Jaymes.*

Wife's maiden name in full *May.*

Date and place of marriage *Bathwood 19.6.1914*

Christian names of children *Elmer.*

Place and date of soldier's birth *Bathwood. 2.11.1889.*

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)

ST. JOHN'S.

Station

Date

A. J. Bell

24.3.19

(Rank)

Sergt.

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.

Station

Date

