



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 688

Name in full Elroy Benson Age 19

Address 68 Mourne St

Married  Single  Height 5 ft 7 in Weight 131

Color Dark Hair Dark Brown Eyes Brown

Other distinguishing marks Wearry Jawbones

Nearest relative Mrs Elroy Benson (Mother)

Address 68 Mourne St

Dependents None

Occupation Matress Manufacturer Present Wage 26<sup>00</sup> a month

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

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

Date of Enlistment December 15/14

I, Elroy Benson *Elroy Benson* do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this 15<sup>th</sup> day of December 1914  
Elroy Benson

Quishpe  
Lieut

**DESCRIPTIVE REPORT ON ENLISTMENT.**

(To correspond with Entries on the Medical History Sheet.)  
Applicable to all ranks.

**Reg. No. 888**

Name Eleazer Benson  
 Apparent age 19 years      months. Height 5 feet 7 inches.  
 Chest measurement { Girth when fully expanded      inches.  
                           { Range of expansion      inches.  
 Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Brown  
~~Other distinguishing marks: Heavy Jawbones~~

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin Mrs. Eleazer Benson, 68 Monroe St., 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>15/12/14</u>									
Joined at <u>St. John's</u> on <u>15th December '14</u>									
Total Service forfeited as above ... ..									

Total Service towards Engagement to      (date of discharge)      years      days  
 " " " Pension      ( " )      "      "



Benson, L.

688

Pay Dept

**NEWFOUNDLAND CONTINGENT**

STATEMENT of ACCOUNT of No. 688, Pte. E. Benson.

(Substituting A.F. J. 1325). N.F.P./38.

Company. From 9/6/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. \_\_\_\_\_

From Liverpool Date 13/9/17

DR. Classification (See Procedure). A

Draft No. 48 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d
	8	Forfeited Pay							1	Pay	1.00	97	97	00	
	9	Allotments	.60	97	58	20			2	Field Allowance	.10	"	9	70	
	10								3	Other " "					
	11/12	Total Stoppages			58	20	11 19 2		4/5	Total @ 4.86 2/3			106	70	21 18 6
	13	Fines							6	Balance Credit Last Period				19	17 11
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance, 7/9 /17- 13/9 /17					
	16	Barrack Damages								= 7 days @ 2 /				14	0
	17	Hospital Stoppages advances				3	2 0								
	17a	Miscellaneous Stoppages													
	19	Casual Payments per P & R. O.				27	9 3								
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster					
					42	10	5						42	10	5

This account is in accordance with information received at the Pay & Record Office to 12/9/17 and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT.

NEWFOUNDLAND CONTINGENT

*J. H. Marshall*  
PAYMASTER & OFFICER Company.



*Rma.*  
*12/9/17*



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 688, Pte. E. Benson.

(Substituting A.F. J. 1625). N.F.P./38.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

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	10								3	Other " "					
	11/12	Total Stoppages			58	20	11 19 2		4/5	Total @ 4.86 2/3			106	70	21 18 6
	13	Fines							6	Balance Credit Last Period					19 17 11
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance, 7/9 /17- 13/9 /17					
	16	Barrack Damages								= 7 days @ 2 /					14 0
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	17a	Miscellaneous Stoppages													
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Rma.  
12/9/17



191

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NEWFOUNDLAND CONTINGENT  
*J. W. Marshall*  
 PAYMASTER & OFFICER Company.

**NEWFOUNDLAND CONTINGENT**

STATEMENT of ACCOUNT of No. 688, Pte. E. Benson.

(Substituting A.F. J. 1625). N.F.P./36.

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	11/12	Total Stoppages			58	20	11	19	2	4/5	Total @ 4.86 2/3			106	70	21	18	6
	13	Fines								6	Balance Credit Last Period					19	17	11
	14	Clothing & Necessaries								6a	<u>OTHER CREDITS:</u>							
	15	Arms & Accoutrements									Ration Allowance, 7/9 /17- 13/9 /17							
	16	Barrack Damages									= 7 days @ 2 /						14	0
	17	Hospital Stoppages advances			3	2	0											
	17a	Miscellaneous Stoppages																
	19	Casual Payments per P																
	20	1st Payment																
	21	2nd "																
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Rma.  
12/9/17



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*J. H. Marshall*  
 PAYMASTER & OFFICER Company.



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CHECKED.  
*R.M.C.*  
12/9/17



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DUPLICATE  
MAIL COPY  
Posted 20 SEP 1917

CERTIFIED CORRECT.  
NEWFOUNDLAND CONTINGENT  
*J.H. Mackenzie*  
P.M. " " Company.  
PAYMASTER & OFFICER IN CHARGE

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 688, Pte. E. Benson.

(Substituting A.F. J. 1625). N.F.P./36.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. \_\_\_\_\_

DR.

Classification (See Procedure). A

From Liverpool Date 13/9/17

Draft No. 48 CR.

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17		Hospital <del>Stoppages</del> advances					3	2	0								
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19		Casual Payments per P & R. O.					27	9	3								
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					42	10	5						42	10	5		

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CHECKED

RMA.  
12/9/17



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DUPLICATE MAIL COPY

Posted 20 SEP 1917

CERTIFIED CORRECT.

NEWFOUNDLAND CONTINGENT

*J. W. M. [Signature]*  
O.C. " " Company.  
PAYMASTER & DEPUTY



**NEWFOUNDLAND CONTINGENT**

STATEMENT of ACCOUNT of No. 688, Pte. E. Benson.

(Substituting A.F. 5.1625). N.F.P./36.

Company. From 9/6/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. \_\_\_\_\_

DR. Classification (See Procedure). **A**

From Liverpool Date 13/9/17

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16		Barrack Damages								= 7 days @ 2 /					14 0
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24		Balance Debit Last Period													
28		" Due by Paymaster							27	Balance Due to Paymaster					
					42	10	5								42 10 5

CHECKED.  
*R.M.C.*  
*12/9/17*



191

**DUPLICATE  
MAIL COPY**  
Posted 20 SEP 1917

CERTIFIED CORRECT.

NEWFOUNDLAND CONTINGENT  
*J.H. Handcock*  
P. O. J. " " Company.  
PAYMASTER & OFFICER



# DEPARTMENT OF MILITIA

STATEMENT OF ACCOUNT OF #68 *Plt. E. Benson*

FROM *1-7-18* TO *2-7-18*  
(both days inclusive)

LEDGER FOLIO No. *8*

Date	Particulars	No. of Days	Rate per Day	Amount	
				Dr.	Cr.
	CP				
	Pay	<i>2</i>	<i>100</i>		<i>200</i>
	Field Allowances	<i>2</i>	<i>10</i>		<i>20</i>
	Other "				
	Balances from previous paybook				
	DR.				
	<i>allotment</i> Forfeited Pay	<i>2</i>	<i>60</i>	<i>120</i>	
	Fines				
	Clothing and Necessaries				
	Arms and Accoutrements				
	Casual Payments				
	1st Payment				
	2nd "				
	3rd "				
	Balance from previous paybook				
	Final Cash Payment				
	Totals			<i>120</i>	<i>220</i>
	Debit Balance				
	Credit Balance			<i>1</i>	
	Checked by <i>[Signature]</i>			<i>\$220</i>	<i>\$220</i>



This space to be left blank for the Check Number.

CERTIFIED TRUE COPY



# Proceedings on Discharge

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

No. 688 Army Rank Private  
 Name Beason Cleaver  
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)  
 Corps 1<sup>st</sup> 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 December 7<sup>th</sup> 1918  
 Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.	
Age <u>20</u> years	months	Scars. <u>Left Arm</u> <u>Under Left Eye</u>	
Height <u>5</u> feet	<u>11</u> inches		
Chest measurement {	girth when fully expanded		ins.
	range of expansion		ins.
Complexion <u>Dark</u>			
Eyes <u>Brown</u>			
Hair <u>Brown</u>			
Trade <u>Ship's Mate</u>			
Intended place of residence (To be given as fully as practicable)	<u>68 Murray St. St. John's Nfld.</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 Wounds received in Action

(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:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2087\* 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.

[OVER.]

5. He is in possession of the following number of G.C. badg's (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 \_\_\_\_\_ Batta. \_\_\_\_\_ 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) St John \_\_\_\_\_ E. Benson, (Signature of Soldier.)

(Date) 7/12/12 \_\_\_\_\_ Wnewbery Coy (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.)

To Reservations

E. Benson,

Witness Wnewbery



THE ROYAL NEWFOUNDLAND REGIMENT

DEMobilIZATION

Civilian Clothing Guarantee

I, No. *688* Rank. *PC* Name *Benson E.*

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one collar, one tie, one overcoat, within *14* days from date, in consideration of being issued with clothing allowance to the amount of \$..... *E. Benson*

Date... *Dec 4/18* .....

St. John's.....

.....  
Signature of soldier.

.....  
*W. H. Wolery, Cpl*  
Signature of witness.

# 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:

*I hope to take up my trade again - upholsterer.*

Signature of Man.

*W. S. Mackall*

Signature of the Vocational Officer or his Representative.

Reg. No. *E. Benson,*  
*688.*

Place

*M. J. J. J.*

Date

*N. W. J.*

191*8*



THIRD BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station **St. John's Nfld.**

Date **November 23rd 1918.**

No. and Rank **688 Private**

Age **20** Height **5' 11"**

Name **BENSON, E.**

Complexion **Fresh**

Unit **1st Newfoundland**

Eyes **Brown** Hair **Brown**

Address **68 Monroe St.**

Former Trade **Cabinet Maker**

Enlisted at **St. John's** On **Dec. 1914**

(The Board will please note how the soldier's appearance corresponds with above description.)

Disease or Disability **Original**

**G. S. W. LEFT ARM. COMPOUND FRACTURE V111.4**

Subsequent

Present Condition (Compare with previous Board)

**IN STATU QUO**

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

**70%**

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

**70%**

Recommendation of Medical Board

**DISCHARGE PERMANENTLY UNFIT**

Members of Board

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

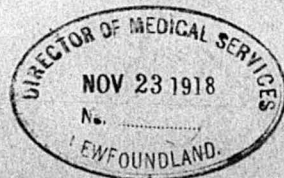
(SGD) **OLUNY MACPHERSON, Major**

**J. SINCLAIR TAIT**

**D. M. S. NEWFOUNDLAND.**

**L. PATERSON, Major**

Approving Medical Officer.



**4/1st Royal Newfoundland Regiment.**  
**Report of Headquarters Classification Board Held on**  
**Soldier on Regimental Strength.**

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Depot. \_\_\_\_\_ Date. \_\_\_\_\_

Regimental NO. *688* Age. \_\_\_\_\_

Name. *Beuson P. Pe.* Unit. \_\_\_\_\_

Address. *68 Munroe St.* Former Trade. \_\_\_\_\_

Enlisted at. \_\_\_\_\_ Date. \_\_\_\_\_

Disease or Disability. \_\_\_\_\_

Finding of last standing Medical Board on..... *Massage treatment at Mil. Hosp. Oct. 1, 1918.*

Present Condition. *No improvement.*

Recommendation. *Stand by Med. Board.*

Category. \_\_\_\_\_

Members of Board. *G. J. Canby* ..... G.O. Depot.  
 .....  
 ..... D.D.M.S.  
*Suburban* ..... M.O. Depot.

Depot. \_\_\_\_\_

Headquarters Royal Newfoundland Regiment..... *Feb 2* 191*8*.....



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

**MEDICAL HISTORY**

Surname Benson Christian Name Charles



TABLE I.—GENERAL TABLE.

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

Examined ... (on 10<sup>th</sup> day of December 1917  
 at St John's Newfoundland)

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

Trade or Occupation ... Mattress Manufacture

Height ... 5 feet, 7 inches.

Weight ... 131 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.  
 Range of Expansion 3 inches.

Physical Development ...

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

When Vaccinated ...

Vision ... { R.E.—V= A  
 L.E.—V= 0

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

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

Approved by (Signature) Chas Macpherson  
 (Rank) Capt Medical Officer.

Enlisted ... (at St John's Newfoundland  
 on 10<sup>th</sup> day of December 1917)

Joined on Enlistment ...	<u>St John's Newfoundland</u> - Corps.	Regtl. No. <u>688.</u>
Transferred to ...		

Became non-effective by \_\_\_\_\_  
 on \_\_\_\_\_ day of \_\_\_\_\_ 1917

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

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8th London General Hospital Wandsworth SW	12	8	16.				R. W. J. Aron: Comp. Fract. III. 4.		<p>Spine held - see notes                      Disability - R. W. J. Aron Comp. fract. III. 4.                      Paralysis &amp; movements improving                      Elbow slightly swollen                      Cause - R. W. J. on active service                      Capacity - for earning a livelihood, resumed by three quarters at present.</p>	<p>J. C.                      R. M. Dingley Capt. R.A.M.C.                      8th London General Hospital                      Wandsworth SW.</p>



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

Date	Brief details, and signature
	<i>21</i>
<i>25.4.15</i>	<i>Vacc.</i>
<i>15.8.15</i>	<i>Fit for Foreign Service</i>
<i>5.9.17</i>	<i>Board held</i> <i>Sound - Permanently unfit</i> <i>Board - Approved 5.9.17.</i>
	<i>Sgt E. H. Dingley Capt. R.A.M.C.I.</i> <i>for 33 London General Hospital</i> <i>Handworth S.D.</i>

**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>S. Hobart A.M.</i>	<i>15.12.14</i>	<i>5.2.15</i>			
<i>A.S. Dominion</i>	<i>5.2.15</i>	<i>14.2.15</i>			
<i>Edinburgh Castle</i>	<i>16.2.15</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 Commissioners of Chelsea Hospital.

The form should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification card will be based on his declaration. The "Rank," "Station," and "Date" should be in his own handwriting. The "Signature" and "Date" will then be attached to the Proceedings of the man's Medical Board, to be completed by the Medical Officer in Charge of the Hospital, Chelsea, London, S.W.

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

**A** Name in full *Deaton Egees*  
 Regiment from which discharged *1st Buffonaland*  
 Regimental Number *688*  
 Where born (Parish, Town and County), and when *Hillview Trinity Bay Afld*  
 Intended address *68 Mourae St John's Afld*  
 Height on discharge *5* Feet *11* Inches  
 Colour of Hair on discharge *Brown* Colour of Eyes *Brown*  
 Descriptive marks *Scar L. arm under L. eye.* Complexion *Fresh*  
 Figure on discharge *Medium*  
 Christian name of Father *Egees (decd.)*  
 Christian name of Mother *Sakuna*  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_  
 Nature and locality of civil employment desired *Probably return to Cabinet Making*

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) *Deaton Egees* (Rank) *Pte*  
 Station *Wandsworth S.D.* Date *31. 8.17.*

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. W. Kneek* Medical Officer i/c  
*3rd Buffon General Hospital*  
 Station *Wandsworth S.D.* Date *31. 8.17.*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ... ..						
Service towards Pension ... ..						
Date inclusive to which pay has been issued	Sum due on account ) of advance of pension )					
Sums due on account of public debts ...						

Rank on Discharge \_\_\_\_\_  
 Character (as on Certificate of discharge) \_\_\_\_\_  
 Where born, and on what date \_\_\_\_\_  
 Date and Place of first Enlistment \_\_\_\_\_  
 Trade on Enlistment \_\_\_\_\_  
 Cause of Discharge \_\_\_\_\_  
 Number of G.C. Badges \_\_\_\_\_ Medals \_\_\_\_\_  
 Wounds, and Actions in which received \_\_\_\_\_  
 Other distinguishing marks \_\_\_\_\_

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.  
 Station \_\_\_\_\_ Officer in Charge \_\_\_\_\_  
 Date \_\_\_\_\_ Records. \_\_\_\_\_



CERTIFIED TRUE COPY

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 688 Rank Plt

Name (surname first) Benson Egey

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

*Cabinet Making*

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Wife & Brothers 2 years*  
*George St. S. John's (Nfld)*

3. What is the nature and locality of the employment you desire?

*I desire to return to my last employment if possible*

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? It so, in what capacity?

Date 30.8.17

Signature Sgt Benson Egey

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Casualty Form—Active Service.

CERTIFIED TRUE COPY

Regiment or Corps Newfoundland

Regimental No. 688 Rank Plt Name Benson E.

Enlisted (a) 18.12.14 Terms of Service (a) One year Service reckons from

Date of promotion to present rank } Date of appointment to lance rank } Numerical position in roll of N.C. 10014 ST. LONDON, S.W.

Extended Re-engaged 18.1.15 Qualification (b)



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks
Date	From whom received				
		<u>Embba Spohus Afed</u>		<u>3.2.15</u>	
		<u>Disembka Alexandria</u>		<u>1.9.15</u>	
		<u>Embka for Gallipoli</u>		<u>13.9.15</u>	
		<u>Embka Fort Suez</u>		<u>14.3.16</u>	
		<u>Disembka. Marselles</u>		<u>22.3.16</u>	
	<u>11 Plt. H.</u>	<u>Adm. G. W. L. Arm</u>	<u>Camiers</u>	<u>3.7.16</u>	<u>R.A. 656</u>
		<u>"Adm. G. W. L. Arm" sent to England</u>		<u>11.8.16</u>	<u>W 3083</u>

G. E. Clark Capt  
for the Infantry Records  
P. W. J. Cole

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



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 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question 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 *Edward* 2. Surname *Binson*  
3. Rank *private* 4. Regtl. No. *688*  
5. Address in full to which future payments of gratuity are to be forwarded... *68 Maurice St. St. John's*  
6. Date of enlistment in the Regiment... *15 Dec - 1914*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge...  
*Suzanna Binson*  
8. Relationship of such dependents... *Mother*  
9. Address in full of such dependent... *68 Maurice St. St. John's*  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*  
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service...  
*in Gallipoli and France*  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *3 years 358 days*

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

*No*

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.....

*\$22.00 in Jan. 1919  
(3 months pay)*

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

*yes*

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

*No*

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.....

*No*

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?.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge. *7 Mar. 1918.* (b) Reason for discharge *Wounded*

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.....

*Gallipoli - 1915 - Jan. 1916  
France - March 1916 - July 1916*

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.....

*\$30 per month pension*

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.



Signature of Applicant: *E. Benson*  
 Place of Residence: *68 Monroe St. Memphis*  
 Declared before me at: *St. John's, W. Va.*  
 This *28th* day of *February* 19*19*

*John W. Cahill*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of Affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
19.12.18.	\$ 53.00			
9.1.19	67.10		6.40	600.00
21.1.19		45.33	Gen P.D.P. & A.	145.43
				454.57

Certified Correct. Paymaster.

SEPARATION ALLOWANCE.

Claimant..... *Benson, Susannah (mother, widow)*

On account of *Eliagar Benson* No. *688* Rank *Pte.*

Decision..... *approved.*  
*To be paid from date of enlistment to*  
*date of commencement of current*  
*separation allowance*

.....  
*W. F. Rendell Lieut. Col.*  
*M. Bowley Capt*  
.....

Date..... *2/5/19*.....

Instructions.....  
.....  
.....  
.....

Allotment of                      per                      payable to  
his                      from                      to  
Discontinued on account of



NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.  
(Separation Allowance Branch )

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*Alvarez Benson* *Plc* *R.N.R.* *688.*

2. Age of soldier. Married or Single.  
*21.* *Single*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Susanna Benson, 29* — *68 George St.*  
*St. John's*

4. Give name of your husband. Age. Occupation Where Employed.  
*Alvarez Benson* *Dead* —

5. If your husband is not supporting you state the reason. —

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) —

7. If you are a widow, state date and place of death of your husband. *Aug. 31/11 at*  
*Northern Bight, N.B.*

8. Have you married again since death of above mentioned husband? *No.*

9. Names of your other children. Address in Age. Occupation Married or Single.  
*Clotilda Benson* *68 George St.* *12.* *Single*  
*Mary Benson* *Do* *10.* *6*  
*Joseph Benson* *"* *10.* *11.*

10. State amount earned by (a) Yourself *Nothing*  
(b) Your husband. *Nothing*
- 
11. State amount and source of any other income. *None*
- 
12. State value of real property belonging to you and your husband. *No value*
- 
13. State value of personal property belonging to you and your husband. *No value*
- 
14. If husband is dead state value of real and personal property left by him. *No value*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *\$5 per week*
- 
16. Was this amount contributed weekly or monthly. *Weekly*
- 
17. Did this amount include payment of son's board, etc. *Yes.*
- 
18. State your son's trade or occupation prior to enlistment. *Cabinet Maker & apprentice*
- 
19. State amount of his wages per week. *\$5.00*
- 
20. State name and address of his last employer. *Pope Brothers, Wallingford, Vt.*
- 
21. State amount of monthly support from son since enlistment. *\$18.00 monthly*
- 
22. State amount of allotment received by you from son since enlistment. *18.00*
- 
23. State from what date did you receive allotment? *March 1915*
- 
24. Actual amount contributed by other children.  Weekly  Monthly. *Nothing*
- 
25. Are any of these children in the employ of you or your husband?



26. If not receiving support from other children, state cause. *No young*

27. With whom are you residing at present? *live with my children*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *yes.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *Require total Separation allowance 20<sup>00</sup>/<sub>100</sub>*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*

31. Was the soldier at the time of his enlistment an employee of the H.M.S. Government. *No*

32. In what capacity and in what place? *No*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing at the time of the same force and effect as if made under oath and in Virtue of the Evidence Act.

Signature of Applicant. *Suzanna Bennett*

Place of Residence. *68 Monmouth St. John's*

Declared and subscribed before me at *St. John's* this *12<sup>th</sup>* day of *March* 191*9*.

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

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman.....

Signature of member of the Patriotic Fund Committee.

May 10, 1919

Mrs. Susannah Brenson,

#68 Montee St.,

City

Dear Madam:-

With reference to your application for retroactive Separation Allowance, I beg to state that same has been approved, I enclose cheque for Six hundred and fifty-one dollars and thirty-three cents (\$651.33) in payment thereof.

Yours truly

Captain,  
Paymaster & O.i/c Records





N.P.P./54

No.416.

From Pay & Record Office,  
London

To Minister of Militia,  
St. John's, Nfld.

#688 Pte E. Benson

Overcredited Ration  
Allowance as per claim 156  
1s. 9d.



# Constabulary.

Station No 1.

December the 3rd. 1917

Sir,

I respectfully report that I made inquiries into the circumstances of Mrs. Mary Susanah Benson. 68. Monroe Street. She is a widow and mother of seven children but only support is her son Eliaz. A returned volunteer from who she receives the amount of Eighteen dollars per month. her other son William was formerly employed at Agre and Sons but have been under doctors care for the past three months and is in an advanced stage of consumption she also got a crippled boy who is also under doctors care

Chas H Hutchings Esq M.C.  
Inspector General

Dec 3rd. 17

Forwarded for the information of Jas M. Howley, Capt & Paymaster of the Department of Militia.

Chas Hutchings

Inspector General Constby.

Jas M. Howley Esqr.,

Capt & Paymaster

Department of Militia.

Two Children Also died  
Within the last twelve months  
And she is under big expense  
And in poor circumstances

Edward Whelan  
Constable



MOTHER.

FIRST NEWFOUNDLAND REGIMENT.

SEPARATION ALLOWANCE BRANCH.

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendary Magistrate, Notary Public or Justice of the Peace, and returned to,-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Nfld.

- | 1. Name in full of Soldier | Rank           | Regt. or Unit.      | Reg't. No. |
|----------------------------|----------------|---------------------|------------|
| <i>Eleanor Benson</i>      | <i>Private</i> | <i>1st Nfld Reg</i> | <i>688</i> |
- 
- | 2. Age of Soldier | Married or Single. |
|-------------------|--------------------|
| <i>20,</i>        | <i>Single</i>      |
- 
- | 3. Name in full of Mother of Soldier | Age        | Occupation | Permanent Address.   |
|--------------------------------------|------------|------------|----------------------|
| <i>Mary Susannah Benson</i>          | <i>59.</i> | <i>—</i>   | <i>68 Monroe St,</i> |
- 
- | 4. Give name of your husband, | Age      | Occupation   | Where Employed. |
|-------------------------------|----------|--------------|-----------------|
| <i>Eleanor Benson</i>         | <i>—</i> | <i>Dead.</i> | <i>—</i>        |
- 
5. If your husband is not supporting you state the reason. *—*
- 
6. If your husband is a chronic invalid and totally incapacitated state nature of malady (A medical certificate must be enclosed with this document, stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue). *—*
- 
7. If you are a widow, state date and place of death of your husband. *Aug. 31, 1911 at Northern Bight Trinity Bay*
- 
8. Have you married again since death of above mentioned husband? *No,* *[Signature]*
- 
- | 9. Names of your other Children. | Address in full.     | Age           | Occupation   | Married or Single. |
|----------------------------------|----------------------|---------------|--------------|--------------------|
| <i>William H. Benson</i>         | <i>68 Monroe St.</i> | <i>25</i>     | <i>None</i>  | <i>Single</i>      |
| <i>Isaac Benson</i>              | <i>Ditto</i>         | <i>22</i>     | <i>Ditto</i> | <i>Single</i>      |
| <i>Blotilda Benson</i>           | <i>Ditto</i>         | <i>17 1/2</i> | <i>Ditto</i> | <i>Single</i>      |
| <i>Susannah Benson</i>           | <i>Ditto</i>         | <i>20</i>     | <i>Ditto</i> | <i>Single</i>      |

10. State amount earned by (2) yourself (a) *Nothing*  
(b) your husband (b)
- 
11. State amount and Source of any other income. *None*
- 
12. State value of Real Property belonging to you and your husband. *No value*
- 
13. State value of personal property belonging to you and your husband. *No value*
- 
14. If husband is dead state value of Real and Personal Property left by Him? *No value*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *\$5<sup>00</sup> per week*
- 
16. Was this amount contributed weekly or monthly? *weekly*
- 
17. Did this amount include payment of son's Board etc.? *yes*
- 
18. State your son's trade or occupation prior to enlistment. *Serving his time to be a Cabinet Maker*
- 
19. State amount of his wages per week.
- 
20. State name and address of his last employer. *William Pope*
- 
21. State amount of support monthly from son since enlistment. *\$18<sup>00</sup> per month*
- 
22. State amount of Allotment received by you from son monthly. *\$18<sup>00</sup> per month*
- 
23. From what date did, receive Allotment. *April 1915*
- 
24. Actual amount contributed by other children. } *Weekly Nothing gets paid for his board* Monthly. *nothing because*  
*The boys earned it sick when well he paid for his board*
- 
25. Are any of these children in the employ of you or husband. *No*
- 
26. If not receiving support from other children state cause. Explain fully. *Two children are invalids and the remaining two are of tender years*
- 
27. With whom are you residing at present? *Live with my children in my house on Monroe St*
- 
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No*
- 
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*



30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

No,

31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government?

No,

6

32. In what capacity and in what place?

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt.? If so, how much?

No,

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... Mary Susannah Benson  
Place of Residence ..... 69 Monroe Street St. John's  
Declared and subscribed before me at..... St. John's, Newfoundland  
this 30th. day of October..... 1914.

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

This application must be signed by two responsible parties one of whom must be a Clergyman the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman ..... Norman M. Guy.

Signature of Member of Patriotic Committee ..... Joseph Edward O'Connell

Approved 15/1/18

Handwritten initials and signatures at the bottom of the page.

68 Monroe St  
City  
Oct. 17/17

Hon J M Bennett  
Mins Milita

Dear Sir

As I understand  
there is an Allowance for  
widowed mothers & Bros &  
Sisters, of the soldiers of  
The First Nfld Reg & as  
I am a widow & mother  
of Pte E Benson (# 688)  
I have four children between  
the ages of six & thirteen  
& I have no other support  
as I have had two sons  
died since my son volunteered  
& now I am in want  
Hoping you will give this your  
consideration & give me the  
separate Allowances.

And Oblige Yours Truly  
Mrs E Benson  
68 Monroe St.



October, 27th.,

7

Mrs. E. Benson,  
68 Monroe St.,  
City.

688

Dear Madam:-

Referring to your letter of Oct., 17th., I  
enclose form of Statutory Declaration, to be completed  
before a Barrister of the Supreme Court, Stipendiary Magistrate,  
a Notary Public, or a Justice of the Peace.

Kindly have this form completed, and return to  
me.

Yours faithfully,

Capt & Paymaster.

November, 30th., 1917.

688

C.H. Hutchings, Esq.,  
~~Inspector~~ General Constabulary,  
City.

Dear Sir.-

Will you kindly inquire into the circumstances of Mrs. Mary Susannah Benson, 68 Monroe Street, having particular regard to the occupation of her son William Thos. Benson of 68 Monroe Street.

A Report on the circumstances will greatly oblige,

Yours faithfully,

Capt. & Paymaster.



St John's  
Hon J. R. Bennett 68. Monroe Street  
Minister of Militia Dec. 15/19

Dear Sir!

As while ago I sent in my  
Statement concerning the  
Widows allotment, I did  
not get any reply,

please reply  
and oblige.

Yours truly.

Mrs Susanna Benson,  
68 Monroe Street  
St John's

688







1st Newfoundland Regiment

to  
688 Pte E Benson Headquarters.

October 9/12 Board & Lodging while on furlough 3 20  
B.P. Attached

OK.

W. H. H. COY.

1st NEWFOUNDLAND REGIMENT,  
ST. JOHN'S, Nfld.

ADJT.

Det.

First Newfoundland Regiment  
St. John's, Nfld.

Received Payment  
13/10/12  
E Benson

PAID

Board & Lodging  
222

30  
J. H. H.

30  
J. H. H.



ST. JOHN'S,

(date)

Sept 9/12

1st NEWFOUNDLAND REGIMENT,  
Billeting Account,

To .....

Billeting soldiers as undermentioned

from ..... to .....

Recd From, Pte E. Benson

for Four Days, Board & Lodging

\$ .320

three Dollars & Twenty

Mrs. J. Avery

Certified correct for \$

Arthur  
Levin Bay

Billeting Officer.

3 20

October 9th, 7.

Pte. E. Benson,  
68 Monroe Street,  
City.

Dear Sir,-

I enclose herewith cheque for \$10.00,  
as pay on account.

Yours truly,

Lieut.  
D/Paymaster



Millertown Nfld.

3741

Jan. 11<sup>th</sup> 1919.

Capt. Jas. Howley.

Militia Dept. \_\_\_\_\_

Dear Sir,

I have heard that there is a sum of money, being paid to all discharged soldiers, no matter what their date of discharge.

I enlisted in November 1914, <sup>new</sup> saw service at Gallipoli (where I had my hands and feet frostbitten) in Egypt, and in France.

I have not received any help, in pension or otherwise, since my discharge in June 1917.

If there is anything coming to me,  
I would be very thankful indeed,  
for the favour of a reply.

I remain Sir,

Respectfully Yours.

Patk. J. English.

---

Ex-# 698. Pte. P. J. English.

C. Company.

1<sup>st</sup> Royal Field. Regt.



January 23rd. 1919

698, Pte.P.J. English,  
MILLERTOWN,  
Nfld.

*Fred L. Jones*

Dear Sir:

I enclose herewith cheque for  
\$87.15 being amount of bonus due you after  
Discharge.

Yours truly,

Lieut.  
For Paymaster

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60<sup>00</sup>

Dec 4 1918

Received from the First Newfoundland Regiment  
the sum of Sixty Dollars.  
on account of Pay. Clothing.  
balance

The Sergeant.

Ch. No. 6289	Initials. Wn.
Pay Ledger. 426	Initials. Wn
Gen. Ledger.....	Initials.....

Regtl. No. 688, Rank Pl.



No. 688.

Rank PL

Name Benson E

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 10 <sup>00</sup>/<sub>100</sub>

Dec 7<sup>th</sup> 1918

Received from the First Newfoundland Regiment

the sum of ten <sup>00</sup>/<sub>100</sub> Dollars.

~~on account~~  
balance of Pay.

G. Benson

Ch. No. 6386 Initials EW

Pay Ledger 426 Initials EW

Gen. Ledger Initials

Regtl. No. 688 Rank Pte



No. 688. Rank O.V.

Name Benson. E.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 67 <sup>10</sup>/<sub>100</sub>

January 9 1919

Received from the First Newfoundland Regiment  
the sum of Sixty Seven Dollars.  
~~on account~~ of Pay. P.D.P. E. Dawson  
balance

Ch. No. 8018 Initials. EW

Pay Ledger. 404 Initials. AWL

Gen. Ledger..... Initials.....

Regtl. No. 658 Rank Sgt.

Frederick Jones



No. 688.

RANK

Name

Benson E.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 33<sup>00</sup>/<sub>x</sub>

Dec 18<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Thirty three <sup>00</sup>/<sub>x</sub> Dollars.  
on account of Pay. P. D. P.  
balance

E. Benson,

Regtl. No. 688, Rank Private

Ch. No. 7194	Initials. EW
Pay Ledger. 404	Initials. AWX.
Gen. Ledger.....	Initials.....

*[Handwritten signature]*



No. 688. Rank Pl

Name Benson. E.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 87 <sup>15</sup>/<sub>100</sub>

January 18 1917

Received from the First Newfoundland Regiment  
the sum of Eighty Seven <sup>15</sup>/<sub>100</sub> Dollars.  
~~amount~~ of Pay. P.D.P.  
balance

Ch. No. 8644	Initials. E.W.
Pay Ledger... 75	Initials. awl.
Gen. Ledger.....	Initials.....

Regtl. No. Fred. Jones Rank



No. 698. Rank Pl

Name English T. J.

No. 688

Rank. Pte

Name E. Benson



# DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

## PAY VOUCHER.

\$ 750

June 29<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Seven 50 Dollars.

on account  
balance of Pay to 20/6/18

E Benson

Ch. No. <u>8197</u>	Initials <u>EW</u>
Pay Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

Regl. No. 688 Rank Pte

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 7.50

June 15<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Seven Dollars.

~~on account~~  
balance of Pay. \$15.68  
E Benson

Ch. No. <u>7699</u>	Initials <u>[Signature]</u>
Pay Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

Regtl. No. 688 Rank .....



No. 688

Rank Pte

Name E. Benson

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$8.00  
\$8.100

May 31<sup>st</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Eight 00 Dollars.

on account  
balance of Pay to 31/5/18

E Benson.

Ch. No. 1288	Initials. ew
Pay Ledger [Signature]	Initials. [Signature]
Gen. Ledger [Signature]	Initials. [Signature]

Regt. No. 688 Rank [Signature]

No. 688

Rank Pte

Name E. Benson



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 7.50

May 15<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Seven 50 Dollars.  
on account of Pay. 8157518  
balance

E Benson

Ch. No. <u>6750</u> .....	Initials <u>EW</u> .....
Pay Ledger <u>W</u> .....	Initials <u>EW</u> .....
Gen. Ledger <u>Key</u> .....	Initials <u>EW</u> .....

Regtl. No. 688 Rank Pl

*[Handwritten signature]*

No. 688

Rank Pte

Name C. Benson

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 7 00

Ans 30<sup>th</sup> / 1918

Received from the First Newfoundland Regiment  
the sum of Seven <sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay. Ans 30<sup>th</sup> / 1918  
balance E Benson.

Ch. No. <u>6118</u>	Initials <u>EW</u>
Pay Ledger <u>RP</u>	Initials <u>RP</u>
Gen. Ledger <u>RP</u>	Initials <u>RP</u>

Regtl. No. 682 Rank Plt

*[Handwritten signature]*



No.

688

Rank

Pvt.

Name

C. Benson

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 21.<sup>00</sup>/<sub>100</sub>

Nov 14<sup>th</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Twenty One <sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
balance

E Benson

Ch. No. 1167	Initials. EWB.
Pay Ledger 78	Initials. EWB.
Gen. Ledger 112	Initials. EWB.

Regtl. No. 688, Rank Pte.

No. 688

Rank Pte

Name C. Benson



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20.<sup>96</sup>/<sub>100</sub>

Nov 30<sup>th</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Twenty <sup>96</sup>/<sub>100</sub> Dollars.  
on account of Pay. 30/11/17 E Benson  
balance

Ch. No. 1642	Initials
Pay Ledger 28	Initials
Gen. Ledger	Initials

Regtl. No. 688 Rank Plt.

7217

No. 688

Rank Pvt.

Name E. Benson

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10<sup>00</sup>/<sub>100</sub>

Oct. 18<sup>th</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Ten 10<sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
balance

Philip Benson

Ch. No.	403	Initials	EW
Pay Ledger	251	Initials	EW
Gen. Ledger		Initials	

Regtl. No. 688. Rank



No. 688

Rank Pte

Name E. Benson

ACCOUNT	
CH. NO. 403	INITIALS E.W.
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGE	INITIALS

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$16 <sup>40</sup>/<sub>100</sub>

Oct. 31<sup>st</sup> 1917

Received from the First Newfoundland Regiment  
the sum of Sixteen <sup>40</sup>/<sub>100</sub> Dollars.

on account  
balance of Pay. to 31/10/17

E Benson.

Ch. No. 737 <sup>732</sup>	Initials E.W.
Pay Ledger 257	Initials [Signature]
Gen. Ledger [Signature]	Initials [Signature]

Regtl. No. 688 Rank Plt

No. 688

Rank Pte.

Name E. Benson



No. 688

Rank Pte.

Name E. Benson.

68. Munroe St

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.



PAY VOUCHER.

\$10<sup>00</sup>/<sub>100</sub>

Oct. 3<sup>rd</sup> 1907

Received from the First Newfoundland Regiment  
the sum of Ten <sup>00</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
balance

Cheque mailed Oct. 9<sup>th</sup> 17.

Ch. No. 183.	Initials C.C.
Pay Ledger 25	Initials C.C.
Gen. Ledger	Initials

Regtl. No. 688 Rank

e

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$20.<sup>00</sup>/<sub>100</sub>

Mar. 14<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Twenty 00/<sub>100</sub> Dollars.  
on account of Pay.  
balance

E Benson.

Ch. No. 4789	Initials JH
Pay Ledger 75	Initials JH
Gen. Ledger	Initials JH

Regtl. No. 688 Rank Pte.

JH



No. 688

Rank Pte.

Name E. Benson

CERTIFIED TRUE COPY



Medical Report on an Invalid.

Station London General Hospital Wandsworth S.W.

Date 4.9.17

1. Unit Newfoundland  
2. Regimental No. 688  
3. Rank Sgt  
4. Name Beamon, E

5. Age last birthday 20  
6. Enlisted { on Dec 1914  
at Sphinx Africa  
7. Former Trade { Cabinet Maker  
or Occupation

8. Disability.

Left Arm Compound Fracture. III. 1.

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. 1<sup>st</sup> July 1916.  
10. Place of origin of disability. France Beaumont Hamel

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Admitted in London General Hospital, with severe compound fracture of lower part of humerus. Severe musculo spiral damage. Bone exposed. Operated in France in P.M. Tarp. Casualties the first time; I.D. removed. Reoperated in Brooklands for sequestra? On 18.1.17 examined by Capt. Harris. Complete L. Musculo spiral paralysis. Motor & sensory found 7.8.17. Reoperated - Nerve (Musculo spiral) sutured. The sensory paralysis has improved, much since

12. (a) Give your opinion as to the causation of the disability.  
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Active Service  
E.L.W.



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.

General condition is good. The wound of arm is quite healed. The sensory paralysis has improved. The motor powers of fingers have improved but have not come back entirely. There is still decreased abduction power of L. thumb. The elbow is slightly subluxed.

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

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

In Action

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

- If so—(a) When?
- (b) Where?
- (c) Opinion?

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

1. B. removed  
2. Gen. S. operation  
3. Nerve suture

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

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?

19. Do you recommend

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

Permanently unfit

*M. D. Brock* Civil Surgeon  
Officer in medical charge of case.

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

Station *London General Hospital Wandsworth SW.*

Date *1 September 1917*

*A. H. Bruce* Doctor  
Officer in charge of Hospital

\* 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 invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service  
A.S.M.

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

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

No

22. Is the disability permanent?

No

23. If not permanent, what is its probable minimum duration?

Twelve Months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Lessened by three quarters at present.

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

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

No

26. Do the Board recommend

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

Yes

Signatures:—

*M. D. Brock* President.  
*A. H. Bruce* Members.  
*W. E. Dwyer* Administrative Medical Officer.



THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 977

Regtl. No. 688 Rank Private Name E. Benson

Corps served with Royal Wfld Regt.

Date of Medical Board Nov. 23/18

Pensionable disability 60% ~~20%~~ for 12 ~~6~~ months

Pension granted: 24.00 ~~8.20~~ per month for 12 ~~6~~ months

*Nov 29/18*

or Gratuity granted:

\$            payable in            equal monthly insts.

Granted to:

*OK  
SMH*

Name E. Benson

Address 68 Monroe St.

Date case disposed of NOV 26 1918

Approved by:

Members of Board

*Wm. Hall* Chairman  
*H. Cliff*  
*W. F. ...*

*7212*

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Z179 N.M.D.

# Report of Medical Board.

Station **St. John's Nfld.** Date **November 23rd 1918.**  
 No. and Rank **688 Private** Age **20** Height **5' 11"**  
 Name **BENSON, E.** Complexion **Fresh**  
 Unit **1st Newfoundland** Eyes **Brown** Hair **Brown**  
 Address **68 Monroe St.**  
 Former Trade **Cabinet Maker**  
 Enlisted at **St. John's** On **Dec. 1914** (The Board will please note how the soldier's appearance corresponds with above description.)  
 Disease or Disability **Original**

**G. S. W. LEFT ARM. COMPOUND FRACTURE V111.4**

Subsequent

Present Condition (Compare with previous Board)

*As stated previously*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *70% - none*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *70%*

Recommendation of Medical Board

*Discharge permanently unfit*

Members of Board

*Clayton Macpherson,*  
Major

D. M. S. NEWFOUNDLAND.

*W. H. ...*  
*W. H. ...*  
*Waterson*

Approving Medical Officer





**NEWFOUNDLAND.**  
**REPORT OF MEDICAL BOARD**  
**ON SOLDIER OR NAVAL RESERVIST RETURNED**  
**FROM OVERSEAS**

Station ST. JOHN'S NFLD. Date OCTOBER 1st., 1917.  
 No. 688 Age 20 Height 5'11"  
 Rank PRIVATE Complexion FRESH  
 Name BENSON, E. Eyes BROWN Hair BROWN  
 Unit 1ST NEWFOUNDLAND  
 Address 68 MONROE STREET Former Trade CABINET MAKER  
 Enlisted at ST. JOHN'S NFLD. on DECEMBER 1914

Disease or disability G.S.W. LEFT ARM. COMPOUND FRACTURE Vll.4

Present condition *Very large scar over lower end of humerus (left) towards back & extending down over head of radius. All healed. Can bend elbow to right angle. Loss of sensation over back of wrist. Loss of power in wrist & hand but can flex fingers.*

Estimated disability *total while under hospital treatment*

Recommendation of Medical Board  
*Massage at the Station or  
 Corral. Hosp.*

Class

Members of Board  
*[Signature]*  
*[Signature]*  
*[Signature]*

Approving Medical Officer.  
*[Signature]*





977

130-E

THE BOARD OF PENSION COMMISSIONERS FOR N.F.L.D.

REGT. NO. 688 RANK Pvt. NAME E. Benson

DATE OF ENLISTMENT \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARTICULARS OF ALLOTMENT

ALLOTTEE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF COMMENCEMENT \_\_\_\_\_ AMOUNT \_\_\_\_\_

DATE CANCELLED \_\_\_\_\_

PARTICULARS OF DEATH

NATURE OF CASUALTY \_\_\_\_\_ DATE OF CASUALTY \_\_\_\_\_

PLACE OF CASUALTY \_\_\_\_\_

DATE CASE DISPOSED OF JAN 6 1922

DECISION OF BOARD -

Additional Allo. For  
widowed mother

APPROVED BY -

W. Fox CHAIRMAN

[Signature] MEMBERS OF BOARD

*Noted  
M...*

12/1/22  
B...

Pension No 2516

977

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Application for Pension of the parent, grand-parent or foster-parent of a deceased or insane member of the forces.

1. What is the full name, age, and address of the applicant?

*Susannah Benson*  
(Full name)

*60 years*  
(Age)

*68 Monroe St.*  
(Address)

2. What was or is the number, rating, or rank full name, ship or unit of the member of the forces in respect of whom application for pension is made?

*688*  
(Number)

*Sgt*  
(Rating or Rank)

*Cleazer Benson*  
(Full name)

*R. Inf 15 Regt*  
(Ship or Unit)

If deceased, where and when did he die and at what age?

He died at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

aged \_\_\_\_\_ years.

If insane, where and by whom is he being cared for? Give address.

Cared for by \_\_\_\_\_

(Address)

3. What relation is applicant to the member of the forces?

*Mother*

(Attach marriage certificate of applicant and birth certificate of member of the forces.)

4. How long has applicant been dependent on the member of the forces?

I have been dependent on the member of the forces for \_\_\_\_\_ years.

(a) How much did ~~deceased~~ <sup>*Pensioner*</sup> contribute per month to applicant's support previous to enlistment?

\$ *5<sup>00</sup>* per *week*

(b) Was separation allowance paid to applicant, and if so, now much?

\$ *20<sup>00</sup>* per *month*

(c) Was assigned pay paid to applicant, and if so how much?

\$ *60 ct* per *day*

(d) Was patriotic Fund allowance paid to applicant and if so how much?

\$ *No* per \_\_\_\_\_

5. Has applicant any occupation or calling? If so, what? If applicant is not working or employed, why not?

*No*  
(Occupation)

*No*



6. Has applicant's husband or wife any occupation or calling? If so, what? If not, why not?

*None*  
 .....  
 (Occupation)  
*husband dead*  
 .....

7. Has applicant any income from the following, and if so, how much?

(a) Earnings or salary ..... *None* .....

(b) Annuities, interest, stocks, bonds, mortgages, property of any kind, rents or any investments. .... *None* .....

(c) Bequests, estates, trust moneys ..... *None* .....

9. If applicant is the father why can he not support himself? (Attach Medical Certificate)

*No*  
 .....

10. If applicant is a widow give date of husband's death. (Annex husband's death certificate)

*Yes* (1911)  
 .....

11. Was the applicant the beneficiary of any estate left by husband or wife of applicant or by the member of the forces or by any deceased children of applicant? If so, how much?

*No*  
 .....

*No*  
 .....

12. The following are the true particulars of applicants adult children now living. (Be careful to give fully all the information asked for below.) (See question 13 for children under age limit.)

Names	Sex	Age	Occupation	Married or Single	State whether contributing towards maintenance of parent, and if so, how much? If not, why not?
<i>Obolotilda</i>	<i>female</i>	<i>14</i>	<i>Schoolgirl</i>	<i>Single</i>	
<i>Mary Susannah</i>	<i>"</i>	<i>12</i>	<i>"</i>	<i>"</i>	



13. The following are the true particulars of applicants children boys ~~and~~ under sixteen and girls under seventeen years of age now living. (Be careful to give fully all the information asked for below.)

Names	Sex	Date of Birth	Occupation if any, and amount of earnings or income.	Place of Residence	By whom Maintained
-------	-----	---------------	--	--------------------	--------------------

Clotilda	female	1907	Schoolgirl	68 Mound St.	mother Susannah
Mary Susannah	"	1909	"	"	do

14. Were the children mentioned in question 13 maintained by the member of the forces, and if so, for how long and to what extent?

*Have been supporting them since 1911 but was assisted by brother who and 1918 & previous have since been sole support since 1911.*

I, Susannah Beuson the above.....

named applicant, being duly sworn, depose and say that the answers which I have given to the above questions contain the truth, the whole truth and nothing but the truth.

Signed ~~xxxxxxx~~ and sworn before me

at St. Johns  
this 29th  
day of Dec A. D. 1921

AND I HAVE SIGNED

Signature Susannah Beuson

John McCarthy

(A Commissioner, Notary Public, or Justice of Peace.)

(Note: The Marriage, birth and death certificates and other documents referred to in the form will be returned to the applicant after perusal.)

25/16

25

~~13~~

Jan. 16/22.

Mrs Susannah Benson,  
68 Monroe Street,  
City.

Dear Madam:-

I beg to inform you that your claim for allowance on account of your son's pension has been considered by the Board, and you have been granted an allowance of \$6.00 per month, ending Dec. 6, 1921.

Herewith enclosed, please find cheque for \$6.00 being payment for the month of January.

Further cheques for \$6.00, will be forwarded you on the last of each month.

Your next cheque will be forwarded on the 28th of February.

Yours faithfully,

Secretary.

EVW/BT



977

Dec. 7. 1921.

Mr. E. Benson,  
68 Monroe Street,  
City.

Dear Sir:-

I beg to acknowledge receipt of your communication of Dec. 6th, with reference to allowance on account of your mother.

Herewith enclosed, you will find a set of Application Forms to be filled in and signed by a Magistrate, Clergyman, or some person of authority.

Kindly have this done, and then return same to this Office, when your case will be placed before the Board for their consideration.

Yours faithfully,

Secretary.

BT.



68 Monise Str.

Dec. 6/21

Dear Sir:-

I recieved from the board of Pension disability a claim for pension for married men. As I am not married, I have a widow mother, and two sister, under fifteen depending upon me, as I am the only support. I find it difficult at present to do so. I want to know if there is any alouance given.

yours Truly  
E Benson.

9404 u o u o x

RECEIPT.

C.R.

688

I hereby certify that I have received the 1914-1915

STAR

No 688 Name J. Benson

Witness W. Joyce

Date 5/12/19

Place St. John

C.R. 688

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 STAR.

---

I certify that I have received an issue  
of 3 inches of Riband of 1914-15 Star.

Name *L. Bennett*

Date *20-3-19.*

Place *68 Mansel St*



CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

*W. G. Readell*  
Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND  
of 1914-15 STAR.

Department of Militia,  
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on\*

*Gallipoli*  
from *Sept 19<sup>th</sup>* 1915 to *Dec 31<sup>st</sup>* 1915.

(Date) *21/2/19*, (NO) *628*... (Rank) *Plt*... (Name) *Benson, G.*

(Place) *St. John's*...

\*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

*W. J. Readell*  
Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND  
of 1914-15 STAR.

Department of Militia,  
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on\* *Gallipoli*  
from *Sept 19<sup>th</sup>* 1915 to *Dec 31<sup>st</sup>* 1915.

(Date) *22/2/19*, (NO) *628*... (Rank) *Plt*... (Name) *Benson, B.*

(Place) *St. John's*...

\*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.



C.R. 688

Extract from Daily Orders, Part 11, UNIT: The Royal Nfld. Regt.  
dated Dec. 10th. 1918.

STRENGTH DECREASES.

688 Pte. E. Benson

Having been found Medically Unfit is Discharged from ~~26/11/18~~ <sup>7/12/18</sup> 1918.



C.R. 688

Extract from Medical Board held Saturday Nov. 23rd, 1918.

688 Pte. Benson, E.

3rd Board. Recommended Discharge from the Army as Permanently.

Unfit.

MM.

November 25th/18

From Officer Commanding,  
Depot.

To Paymaster & O. i/c Records.  
Militia Department.

688, Pte. Benson, E.

Marginally noted man was recommended  
discharge as Permanently Unfit by a  
Medical Board held Saturday, November 23rd.  
His account on Company Pay Sheets has been  
squared up to and including November 25th.  
He has an allotment of 60¢ per day current.  
I am sending him herewith for your attention  
and necessary action, please.

TJW:RAE

C.R. 688

Extract from Daily Orders part 11, Depot St. John's  
dated July 4th., 1918.

#688 Pte. E. Benson

Takes up duty at Depot with effect from 3-7-18.

BC.





M.F.A. 2

D 688

## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.688

ST. JOHN'S, NEWFOUNDLAND,

July 3rd., 1918.

From:- D. M. S.

To:- O. C. Depot.

688, Pte. E. Benson

The marginally noted man is fit for any duty about barracks that will allow of his continuing Massage Treatment for his arm on Monday, Wednesday and Friday nights.

CLUNY MACPHERSON,

Major, D. M. S.

Per *A. W. B.*



## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

688

ST. JOHN'S, NEWFOUNDLAND.

February 16th., 1918.

From:- The Director of Medical Services.

To:- O. C. Depot.

688, Pte. E. Benson

The marginally noted man has applied for leave of absence from treatment.

There is no medical objection to his having it if he is due furlough.

*Cluny Macpherson*

Major, D. M. S.

1007

FEBRUARY 2nd. 8.

From Adjutant,  
Depot.

To Director of Medical Services,  
Department of Militia.

688 Pte. E. Benson.

Marginally noted man has been recommended for the attention of the Standing Medical Board by Headquarters Travelling Board held to-day. Will you please advise when he can appear before them.



Copy.

M-5.

January 16th. 1918.

From:- The Director of Medical Services,

To:- Adjutant, Depot.

688. Pte. E. Benson.

72. Pte. J. Readdigan.

The marginally noted men were recommended for Massage Treatment by the Standing Medical Board, and should be sent before the Board again at your earliest discretion when it will be determined whether they need additional treatment or not.

Major, D.M.S.

January 15th. 8.

From:- Adjutant,  
Depot.

To:- Director of Medical Services,  
Department of Militia.

688 Pte. E. Benson.

72 Pte. J. Reardigan.

Will you please advise if marginally noted  
men have completed their Massage Treatment?



C.R. 688

Retrieved from Daily Orders Part II Unit The Royal  
Field Artillery, St. John's, Sept. 29th, 1917.

The following man having returned from overseas is  
attached to K. Co from Sept. 28th, 1917.

688 Pte. E. Benson.



C.R. 688

Extract of Casualty List received from P.A.R.O.  
August 26th, 1916.

The following Casualty in the 1/1 Newfoundland Regiment with  
the British Expeditionary Force is reported under various date.

688, E. Benson. ✓

WOUNDED

SICK AND WOUNDED N.C.Os. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 688

WARLEY RECORD OFFICE

LIST NO.H.A. 1689

10873 Pte. Veale, N.	1/Essex 29/Div.Reserve Coy.	Myalgia.....	Trans.to 6 Con.Camp Etaples ex 22 Gen.Hos. 10th August 16.
12951 Pte. Brown, W.	8/Norf. "A" Coy.	GSW. L.leg IX.1.	-do-
22333 Pte. Purser, G.R.	8/Bed. R.	PUO.....	Dis.to Base Dtls Etaples ex 4 Gen.Hos. 11th August 16.
25447 Pte. Fifield, H.H.	9/Essex R. "B"	Perineal abscess.Slt.	Trans.to 6 Con.Camp Etaples ex 11 Gen.Hos. 11th August 16.
19128 Pte. Beadle, F.	9/Essex R.	DAH.....	Adm. 3 Con.Dep. Le Treport 11th Aug.16

TERRITORIAL FORCE WARLEY RECORD OFFICE

LIST NO.H.A. 1689

15671 Pte. Storey, W.	1/1 Herts R. Att 3/ Entrenching Btn.	Pneumonia.....	Trans.to H.S. ex 22 Gen.Hos.Dannes Camiers 10th August 16.
1527 Pte. Ames C.T.	Bedford Yeg. "A.Sqd.	ICT. hand.....	Adm. 3 Gen.Hos. Le Treport 11th Aug.16

TERRITORIAL FORCE LONDON RECORD OFFICE

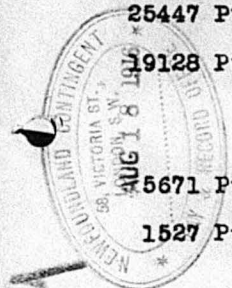
LIST NO.H.A. 1689

5323 Pte. Fox, F.A.	1/Lond.R.	Abdominal pains.....	Dis.to Duty Base Dep. ex 3 Gen.Hos.Le Old:Scar Treport 11th August 16.
6947 Pte. Butler, F.	1/28 Lond.R.	Bay.wd, forearm lft.	-do-
3363 L/C. Trott, S.J.	1/1 Lond.R.	Accident.	-do-
6167 Pte. Brine, R.C.	1/23 Abt 1/13 Lond.R.	Debility & Pyrexia....	Adm. 3 Con.Dep.Le Treport 11th Aug.16
3457 Sjt. Hannay, H.	1/4 Lond.R.	Infl. mid ear.	-do-
2494 Cpl. Smith, R.J.	1/16 Lond.R.	GSW. lft leg.	-do-
1294 Pte. Welsh, W.J.	1/20 Lond.R.	GSW. lft knee.	-do-
4384 Pte. Philpot, A.F.	1/4 Lond.R.	ICT feet.	-do-
		VDH.	-do-

NEWFOUNDLAND CONTINGENT

LIST NO.H.A. 1689

688 Pte. Benson, E.	1/Newfoundland "C"	GSW. left arm, Sev....	To Eng.ex 11 Gen.Hos.11th Aug.15
---------------------	--------------------	------------------------	----------------------------------



MS 514

Extract of Casualties received from Pay & Record  
Office, London, dated August 14, 1916.

#688 Pte. E. Benson.

Gunshot wound left arm Vlll severe.

Admitted 3rd London General Hospital, August 12, 1916.




C.R. 688

Copy of Cablegram to Governor St. John's Nfld from P. & RL O. 14. Aug. 1916.

688, Pte Benson.

At Wandsworth.

Wounded left Arm.,



110

14th August, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 688, Private Eleazer Benson, who was previously reported at 11th Stationary Hospital, Dannes Camiers, July 12th, suffering from Gunshot Wound Arm, is now at Wandsworth, wounded left arm.

Yours faithfully,

Mrs. Eleazer Benson,  
68 Monroe Street.

Colonial Secretary.



C.R. 688

Extract of Casualties received from Pay & Record Office,  
London, date July 31, 1916.

(Extract from Army Form B 213, from G.O. Lt. P.M.A. Dept.  
dated 11/7/16.)

#688 Pte. E. Benson. ✓

Wounded in Action 1/7/16.



C.R.'688

Extract of Casualties from list of sick and wounded N.C.Os and men of the Expeditionary Force - France, received from Pay and Record Office, London, dated July 12th 1916. List.No.H.A.656

688 Pte. E.Benson

GSW.L.Arm.....Adm 11 Gen.H.Dannes Camiers, 3rd July 16.

C.R. 688

Extract of Casualties received from Pay & Record  
Office, London, dated July 22, 1916.

#688 Pte. E. Benson. ✓

Gunshot wound left arm.

Admitted 11th General Hospital, Dannes Camiers,

3rd July 1916.

Extract from Nominal Roll Co.1st.Bn.Nfld.Regt.  
Embarked, at Devenport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,  
Cairo, same date, Embarked ~~for~~ Alexandria for Gallipoli  
13-9-15.

688 Pte. E. Benson.

C.R.

688



C.R. 688

El eazer Benson was attested for General service  
with the NEWFOUNDLAND REGIMENT on ...<sup>DEC</sup>...15th., 1914.  
Regimental No 688 was allotted to Pte. Eleazor Benson.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

C.R. 688

Extract from Nominal Roll Embarked per S.S. "Dominion"  
St. John's, Feb. 2nd, 1915.

688 Pte. Benson, E.



Casualty Form—Active Service.

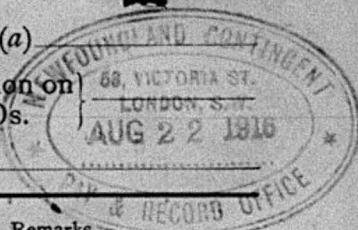
35

Regiment or Corps Newfoundland  
Regimental C.R. 688 Rank Pte Name E. Benson

Enlisted (a) 15/12/14 Terms of Service (a) one year Service reckons from (a)

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os.

Extended \_\_\_\_\_ Re-engaged 15/8/15 Qualification (b) \_\_\_\_\_



Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Embarked St. John's, NFLD.  
Disembarked Alexandria  
Embarked for Gallipoli

3/2/15  
1/9/15  
13/9/15  
14/3/16  
29/3/16

Emb'k'd Port Suez

Disembk'd MARSEILLES

11<sup>th</sup> Genl Ad. G. SW Lane

Greece.

3.7.16

NA 656

11<sup>th</sup> Genl Ad. G. SW Lane "Inad Eng"

11.8.16

W 3083

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P. 38 No. 942/100  
12 SEP 1917  
DATED .....

all Clerk CAPTAIN.

FOR O.11c INFANTRY RECORDS  
G.H.Q.; 3<sup>RD</sup> ECHELON.

(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) e.g., Signaller, Shoeing Smith, etc., also special qualifications in technical Corps duties. [P.T.O.]





COPY

Army Form B. 179.

Medical Report on an Invalid.

Station 3rd London General Hospital,

Date 4/9/17

1. Unit 1st. Nfld.  
2. Regimental No. 688  
3. Rank Private  
4. Name Benson, E.

5. Age last birthday 20  
6. Enlisted { on December 1914  
          { at St. John's, Nfld.  
7. Former Trade {  
   or Occupation { Cabinet Maker

**8. Disability.**

GSW LEFT ARM. COMPOUND FRACTURE Vlll.4

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. July 1st., 1916

10. Place of origin of disability. France BEAUMONT HAMEL

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Admitted in 3rd Lon. Gen. with severe compound fracture of lower part of Humerus. Severe musculo-spiral damage Bone exposed. Operated in France in Gen. Hos. Camiers the first time. F.B. removed Reoperated in Brooklands for sequestra On 18/1/17 examined by Capt. Harris Complete L. Musculo spiral paralysis. Motor and Lenson found 7/8/17 Reoperated Nerve (Musculo Spiral) sutured The sensory paralysis has improved much since

12. (a) Give your opinion as to the causation of the disability.

Active Service

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Gun Shot Wound



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.

General condition is good. The wound of arm is quite healed. The sensory paralysis has improved. The motor power of fingers have improved but have not come back entirely. There is still decreased power of L. Thumb. The elbow is slightly ankylosed.

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

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

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

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?  
(1) F. B. Removed  
(2) Removal Sequestra  
(3) Nerve Suture

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

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?

19. Do you recommend

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

(Sgd) V. D. BROECK, CIVIL SURGEON, 3rd LON. GEN  
Officer in medical charge of case.

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

Station WANDSWORTH S. W. (SGDO H. E. BRUCE-PORTER, LT-"col  
Date 5/9/17 COMMANDING 3rd. LON. GEN  
Officer in charge of Hospital.

\* 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.

NOTE.—(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 invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

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

G. S. W.

21. Has the disability been aggravated by

- (a) Intemperance? No  
(b) Misconduct? No  
(c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent? No

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Twelve months

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ , or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

Lessened by  $\frac{1}{4}$  at present

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

Vide 16

26. Do the Board recommend

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

Signatures:—

(Sgd) W. E. WYNTER, MAJOR President.

Station WANDSWORTH S. W. G. C. HALL, Capt., I. M. S.

Date 5/9/17

Members.

Approved.

Station WANDSWORTH S. W. (SGD) W. E. WYNTER, MAJOR

Date 5/9/17

Administrative Medical Officer.



E. Benson.

688.

P. F. R. O.

Bleakdown  
Military Hospital  
West Byfleet

Jan. 7<sup>th</sup> 1916

£ 2.00  
9/11/16

10  
2 31066

The Staff Paymaster  
1st Newfoundland Regt.  
58 Victoria Street  
London E.C.

Dear Sir

Will you kindly forward me £2.00 two pounds to the above address. I haven't received any money since July last. by doing so you will oblige me.

Yours faithfully  
J. E. Benson.

BLEAKDOWN  
AUXILIARY  
HOSPITAL

Edward

658 1/4 of 450  
163 Regt.  
JAN - 9 - 1917

2211  
221

WARD "B"  
3rd London General Hospital  
8-2-17

The Paymaster,  
1st Newfoundland Regt.

600 Pte C. Benson has  
permission from me to draw  
£3-0-0.

Signed.

G. S. Goyard  
C.S.

M. G. L.



B4 ward

3rd London Gen Hosp  
Wandsworth

25. Jan 1917


To paymaster  
1st Newfoundland Regt

Dear Sir, Mr E Benson 688  
1st Newfoundland Regt. has  
permission from me to draw

£2---

Signed.

J. H. G. J. G. J. G.  
C.S.

  
26/17

31/1/17  
To The Paymaster  
1st Newfoundland Regt  
58 Victoria St  
B4 ward  
320 London, En  
Wandsworth  
Jan 31st 1917

Dear Sir,  
P. H. E. Benson  
688, 1st Newfoundland Regt  
has permission to draw  
£3 - - -

Signed:  
A. J. J. J.  
C.S.

*OK*  
27/1/17

Bleakdown Hospital  
Byfleet.

26/2/17

To the Paymaster 1<sup>st</sup> Newfound-  
land Regt.

Sir

I hereby give  
Pte C Benson No 688 permission  
to draw Three Pounds (£3).  
Pte Benson is a patient in  
this Hospital

Money order No 41340

Signed

F. C. Carl

MO Bleakdown

1768/6

*[Handwritten signature]*

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	1020
Rec'd.	FEB 27 1917
Ack'd.	M.O. 41340 27/2/17
Ans'd.	
File No.	



3632/2

Brooklands Military Hos.  
Weybridge  
Surrey  
19/4/17

of £3.00  
20/4

Paymaster  
1st Lt. Col. Regt

Dear Sir

of patient in this Hos  
name pte. G. Benson 688. As permission  
from me to draw the sum of  
3 pound £ 3.

sign C. Wayne. Matron



STATION	1860
PAY	
Ref. No.	1860
Rec'd.	APP. 20 1917
Acc'd.	2632/2
Ans'd.	
File No.	

FILE BRANCH INTD  
Pay  
M





£3 sent 24/4/17  
25/4/17

24/4/17

Brooklands Military Hosp  
Weybridge Surrey

The Paymaster.  
1<sup>st</sup> Newfld Regiment

Sir

Last week I sent a Order to your Office signed by the C/o, of this hospital asking you to send me £3 — not having any reply I am afraid the letter must have been mislaid, I should feel much obliged if you would kindly attend to the above for me

I Remain

The Benson 688. Newfld Regt

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	1956
Rec'd.	APR 25 1917
Ask'd.	Hobbs
Ans'd.	
File No.	

Sent 24/4/17

Post Card

Money order for £3.00

25/4/17

FILE	BRANCH	Prof.
	INIT.	J.M.



NEWFOUNDLAND CONTINGENT

No

Rept. 3168

To: Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W.

Please remit per Postal Money Order to:

Brooklands Military Hospital.Weybridge Surrey

the sum of Three pounds — shillings, on  
account of any balance that may be due to me.

Regtl. No. 688 Rank PrivateName E. BensonApproved C. Mayne Matron  
Officer i/cBrooklands Military Hospital

Dated at

1917

Brooklands Military Hos.  
Weybridge  
Surrey.

O.K. 0-0  
19.6.17.

The Paymaster  
1<sup>st</sup> Chfld. Regt.

Dear Sir.

would you kindly send  
me the sum of 2 pound. £ 2 =:

I remain

Your obediently

Pl. C. Benson.

688, 1<sup>st</sup> Chfnd. Regt

Sgin. Quayne

Matron

1 <sup>ST</sup> N. WOODLANDS & REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	2223
Rec'd.	JUN 20 1917
Acc'd.	
Am'd.	20/6/17-6015/21.
File No.	



6015/21.

20th June, 1917.

Brooklands Military

Weybridge, Surrey.

688, Pte E. Benson, 1st Newfoundland Regiment,

Cheque

2: 0: 0

Kindly complete receipt form on back of cheque before  
-----  
presenting at a bank, please. ✓  
-----

*F*



26th, June

7

Officer Commanding,

Brooklands Military Hospital,

Weybridge, Surrey.

6502/22

FM/WF

688, PTE. E. BENSON.

Reference your letter 22/6/17: Cap & Badge  
have been forwarded to you under separate cover for  
No. 688, Pte. E. Benson. Kindly obtain his signature  
as indicated on the enclosed A. F. W. 3506, please.

Major,  
Paymaster & O i/c Records.

B6 Ward 3 - London  
Gen. Secs.

12/8/17.

Poynter 1st of Newfoundland Regt

Dear Sir.

a patient. Please  
Remon. at permission  
from me to brew the  
sum of 3 pound. £3.00.

Singe

Wm J Martin

Chief Surgeon

Plin Benson, 688.

1st of Newfoundland  
Regt.

No # 4679

OK £3.00

JPM

paid by  
AS

3rd London General Hospital  
August 14th, 1917.

OK

OK  
14/8/17

Receipt No  
3426

The Paymaster,  
First Nfld Regt

No. 688, Pte. E. Benson, First Nfld Regt. has  
permission from me to draw the sum of five  
pounds (£5-0-0).

V. J. Gracek

Res. Surgeon J. <sup>W. J.</sup> Loudon Loop  
Wandsworth



No. \_\_\_\_\_

N.F.P./45.

NEWFOUNDLAND CONTINGENT

# 3760.

To: Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

Please remit to 3rd. Leon. Gen. Hospital  
Wandsworth S.W. 18

the sum of five pounds \_\_\_\_\_ shillings, on  
account of any balance that may be due to me.

*L. G. K. ad*  
*£ 5.00*  
*M. M. M.*

Regtl. No. 688 Rank Pld.

Name E. Benson.

Approved K. J. Brown  
Officer i/c.,

3rd. Leon. Gen. Hospital.

Dated at Wandsworth

Aug. 1 1917.

## Proceedings on Discharge.

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

No. <u>688</u>	Army Rank <u>Private</u>	
Name <u>Penson Charles</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Army, it should be so stated.)</small>		
Date of discharge	O.C. H.Q. <b>ST. JOHNS, N.F.L.D.</b>	
Place of discharge	N.F.P. 38 No. <u>102-110</u> DATED <b>12 SEP 1917</b> Descriptive marks.	
1. <u>Description at the time of discharge.</u>		
Age <u>20</u> years _____ months	<div style="font-size: 2em; font-weight: bold;">Scars.</div> <div style="font-size: 1.5em; font-weight: bold;">Left Arm</div> <div style="font-size: 1.5em; font-weight: bold;">Under Left Eye</div>	
Height <u>5</u> feet <u>11</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>Dark</u>		
Eyes <u>Brown</u>		
Hair <u>Brown</u>		
Trade <u>Carriage Maker</u>		
Intended place of residence <u>68 Murray St</u>		
(To be given as fully as practicable) <u>St John's</u>		
<u>Newfoundland</u>		
<small>(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.)</small>		
2. The above-named man is discharged in consequence of <u>Wounds received in Action</u>		
<small>(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.)</small>		
3. Military character :—		
4. Character awarded in accordance with King's Regulations :—		
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; font-weight: bold; position: absolute; left: -40px; top: 50%;">To be filled in on the soldier quitting the Colours.</div>		
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*		



*Original*

# Medical Report on an Invalid



3rd London General Hospital  
Station WANDSWORTH

Date

*4/9/17*

- |                   |                         |                               |                           |
|-------------------|-------------------------|-------------------------------|---------------------------|
| 1. Unit           | <i>1/ Newfoundland.</i> | 5. Age last birthday          | <i>20.</i>                |
| 2. Regimental No. | <i>688</i>              | 6. Enlisted                   | <i>on Dec. 1914.</i>      |
| 3. Rank           | <i>Pte.</i>             |                               | <i>at St. Johns. nfo.</i> |
| 4. Name           | <i>Benson. E.</i>       | 7. Former Trade or Occupation | <i>Cabinet maker.</i>     |

## 8. Disability.

*G. S. W. Left Arm Compound Fracture VIII 4.*

### 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. *1 July 1916*
10. Place of origin of disability. *France Beaumont Hamel*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Admitted in 3rd Lond Gen. Hosp with severe compound fracture of lower part of Humerus: severe musculo-spiral damage. Bone exposed. Operated in France in Gen Hosp. Amies the first time. F. B. removed. Reoperated in Brooklands for infection. On 18.1.17 examined by Capt. Harris: Complete L musculo-spiral paralysis. Motor & sensory found 4/8/17 Reoperated - nerve (musculo-spiral) severed. The sensory paralysis has improved much since.*
12. (a) Give your opinion as to the causation of the disability. *Active service*
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8). *G. S. W.*

COPY SENT TO	
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
N.F.P.38. No.	<i>2422/110</i>
DATED	<b>12 SEP 1917</b>



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.

General Condition is good.  
The wound of arm is quite healed. The sensory paralysis has improved. The motor power of fingers have improved but have not come back entirely. There is still observed abduction power of C. thumb. The elbow is slightly ankylosed.

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

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

In action

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

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

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

3 Operation  
 1 F.B. removed  
 2 Rev. Legless  
 3 Nerve Section

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

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?

19. Do you recommend

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

Permanently unfit

V.S. Brock, Civilian 3<sup>rd</sup> Lt. Col. Gen. Hosp.  
 Officer in medical charge of case.

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

3rd London General Hospital,  
Station WANDSWORTH, S.W.

H.E. Dounce  
 Lt. Col. R.A.M.C.T.  
 Officer in charge of Hospital,  
 Comdg. 3rd. London Gen. Hospital,

Date 5/9/17

\*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 invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service*

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

*G.S.W.*

21. Has the disability been aggravated by

(a) Intemperance? *No*

(b) Misconduct? *No*

(c) Any of the conditions mentioned in question 20, and if so, which?

22. Is the disability permanent? *No*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

*Twelve months*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Lessened by*

*Three quarters at present.*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ , or total incapacity.

**23a. Is he fit for discharge from the service as an outpatient? & will he require outpatient treatment on discharge from Hospital?**

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act? *No*

25. If an operation was advised and declined, was the refusal unreasonable? *no*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England? *yes*

Signatures:—

*W. W. Wynter Major* President.  
3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 5. 12. 17

*G. C. Hall Capt RMB* Members.

Approved.

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 5. 12. 17

*W. W. Wynter Major*  
Administrative Medical Officer.





Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St Regt

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 21 days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Benson, Christian names Eleazer  
(in full)

Regt. No. and Rank 688 Pte Regt. or Corps 15th Infed  
(If T.F. this should be stated.)

His address on discharge will be 68 Monroe St  
St Johns Infed

This information is for the Central Army Pension Issue Office only. The Soldier states that\* no allowance is being issued in respect of him.

\* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital, WANDSWORTH, S.W.

Date 5/9/17

W. W. Quarter Major  
President of Board  
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.



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

# MEDICAL HISTORY



Surname Benson OF Christian Name \_\_\_\_\_

Table 1.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 10 <sup>th</sup> day of December, 1914		on _____ day of _____ 191	
	at St. John's		at _____	
Declared Age	19 years _____ days		years _____ days	
Trade or Occupation	Mattress Manufacturer			
Height	5 feet	7 inches	feet	inches
Weight	131 lbs.		lbs.	
Chest Measurement	Girth when fully expanded... 36 inches		inches	
	Range of expansion... 3 inches		inches	
Physical Development			N.F.P. 38, No. 412/110	
Vaccination Marks	Arm		DATED 12 SEP 1917	
	Number			
When Vaccinated				
Vision	R.E.—V==	N	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)		(b)	
Approved by (Signature)	Cuney Macpherson			
(Rank)	Capt.			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's		at _____	
	on 15 day of Dec 1914		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1 <sup>st</sup> Nfld Regt. 688			
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	12	8	16				4. S. L. arm. comp. fract. VIII. H.		Board held Disability - recovered paralysis & movements improving S. L. arm. comp. fract. VIII. H. S. L. arm. slightly ankylosed S. L. arm. on Active Service Capacity - for earning a livelihood lessened by three quarters at present	<i>W. W. Sawyer</i> 3rd London General Hospital, WANDSWORTH, S.W.



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
	J. V.
25.4.15 15-8-15	Vac. Fit for Foreign Service
5/9/17	<p>Board held                      Found — Permanently Unfit                      Board — approved 5/9/17</p> <p><i>W. W. W. W.</i>                      3rd London General Hospital,                      WANDSWORTH, S.W.</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. John's P.F.H.	Dec 15 '14	Feb 5 '15			
Troopship "Somerset"	Feb. 5/15	" 16/15			
Edinburgh Castle	" 16/15				



## 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Commissioners of Chelsea, London, S.W.

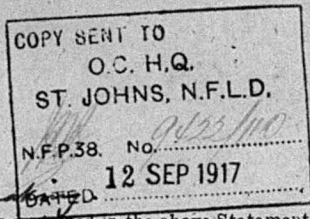
Changes occurring in the description subsequent to the date of admission to pension should be noted.



**A Name in full** *Benson, Cleazer.*  
**Regiment from which discharged** *1/ Newformedland.*  
**Regimental Number** *688.*  
**Where born (Parish, Town and County), and when** *Hillview, Trinity Bay.*  
**Intended address** *68, Monroe St., St. Johns, N.F.C.*

**Height on discharge** *5. Feet eleven Inches*  
**Colour of Hair on discharge** *Brown.* **Colour of Eyes** *Brown.*  
**Descriptive marks** *Scar: L. arm; under L. eye.* **Complexion** *fresh.*  
**Figure on discharge** *medium.*

**Christian name of Father** *Cleazer (decd.)*  
**Christian name of Mother** *Susanna*  
**Wife's Maiden name in full** *—*  
**Date and Place of Marriage** *—*  
**Christian names of Children** *—*



**Nature and locality of civil employment desired**

*Probably return to Cabinet making*

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)** *Benson Cleazer* **(Rank)** *Private*

**Station** *Wandsworth S.W.* **Date** *31-8-17.*

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.

*H. S. Brock* **Medical Officer i/c**

**3rd London General Hospital,**

**3rd London Hospital**  
**WANDSWORTH, S.W.**

**Station** *WANDSWORTH, S.W.*

**Date** *31-8-17*

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
<b>B Period of Service and in what Corps ...</b>				India		
				S. Africa		
Disallowed ... ..						
Service towards Pension ... ..						
Date inclusive to which pay has been issued				Sum due on account of advance of pension		
Sums due on account of public debts ...						

**Rank on Discharge**  
**Character (as on Certificate of discharge)**  
**Where born, and on what date**  
**Date and Place of first Enlistment**  
**Trade on Enlistment**  
**Cause of Discharge**  
**Number of G.C. Badges**  
**Wounds, and Actions in which received**

**Medals**

**Other distinguishing marks**

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

**Station** \_\_\_\_\_ **Officer in Charge**  
**Date** \_\_\_\_\_ **Records.**

**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve W or W(T) in substitution for a man fit for General**



No. 688

Rank Pte

Name (surname first) Benson, Chayer

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

cabinet making

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P.38. No. 12211A  
DATED 12 SEP 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Pope & Brothers 2 1/2 year.  
George St.  
St Johns Nfld.

3. What is the nature and locality of the employment you desire?

I desire to return to my last-employment if possible,

4. What is the name of your Approved Society? —

5. Have you been employed whilst with the Colours?— If so, in what capacity?

Date 30/8/17

Signature Benson Chayer

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.







No. 688 Rank Pvt. Name Clayton Benson

Pay	F.A.	Weg	Total
1.00	.10		1.10
Less: Allotment			.60
Net Rate			.50

N. P. P. / 33.

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d			
						From	To								
Balance					Balance							19	17	11	✓
Acquittance Rolls		1	00		Pay @ Net Rate	9/6/17	7/9/17	91	5045	3019		7	0		✓
Hospital Advances		2	20		6 days ration							12	0		✓
A.E. 34					allowance @ 2/										
P. & R.O. Payments		10	00												
13-2-0															
7-9-17 Cash.		10	00		£ 16-10-11										
10/9/17 Cash.		60	0												

29-16-11

688, Pte. E. Benson.

9/6/17

13/9/17

A

Liverpool

13/9/17

48

R

.60 97 58 20

1.00 97 97 00  
.10 " 9 70

58 20 11 19 2

106 70 21 18 6  
19 17 11

----- advances 5 2 0

7 9 17 13 9 17  
7 2 14 0

----- per P & R. O. 27 9 3

42 10 5

42 10 5

CHECKED  
*R.M.C.*  
12/9/17



NEWFOUNDLAND CONTINGENT

PAYMASTER & OFFICER IN CHARGE

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. \_\_\_\_\_

(Substituting A.F. J. 1625). N.F.P./36.

688, Pte. E. Benson.

Embarked per S.S. \_\_\_\_\_

Company. From 9/8/17 To 15/9/17 (Dates inclusive).

From \_\_\_\_\_ Date \_\_\_\_\_

DR. Classification (See Procedure).

Draft Liverpool 15/9/17R.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	Date	Pay Book Col.	PARTICULARS	Date	Days	£	s	d	
	8	Forfeited Pay							1	Pay						
	9	Allotments							2	Field Allowance	1.00	97	97	00		
	10		.60	97	58	20			3	Other " "	.10	"	9	70		
11/12		Total Stoppages							4/5	Total @ 4.86 2/3						
13		Fines			58	20	11	19	2							
14		Clothing & Necessaries							6	Balance Credit Last Period	106	70	21	18	6	
15		Arms & Accoutrements							6a	OTHER CREDITS:				19	17	11
16		Barrack Damages								Ration Allowance,	/	/	-	/	/	
17		Hospital Stoppages								7	9	17	13	9	17	
17a		Miscellaneous Stoppages <i>advances</i>					3	2	0		days					
19		Casual Payments <i>per P &amp; R. O.</i>					27	9	5		7		2		14	0
20		1st Payment														
21		2nd "														
22		3rd "														
23		Final "														
24		Balance Debit Last Period														
28		" Due by Paymaster							27	Balance Due to Paymaster						
					48	10	5						48	10	5	

CERTIFIED CORRECT.  
NEWFOUNDLAND CONTINGENT

CHECKED.  
*Rma.*  
*12/9/17.*



191

O. J. " " Company.  
PAYMASTER & OFFICER IN CHARGE



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



1st Infld.

No. 688 Rank Pte, Name Benson E.

is discharged from Hospital with orders to proceed to ~~his home~~  
(Address 58 Victoria St.)  
S.W.

and there await further instructions as to his discharge from the Service

\_\_\_\_\_  
Officer Commanding,

Place Woodsdown

H. Jagan  
Capt. R.A.M.C. (T)  
Hospital

Registrar, R.A.M.C.I.

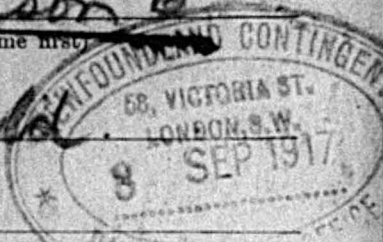
Date 7th Sept 1917

3rd London General Hospital,  
W.A. WOODSWORTH, S. W.

**Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.**

Soldier's  
Regtl. No. 688 Rank Pte Name Benson E  
(Surname first)

Corps or Regiment (also Unit if known) 1st Lt Col



To OFFICER in charge of RECORDS 58 Victoria St S.W.

REGIMENTAL PAYMASTER 58 Victoria St S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 5/9/17, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) September 7th 1917

to (full address) 58 Victoria St S.W.

Place Wandsworth  Officer Comm.

Date Sept 7th  Hospital.

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office.