



THE ROYAL NEWFOUNDLAND REGIMENT

No. 6242 Name Ambrrose W Canning Corps Infantry

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Ambrrose W Canning
2. What is your full Address? 2. St John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 0 Months
5. What is your Trade or Calling? 5. No
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Yes
Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Ambrrose W Canning do solemnly declare that the above answers made by me to the above questions are true and that I intend to enter the engagements made.

Ambrrose W Canning SIGNATURE OF RECRUIT.
[Witness Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION
I, Ambrrose W Canning do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 7 day of Oct 1915.
Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date OCT 8 1915 1915
Place ST JOHN'S
Signature of Approving Officer [Signature]

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Amrose Wm Canning
 Apparent age 20 years months. Height 5 feet 5/4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Canning
Red Bay Lab. | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6242 Name Ambrise W Canning Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ambrise W Canning
2. What is your full Address? 2. 121 Bell Bay
St John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years 0 Months
5. What is your Trade or Calling? 5. Postman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Ambrise W Canning, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made. His Right
Ambrise W Canning SIGNATURE OF RECRUIT.
Cpl. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
 I, Ambrise W Canning, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
 on this 7 day of Oct 1918
 Signature of Attesting Officer C. D. Dickson

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date Oct 1918 1918
 Place ST. JOHN'S
St. John's } Approving Officer.
 The Royal Newfoundland Regiment.
 † The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 † Here insert the "Corps" for which the Recruit has been enlisted. St. John's, Nfld.

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

C.R. 6242

Extract from Orders part 11, UNIT: The Royal Newfoundland Regt.,
det'd Dec. 7th. ~~1918~~ 1918.

HOSPITAL.

6242 Pte. A. Canning.

Discharged from Escasen: 5/12/18.

C.R. 6242

EXTRACT FROM DAILY ORDERS PART 11, DEPOT
ST. JOHN'S DATED OCTOBER 36th., 1918.

46262 Pte. A. Ganning.

ADMITTED TO BARRACKS HOSPITAL 34-10-18.

C.R. 6242

Extract from PRELIMINARY REPORT from the DIRECTOR MEDICAL SERVICES to G.C. Depot, dated Dec. 7th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th., the following was a finding:-

6242 Pte. A. Canning

Recommended Discharge as Permanently Unfit.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated Oct. 28, 1918.
To **Mr. Charles Canning,**
Red Bay, Labrador.

Regret to inform you that your son, #242 Pte. A Canning, is now dangerously ill at Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

C 242

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

(NOT TRANSMITTED)

Militia.

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 31, 1918. Mr.**

To **Mr. Charles Canning,
Red Bay, Labrador**

Beg to inform you that your son #242 Pte. A. Canning is now improved.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6242
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 4, 1918.

To

Mr. Charles Canning,
Red Bay, Labrador.

6242

Beg to inform you that your son #5242 Pte. A. Canning, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5248
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18, 1916.

To Mr. Charles Canning

Red Bay, Labrador.

Beg to inform you that your son # 6241 Pte. A. Canning, is now expected convalescent.

J.R. BENNETT,

Minister of Militia.

FOR TYPEWRITER

C.R. 6242

Extract from daily Orders part 11, Depot. St. John, s
Dated December 14th., 1918.

#6242 Pte. F. Canning

The above noted discharge of demobilization havee
been approved by O. G. Discharge Depot from noted
date. He is removed from Depot strength and is
transferred to Discharge Depot pending confirmation
by Officer i/c Records.

14-12-18.

C.R. 6242

Extract from Daily Orders part 11,
Depot. St. John's dated Oct. 9th., 1918.

6242 PTE. AMBROSE CANNING.

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL
NEWFOUNDLAND REGIMENT 5-10-18

C.R. 6242

Extract from Daily Orders, Part II, UNIT: The Royal Newfoundland
Regiment, 1st Bn. Nov. 1918.

Private

6242 Pte. A. Canning.

Transferred from M.I.C. to 2nd Bn. 11/11/18.

Mr. Rale - C. S. A

Please have these papers
filed in the respective boxes of
the men concerned (all Nfld)

A



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *St John's Nfld.*
 Date *5 Dec 1918*

1. Unit *Royal Newfoundland*
 2. Regimental No. *6242*
 3. Rank *Plt*
 4. Name *CANNINGS* *AMBROSE* Former trade or occupation *Fisherman*
 5. Age last birthday ✓
 6. Enlisted on *7th Oct 1918*
 at *St John's*

8. Disability

Influenza

9. History

*Admitted MID 17p. 24/10/18. Discharged to Escason 21/11/18
 Discharged from then 5/12/18.*

10. What is his present condition?

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

Shortness of breath on exertion.
P. 96. T. Normal.
Breath Sounds Clear.

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as permanently unfit? yes

Signature Archibald
Rank or Qualification for MB Dept.

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

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

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
- Yes + mentally deficient

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
- (State in percentage.)
- less than 50%

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
- General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army permanently unfit

Remarks if any:—

President

Signatures..... J. J. Clark, Pres.
W. Paterson, Major

Place..... Sophus

Date..... Dec 6/14

APPROVED

Station.....

Date.....



Clay Macpherson
Administrative Medical Officer Major

Canning A

6242

Ray sept.

January 9th., 1919.

#6242 Pte. Ambrose W. Canning,

Red Bay,

Labrador.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 376."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6249 Rank Pvt. Name Canning Ambrose W.
 Intended place of residence Red Bay Lab.

2. Occupation Fisherman
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of demobilization

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

Place DEC 11 1918 W. H. C. Capt
 Date DEC 11 1918 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns Ambrose W. Canning
Dec 11th 1918 Signature of soldier
W. H. C. Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date Dec 11th 1918 Ambrose W. Canning
 Signature of soldier
St Johns J. P. Raymond Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7. 10. 18 No of days on Military
 Discharged from service 14. 12. 18 plus 28 days Service 97 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. J. Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

Date DEC 14 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld. M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

Date January 9, 1919
2079/576

20
30
31
9
95

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6247 Rank Pvt Name James - Ambrose
 Date of Enlistment 7.10.18 Address Red Bay District Labrador
 Occupation Fisherman Classification for Discharge 1B Medical Category E
 Recommendation S.M.B. Recently Disability Rating less than 20%
 Passed to Demobilization Officer with following documents:—

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

Date 11.12.18

Stanley Cass
Q. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Canning & Ambrose
Shank Raymond
Witness

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Joseph H. Snowling

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K218* to his home
 at *Red Bay Lakasot* and Release Certificate No. *293* issued.

Date *11-12-18* Demobilization Officer *C.S. Dukes Capt.*

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *9-1-19*

Date *11-12-18* Depot Paymaster. *C.S. Dukes Capt.*

Discharge approved for *14.12.18*

Forwarded with following documents to O.C Discharge Depot.

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

Date *12 12 18* Demobilization Officer. *C.S. Dukes Capt.*

APPROVED.

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

with following additional documents.

Date *DEC 14 1918* O. C. Discharge Depot. *R.H. East Capt.*

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

Date *Dec. 14/1918*

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

MEDICAL HISTORY

Surname Canning Christian Name Archie W. Canning

Table I.—GENERAL TABLE

Birthplace:—Parish Red Bay Hal. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	7	Oct		191
Declared Age	at	22 years	at	
Trade or Occupation	Fisherman			
Height	5 feet	5 1/4 inches	feet	inches
Weight		135 lbs.		lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/18	R.E.—V=	
	L.E.—V=	6/18	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)	<u>L. M. Paterson</u>			
(Rank)	Major			Medical Officer
Enlisted	at		at	
	on	7 day of Oct	on	day of
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to	<u>Royal Nfld. Regt 6242.</u>			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
M. J. W. Hospital	24	10	18	21	11	18	Influenza	28	
C. S. S. Hospital	21	11	19	5	12	19	Constitution	15	

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

Signature of Medical Officer

W. P. Posson Major

H. B. Brown Major

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 Signatures
OCT 8 - 1918	Vacc. 28
	<p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>13</u> for discharge on Demobilisation. Medical category <u>E.</u></i></p> <p><i>Dec. 5-18.</i> Date of S.M.B.</p> <p><i>W. W. W.</i> _____ Assistant Adjutant Discharge</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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Cannings Ambrose*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6242*
 Intended address *Red Bay Labrador*
 Height on discharge *5* Feet *4 1/2"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *-*
 Figure on discharge *Medium*
 Christian name of Father *Charles*
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children

Place and date of soldier's birth. *Red Bay* (Does not know when he was born)
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Ambrose X Canningo*
His Mark (Rank) *Plt*
 Station *St John's* Date *5 Dec 1918*

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.

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

Station *St John's* Date *5 Dec 1918*

4.

Labrador

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 5 Dec 1918

Regimental No. 6243

Name Cunningo Ambrose

Address Red Bay Labrador

Present Medical Category E

Proceeding of M.O. in file

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

Members of Board
R.H. East Capt.
O.C. Discharge Depot.
Paterson
Senior Medical Officer
Deo Burden
M. O. Depot

Civil Re-establishment Committee.



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

To work at Fishing

his
Ambrose X. Manning
Signature of Man.

Witness P. Keegan
W. D. Skott
Signature of the Vocational Officer or his Representative.

math
Reg. No. *6242*

Place *St. John's*

Date *11/12/18* 191



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station **ST. JOHN'S**

Date **DECEMBER 5th 1918.**

- | | | |
|-----------------------------------|-------------------------------|-----------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | ---- |
| 2. Regimental No. 6242 | 6. Enlisted on | OCT. 7th 1918. |
| 3. Rank PTE | at | ST. JOHN'S |
| 4. Name CANNINGS, AMBROSE | 7. Former trade or occupation | FISHERMAN |

8. Disability

INFLUENZA

9. History **Admitted M.I.D. Hp. 24/10/18. Discharged to Escasoni 21/11/18.**
Discharged from there 5/12/18.

10. What is his present condition?

Shortness of breath on exertion.
P. 96. T. Normal.
Breath sounds clear.

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

11. Was sanatorium advised and refused? **NO**
operation

12. Do you recommend discharge as permanently unfit? **YES**

STATEMENT OF CASE

Signature (SGD) ARCH TAIT
for M.O. Depot.
Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **may** be considered as ~~aggravated by~~
due to
- (a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service
- Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES, AND MENTALLY DEFICIENT.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
- (State in percentage.)

Remarks if any:—

Less than 20%

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of $\frac{\text{operation}}{\text{sanatorium}}$ is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
- | | |
|---|--|
| } | General Hospital, |
| | Naval and Military Con- |
| | valescent Hospital,
Jensen Tuberculosis Camp. |

20. We recommend $\frac{\text{discharge from}}{\text{retention in}}$ the Army **PERMANENTLY UNFIT**

Remarks if any:—

..... **N. S. FRASER**
President

Signatures **J. S. TAIT**

..... **L. PATERSON, Major**

Place **ST. JOHN'S**

Date **DECEMBER 6th 1918**

APPROVED

Station

Date



(**SGD**). **CLUNY MACPHERSON, Major** ..
Administrative Medical Officer

Report for Service 3570

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *Adelphi* on *OCT 7* 191*8*

1. Name *Ambrose Wm Canning* Age (a) Declared *22*
(b) Apparent

2. Do you know of anything wrong with you? *No.*

What severe illnesses have you had? *None.*

Eyes Brown.
Comp Fein.
Marka _____

W.C.B.

3. Height *5-5 1/4* Weight *135*

4. Eyesight (a) Left *4/8* (b) Right *4/8*

5. Physical Defects (Examine after strenuous exercise) *7*

6. Examination of Lungs *7*
Measurement (a) Expiration *33* (b) Inspiration *37*

7. Examination of Heart *7*

8. Examination of Urine *✓*

9. Examination of Mouth—(Defective Speech)
Teeth }
Throat }
Nose }
Ears (Otorrhea) }
(Deafness) } *✓*

10. Have you been successfully vaccinated, and when? *No.*

11. Name and address of next of kin *Father Charles, Red Bay, Labrador.*

REMARKS—

A-11

*Archibald
G.W. Burden*

Medical Examiners.

The Department of Militia:

Dollars $95 \frac{39}{100}$ 39.95 $\frac{13}{4}$ m

The sum of *Thirty Nine* Dollars ~~due~~

Mr. *James Baker*, *Yonkers Pt. Dome. Bay.* for *Board & Lodging*

Reg. No. Rank *P. Lie* Name *Canning A.*

from *Could not get to his home owing to ice.* to

Canning A. $95 \frac{39}{100}$

4-9-19

J. A. Snow
[Signature]

Captain
Demobilization Officer

St Johns
Department Militia

Norris Point
Bonney Bay
June 5th
1877

Dear Sir: I James Baker did board
no 6249 Ambrose Canning 47 days
this Spring he enlisted ^{in N.W. Militia forces} last year
Some time he was sent home last
fall & his home is ^{Red Bay} on the Labradore
the Steamer could not get down on
labradore ^{on account of ice} so he was ^{brought back and} put off here.
he went in the lumber woods for the
winter months he came out & beat
around untill his money was all gone
but ten dollars no one would take him
in so I took him in he have not
got the best of sense poor fellow.
As I am a poor man & have a
Widowed Mother & three small &
Fatherless Children to support I would
be glad to get some returns for his
board & Lodgings

hoping to hear from you
soon I remain your respectfully
James Baker

Demobilized 14-12-18

P.S. I will have to keep him another
week the Steamer cant get down for
see that will be fifty four days
she wont get down untill ~~not~~ the 12 of June

Department of Militia
St Johns

To
James Baker
Norris Point
Bonnie Bay

1919 June 5th

To Boarding and Lodging

No 6242 Ambrose Gannings from the
19th nineteenth day of April untill the
5th fifth day of of June 47 forty seven
days at 85¢ eighty five cents per day
total

\$ 39. 95

Thirty nine dollars
9 ninty five cents

I here-by certfy that I boarded
with James Baker 47 forty seven days

~~Ambrose~~
Ambrose Gannings

J. C. S.

I Certfy the above account to be correct.
for thirty nine dollars and ninty five cents

J. W. James
SM

Bonnie Bay
June 7th 1919

Sept. 29. 19

Mr. James Baker,
Harris' Point,
Bonne Bay.

Dear Sir:

I enclose cheque for \$39.95
amount due you for boarding Ex Pte. A Ganning
from the 19th. April to 5th. June.

Yours truly,

Major
Paymaster

IM/
Enc. 1

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt.

Number of Sheet

121
A. B. Dickson

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	months				
6242	<i>Canning, Ambrose W.</i>	22		<i>Fisherman</i>			
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date	<i>St John's</i>		<i>North.</i>			
Joined	Date	Period of	with Colours <i>95</i> years.	Place of Birth			
Joined	Date				with Reserve <i>55</i> years.	<i>Red Bay Gal.</i>	

Place	Date of Offence	Rank	Cases of Desertion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>9</i>	<i>19</i>			

To be carried over.

The Royal Newfoundland Regiment

6242 ✓

DEMOBILIZATION OF

Reg. No. 6242 Rank Pvt Name Janning - Ambrose
 Date of Enlistment 7.10.18 Address Red Bay District Labrador
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permitly Disability Rating less than 20%

Passed to Demobilization Officer with following documents:—

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

Date 11.12.18

Alley Capt
O.C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Canning & Ambrose
Frank Raymond
Witness

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied Joseph H. Snow

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R218 to his home
 at Red Bay Lakeport and Release Certificate No. 293 issued.

Date 11-12-18

C. B. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 9-1-19

Date 11-12-18

W. Bowley Capt.
 Depot Paymaster.

Discharge approved for 14.12.18

Forwarded with following documents to O.C. Discharge Depot.

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

Date 12.12.18

C. B. Dicks Capt.
 Demobilization Officer.

APPROVED.

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

with following additional documents.

Date DEC 14 1918

R. H. East Capt.
 O. C. Discharge Depot.

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

Date Dec. 14/1918

W. Bowley Capt.
W. Bowley

Reg. No. *6242* Rank *Pte* Name *Janning Ambrose*

Attested *7-10-18* Address *Red bay*

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

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

<i>Valle</i>	<i>8-10-18.</i>	
<i>24-10-18</i>	<i>Adm. G. Barracks Hosp.</i>	
<i>21-11-18</i>	<i>Trans from M. J. D. Hosp to Escasoni Conval Hosp.</i>	
<i>5-12-18</i>	<i>Discharged from Escasoni</i>	
<i>10-12-18.</i>	<i>Rec Discharge as Permanently unfit.</i>	
<i>11-12-18</i>	PASSED TO DEMOBILIZATION OFFICER	
<i>14-12-18</i>	DISCHARGE APPROVED ON DEMOBILISATION.	

COPY

Form B.
16-10-18-300.

Civil Re-establishment Committee.



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

TO ~~WDR~~ AT FISHING

his

AMBROSE X. CANNING
mark

Signature of Man.

WIT: P. Keegan

Reg. No. 6242

C. B. DICKS, A/CAPT

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 11-12-18.

191

COPY

Demobilization Form 2.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6242 Rank Pte Name Ambrose Canning
 Intended place of residence Red Bay, Labrador

2. Occupation Fisherman
 Classification of soldier B Medical Category B

3. The above named man is discharged in consequence of Demobilization

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

Place C. G. DULEY, CAPT
 Date DEC 11 1918 for Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S AMBROSE W. X CANNING WIT: W. J. EATON, RQMS
 Signature of soldier
DEC 11 1918 C. B. DICKS, A/CAPT
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date Dec. 11 1918 Ambrose W. X Canning
 Signature of soldier
ST. John's J. DAYMOND, SGT
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-10-18 No of days on Military
 Discharged from service 14-12-18 plus 28 days Service 97 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. John's R. H. TAIT, CAPT
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date Dec 14th 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment