



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4148 Name Charles Brown Corps S.I.

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Charles Brown</u>            |
| 2. What is your full Address? .....  | 2. <u>1100 St. John's Bay</u>      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>16</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....<br>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. <u>Yes</u>                     |

I, Charles Brown 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.

Charles Brown SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Brown 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.....day of.....191

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.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Brown

Apparent age 18 years 6 months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 35 inches  
Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William H. D. Bay

Relationship Father

### Particulars as to Marriage

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

### 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 _____									<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 50%;">                     Total Service forfeited as above.....                 </div>
Joined at _____ on _____									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

4148

## ATTESTATION OF

No. 4148 Name Charles Brown Corps S.A.

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Charles Brown</u> .....            |
| 2. What is your full Address? .....  | 2. <u>St. Johns, N.S. Bay.</u> .....     |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>6</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</u> .....                   |
| 6. Are you Married? .....  | 6. <u>No</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                         |
|  | { Corp. .....                            |
| 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. <u>Yes</u> .....                     |

THE DURATION OF THE WAR

I, Charles Brown 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.

9-21-14

Charles Brown SIGNATURE OF RECRUIT.

Robert Cook Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Brown 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 21st day of Nov 1914

Robert Cook Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date Nov 21 1914 .....

Place St. Johns .....

} Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Charles Cramm  
 Apparent age 18 years 6 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin A. Cramm Cramm  
Notions N. D. Bay | 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 <u>21-11-17</u>									
Joined at <u>St John's</u> on <u>December 21</u> <u>17</u>									
<u>Discharged July 1919</u>									
<u>Embarked St John's S.S. Hospital to Halifax N.S. 29-1-18</u>									
<u>Embarked for B.C. 21-5-18</u> <u>Admitted Hospital Queen St. Nims. 19<sup>th</sup> 18.</u>									
<u>Joined 13<sup>th</sup> in the field 5-9-18.</u> <u>Wounded 14-10-18</u> <u>Admitted 3<sup>rd</sup> Lt.</u>									
<u>1<sup>st</sup> Lt. 14-10-18.</u> <u>Transferred to Long Point 19-10-18</u> <u>Admitted Hospital</u>									
<u>Stops. Bethel Green 23-12-18.</u> <u>Went to Winchester 7-1-19.</u> <u>1. title for demobilization</u>									
<u>22-5-19.</u> <u>Arrived to Long Point 1-6-1919</u>									
<u>Demobilization St John's 19-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 19-7-19 [date of discharge] 1 years 241 days  
 " " Pensions " " " " " " " " " " " "

Cramm, L

4148

Ray Sept.

*copy.*

N.F.P./12.

NEWFOUNDLAND CONTINGENT

DUPLICATE  
MAIL COPY  
CANCELLED BY ALLIANCE  
APR 1918  
Posted



1. I, (No) 4148 (Rank Private (Name) Ernest Charles  
hereby apply for cancellation of Allotment made by me on N.F.P/11  
No. 448 dated December 8<sup>th</sup> 1917. in favour of  
Sgt. Samuel Ernest Bestwood  
for \$ — cts 60 per diem.

Such cancellation to take effect on the 31<sup>st</sup> day of  
March 1918.

2. I agree to accept all risks and consequences of this applica-  
tion failing to reach Headquarters, St. John's, in time to become  
operative at above nominated cancelling date; and that in the  
event of such non-delivery, and thereby the allotment continuing  
to be paid to the Allottee, I also agree to such further stoppage  
in the Pay Books as may be necessary, or otherwise to refund such  
overpaid amount or amounts.

*Handwritten initials*

Dated at

Bayley Down  
Windsor.  
March 13<sup>th</sup> 1918

Ernest Charles  
Allotter.

Approved and Witnessed:

J. H. Edwards  
O.C. "D." Company.

W. J. M. [Signature]  
22/3/18.

To be made out in TRIPPLICATE and delivered at the Pay & Record  
Office not later than date of cancellation, in accordance with  
P. & R.O. C.L./10, 9/12/16.

July 22, 1919

#4148 Pte. Charles Cramm,  
Bo wood.

Dear Sir:-

Please find enclosed Discharge Certificate #3166.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4148 Rank. Pvt Name. Crann C  
 Intended place of residence. Balwood

2. Occupation Lumberman  
 Classification of soldier. B Medical Category. F

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S  
 Date JUL 3 1919

*H. M. Stewart*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S  
 Date 3-7-19

*C. Crann J.P.*  
 Signature of soldier

*J. H. Stewart*  
 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, ST. JOHN'S  
 Date 3-7-19

*Charles Crann*  
 Signature of soldier

*James O'Sullivan*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 21-11-17 No. of days on Military  
 Discharged from service. 3-7-19 Plus 14 days Service. 606

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S  
 Date JUL 5 1919

*R. H. [Signature] Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S  
 Date July 19/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*20 B 2079/3166*



July 23, 1919

#4148 Pte. Charles Gramm,  
Botwood.

Dear Sir:-

Referring to your application I enclose cheque for Seventy dollars (\$70.00), being amount of first payment due you on account of the war service gratuity.

Yours truly,

Captain & Paymaster.

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 questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name..... *Charles* ..... 2. Surname..... *Cramm* .....

3. Rank..... *Pte* ..... 4. Regt. No..... *4128* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Batwood* .....

6. Date of enlistment in the Regiment..... *August* ..... *1917* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *no* .....

8. Relationship of such dependents..... *no* .....

9. Address in full of such dependents..... *no* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twenty three months* .....

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.

..... *no* .....

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

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

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

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

(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...

..... *July 17/19* ..... (b) Reason for discharge..... *Demobilization* .....

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

..... *France and Belgium* .....

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.

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.

(Witness) Doupen

Signature of Applicant: Charles <sup>his</sup> ~~Crann~~ <sub>mark</sub>

Place of Residence: Bobwood

Declared before me at: St John

This 4 day of Jun 19.19....

John McCarthy  
J.P.

Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, 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
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Barrister



Magistrate's Office,

Notwood  
19<sup>th</sup> Aug 1918

232 cancelled Year 31/18

W. J. Howley Esq.  
Paymaster  
1<sup>st</sup> Buffed Regiment

Dear Sir,

<sup>Pte</sup> Samuel Gramme, father  
of Charles Gramme, No 4148 before  
me, states that he has not received  
any allotment since 31<sup>st</sup> March last.  
He cannot understand why this  
should be withheld, as he is badly  
in need of it, neither can his son  
(who is a minor) explain away  
the reason why his father does not  
receive portion of his pay regularly.

Yours truly  
J. B. Smith, Esq.

August 22nd.1918.

H. Durt, Esq., J.P.,  
BOTWOOD.

Dear Sir:

Referring to your letter of Aug.19th.  
on behalf of Samuel Gramm regarding the non receipt  
of allotment on behalf <sup>account</sup> of his son, I beg to state  
that No.4148,Pte.Chas.Gramm cancelled his allotment  
in favour of his father from March 31/18.

There are no reasons explained in  
the form of cancellation, which we received from Pte.  
Gramm, therefore I am unable to furnish you with  
particulars as to why he cancelled his allotment,  
but I would advise that his father communicate with  
his son and ask him to explain, and he may possibly  
entice him to declare a new one.

Yours truly,

Lieut.  
For Pymaster

DUPLICATE.  
ORIGINAL

N.F.P./18.

NEWFOUNDLAND CONTINGENT



CANCELLATION of ALLOTMENT.

1. I, (No) 4148 (Rank) Private (Name) Bram. Charles  
hereby apply for cancellation of Allotment made by me on N.F.P/11  
No. 41487 dated December 8<sup>th</sup> 1917 in favour of  
Sgt. Samuel Bram Botwood  
for \$ — cts 60 per diem.

Such cancellation to take effect on the 31<sup>st</sup> day of  
March 1918.

2. I agree to accept all risks and consequences of this applica-  
tion failing to reach Headquarters, St. John's, in time to become  
operative at above nominated cancelling date; and that in the  
event of such non-delivery, and thereby the allotment continuing  
to be paid to the Allottee, I also agree to such further stoppage  
in the Pay Books as may be necessary, or otherwise to refund such  
overpaid amount or amounts.

Dated at

St. John's, Newfoundland.  
Windsor  
March 13<sup>th</sup> 1918

Chas. Bram  
Allotter.

Approved and Witnessed:

A. E. Edwards S/M.  
O.C. "D." Company.

M. J. [Signature]  
22/3/18

To be made out in TRIPPLICATE and delivered at the Pay & Record  
Office not later than date of cancellation, in accordance with  
P. & R.O. C.L./10, 9/12/16.

ST. JOHN'S, JUL 3 - 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. C Cramm

Billeting Soldiers as undermentioned

from June 1/19 to June 28/19

4148 Pt. C Cramm 28 00

ACCOUNT	<u>B.C.M.</u>
CH NO	<u>2157</u>
INITIALS	<u>EW</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 28.80

[Signature]  
 Billeting Officer.  
C. Cramm  
 mark with EW

Let's!



C. J. Brami.

4148

P. H. P. W.

6. g bram.

4148

P. t. p. 0.

C.R. 4148

Extract from O R D E R S by Lt. Col. G. Mathias, D.S.O.  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/18.

The following arrived to-day and is posted to the following  
Company.

D. COMPANY.

4148, Pte. C. Crann.

C.R. 4148

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *E. H. Harris* .....

Date *Nov 22* .....

Place *Batwood* .....

July 9th., 1920

The accompanying King's Certificate, on his discharge,

(No. 1342), is forwarded herewith to

Private Chas. Cramm

in respect of his service as No. 4148 Rank Pvte.

Name Chas. Cramm Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received July 15 1921

Signature Charlie Cramm

Date Sept 16 1921

Address Retired ~~from~~ Cramm

Receipt for Army Book 64

No. .... 4178 Name *C. Cramm* .....

To Certify that I have received the AB 64 of the above  
named Soldier.

Name *Charles Cramm* .....

Date *July 19 1920* .....

Place *Batwood* .....

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

*J*

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

SEP 20 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

Charles Cramm

in respect of his service as No. 4148 Rank Pte.

Name G. Cramm

Royal Nfld. Regt.  
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received From Royal Nfld Regt

Signature Charles Cramm

Date Oct 1st

Address Detwood Nfld

[P.T.O.]



C.R. 4148

Extract from Daily Orders Part 11 Unit The Royal WFLD. Regt.  
St. John's, July 24th, 1919.

The discharge of the undernoted has been CONFIRMED by officer  
1/c Receipts, from 19-7-19.

4148 Pte. Chas. Cramm.

C.R. 4148

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 7th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect

4148 Pte. C.Cramm.

C.R. 4148

Extract from Medical Board held on Monday June 30th, 1919.

4148 Pte. C.Cramm.

Recommended Discharge from the Army.

C.R. 4148

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4148, Pte. C. Cramm.

Reported at Headquarters 1/6/19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 4148

Extract of Daily Orders by Lt. Col. B.J. Barton, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT.  
8/1/19.

The undermentioned having reported back from the 1st Batt.  
is taken on the strength and posted to "B" Co'y from 7/1/19.

#4148 Pte. C. Cram.

C.R. 4148

Extract from Casualties received from Pay and Record Office,  
London dated 24th., December 1918.

The undermentioned, ex Military Hospital, Bethnal, Green, 23/12/18  
is granted furlough to 2/1/19.

4148 Pte. C. Cramm. (Fit for 3, Employment)

AUTHORITY Memo from Hospital, Bethnal Green.

C.R. 4148

Nov. 6th, 18.

Mr. Samuel Cramm,  
Botwood, N.B.N.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4148 Private Charles Cramm, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 4148

extract from War Office List No. G 1758 dated 1. 11. 18.

4148 Pte. C. Cramm.

WOUNDED 14. 10. 18.

20.



C.R. 4148  
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.

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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct 22nd, 1918**  
To **Samuel Cramm, Botwood.**

Regret to inform you that Record Office, London, officially reports **No. 4148, Private Charles Cramm now at Military Hospital Bethnal.Green, London suffering from G.S.W. right forearm**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**  
Minister of Militia.

Chge Dept of Militia **TYPEWRITER**

C.R. 4148

Extract from Nominal Roll of sick and wounded  
from the France Expeditionary Force to the  
Military Hospital Bethnal Green 19/10/18.

#4148 Pte. C. Cramm

G.S.W. R. FOREARM.

NEWFOUNDLAND POSTAL TELEGRAPHS. C.R. 4147

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line 27 Sent by MS Rec'd by 27

Place from Paradise

To J.R. Bennett



son of Michael

When was my son 4147  
The Michael Walsh admitted  
to Grosvenor Sanitorium  
Ashford is he dangerously  
ill and why was I not  
informed of same without  
enquiring  
Patrick Walsh

CR. 4148

Extract from Telegram despatched to Synoptical, London,  
dated June 5th, 1918

In answer your telegram May 27th #4148 Cramm

C.R. 4148

Extract from War office List. No. H. A. 50585

---

ADMITTED 30 GEN. HOSPITAL. CALAIS 15th OCTOBER 1918.

---

#4148 Pte. M. Cramm.

G.S.W. ARM. R. MILD.

BC.

C.R. 4148

May 16th, 1918.

Samuel Cramm Esq.,  
Botwood, N.D.B.

Sir:-

Notification has been received by mail,  
that your son #4148 Pte. Charles Cramm was admitted  
Hazeley Down Hospital, suffering from Mumps,

Yours faithfully,



Major,

Chief Staff Officer.

C.R. 4148

Extract from Casualties received from P.O.R.O. London.

Mar. 22, 1918.

IN HANDEL BY JOHN HUNTER

4148 Pte. Cramm, C.

Mumps. Adm. 19-3-18.

C.R. 4148

Extract from Nominal Roll Draft #51 to B.E.F. Embarked  
Folkestone, 31-8-18.

4148 Pte. Cramm C.



C.R. 4148

Extract from Nominal Roll Draft. "H" Company embarked  
S.S. "Floresel" Jun. 29th, 1918.

4148 Pte. Cram C.

C.R. 4148

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt, & St. John's, Nov. 22nd, 1917.

4148 Pte. C. Cramm.

Attested for the 1st Nfld. Regt ~~for~~ General Service, posted to  
"G" Co., with effect from Nov. 21st, 1917.

AUSTRALIAN



RED CROSS.

*Patient Ward  
Bethnal Green  
Military Hospital  
London*

*To The Next Payermaster.*

*Sir I am wounded  
and at present in this  
Hospital would you kindly  
make me a remittance of  
2 £*



*Approved Please  
M. Madambe*

Registrar, Military Hospital,  
Bethnal Green, N.E.

NEWFOUNDLAND	PT.
PAY & REC'D	4148.
NO. 1905 IN	9403
Rec'd	30 OCT 1918
Rec'd	Royal Newfoundland Regt.
Del. Nos. OCT	17540/11 30 <sup>10</sup> / <sub>18</sub>
D.K. £2-0-0	
W.R. 30/10/18	
17540/11	

No. 17540/11

NEWFOUNDLAND CONTINGENT

N.F.P/48.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

*Pals*

To: Officer Commanding,

Military Hospital,

30th Oct. 1918

Bethnal Green,

With reference to request of (No) 4148 (Rank) Pte  
(Name) C. Cram, Cheque No. 11012 for  
£ 2:0:0 is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete receipt form on back of cheque before  
presenting at a Bank.

*A. A. Mitchell Maj.*  
Chief Paymaster & O. 1/c Records



X His mark  
L Burgess  
(Witness)

No. 8911/820

*D* 038989

NEWFOUNDLAND CONTINGENT

N.F.P. /70.

From

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

To

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

~~Subject:~~ 6th June 1918

June 8<sup>th</sup> 1918.

Subject: 4148, Pte. G. Gramm,

With reference to the following telegram (4710) from the Hon. Minister of Militia, received

Pay to 4148 Gramm £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*A. H. Newman Maj.*

Chief Paymaster & O. i/c Records.

Receipt hereon.

*Gramm*  
LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT  
1st Newfoundland Regiment

Received the sum of Five

Pounds on account of  
cable remittance from Newfoundland.

Witness *G. Gramm*  
No. 4148 Rank Private

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir;-  
Please charge the amounts set opposite my name to my account and  
pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments  
for the period of one year.  
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4148	Pte	Oram. P.	\$2.50	

I have the honour to be, Sir,  
~~for the Committee,~~  
Your obedient servant.

Date 28-6-18

E. X. Oram  
28/6/18

No. 18258/15

NEWFOUNDLAND CONTINGENT

*Passence* N.F.P/48.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

To: Officer Commanding,

Military Hospital,  
Bethnal Green,

12th November 1918

With reference to request of (No) 4148 (Rank) Pte  
(Name) C. Cramm Cheque No. 11054 for  
£ 2:0:0 is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete receipt form on back of cheque before  
presenting at a Bank.

*J. H. Marshall*  
Chief Paymaster & O. i/c Records.



Received.

X His mark.

G. Will

To:-

Chief Paymaster,  
Pay Officer  
Newfoundland Contingent,  
58, Victoria Street, S.W., 1.



Reference attached.

Receipt of four cheques each value two pounds  
(£2.0.0) in respect of the under mentioned  
men, acknowledged, please:-



Cheque No

No. & Rank and Name

11054

4148 Pte. C. Cramm

----

4081 Pte. M. Foley

11053

3138 Pte. R. Courage

----

4962 Pte. L. O'Neill

Men's signatures or marks (witnessed)  
on back of attached memos, please

Military Hospital,  
Bethnal Green,  
London, E, 2,  
15th, November, 1918

Major R.A.M.C.,  
Registrar,  
Military Hospital,  
Bethnal Green

1828/15

Military  
Bethnal Green,

12th November 8

4148 Pte

C. Cramm

2:0:0

#148. Pte. C. Cram  
(Royal N.F.L.D.) Patience Ward  
Regt

8/11/18

Bethnal Green

NEWFOUNDLAND CONTINGENT  
PAY & RECORD OFFICE

Military Hospital

Ref. Nos. Inv. 9706

Rec'd 11 NOV 1918

Sir,  
I would like to draw the  
sum of £2.0.0. (Two Pounds)

from my credit balance please.

hoping you can oblige.

I am your obedient servant

Pte C. Cram

Royal. of N.F.L.D. Regt



18258/15

Pay book enclosed  
O.K. £2-0-0

Emb Appreciates

J. Riddemba

Registrar, Military Hospital,  
Bethnal Green, N.E.

19799/4

Catherine Gladstones  
Auxiliary  
Mitcham.

4th December 8

4148 Pte

C. Gram

1:0:0

*Cheque No*  
*Date*

*11146*  
*4-12-8*

O.K. f 1-0-0. M.R. 3/12/18

Nov. 30<sup>th</sup> 1918

Dear Sir

Would you kindly forward <sup>one</sup> ~~three~~ pound's of credit money to private Charles Exam No 4148



Bathrine Gladstone  
Auxiliary hospital  
Witcham

Pay master of the  
Royal. Infd. Regiment  
5-8 Victoria Street  
London.

NEW ZEALAND CONTINGENT  
PAY OFFICE  
Recd  
Ackd  
Ref. Nos. 19799/4  
4-12-18

E. McQueen Jones  
(Matron)

Approved release

19799/4

Registrar, Military Hospital  
Bethnal Green. N.E.

Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

Army Form W. 3016.  
(In Books of 200.)

No. 1050 Date Dec 23rd 1918  
\* (1) To the Officer i/c Records } 58 Victoria St. N.W.  
\* (2) ~~The Officer Commanding~~ } \_\_\_\_\_  
\* (3) ~~The Paymaster~~ } \_\_\_\_\_ Station.

\* Strike out that which is inapplicable.

Regimental No. 4148

Rank and Name Platoon Leader

Regiment or Corps 4th P. Newfoundland

has been granted } sent to you for disposal  
a furlough from } \_\_\_\_\_

His address while } \_\_\_\_\_  
on leave will be } \_\_\_\_\_

I consider he } \* ~~I. DET.~~  
is fit for } \_\_\_\_\_

\* Strike out that } \* ~~II. COMMAND DEPOT~~  
which is } \_\_\_\_\_  
inapplicable. } \* ~~VII. EMPLOYMENT~~

Officer in charge J. R. Schmitt Hospital.  
Registrar, Military Hospital  
Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

No. 4148 Rank Pte Name Crannell

Pay	F.A.	Wkg	Total	N.F.
100	10		110	
Less Allowment				
Net Rate			110	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d	N.F.	
		From	To	Rate		£	s							d
Balance					Balance									
Acquittance Rolls		1	9	4	Pay @ Net Rate	31/8/18	23/7/18	115	110	126	50	25	19	10
Hospital Advances		1	0	0	R. A.	23/7/18	11/19	10	2/1			1	0	10
A.B. 64.					<i>bed Bal</i>							27	0	8
P.&R.O. Payments		3	0	0	<del>£ 20-10-6</del>									
		5	9	4	<del>£ 21-11-4</del>									
Cash Receipt 40	23 <sup>12</sup> / <sub>18</sub>	21	10	0										

CHECKED  
*ASK*



29/1/18  
Draft No: 18

Date of Enlistment:

21 Nov. 17  
Age on Enlistment:

18  
Married (Yes or No)

NO

EXACT COPY TAKEN FROM LEDGER

NAME: CRAMM, Charles

Next of Kin: CRAMM, Samuel

Address: Botwood, Notre Dame Bay, Newfoundland.

REGL. NO: 4148

Relationship: Father

385-C  
Try Dead Sect



385-C -

CASUALTIES.						PROMOTIONS, REDUCTIONS, etc.			
Date Rec'd.	Auth- ority.	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Rank etc.	
22/3/18	2nd Bn.	19/3/18	Mumps	Ad. Hazeley Down Hosp. Winchester	515A				
18/11/18	B103	5/9/18	Discharged to Unit	Ad. 30th Gen.					
5/11/18	W.O.	14/10/18	Joined Battalion In the Field	H. Calais	2252				
18/11/18	B103	"	Wounded	Elizabeth"					
			G.S.W. forearm	Ad. 3 Aust. C.C.S.		SERVICES IN THE FIELD.			
28/10/18	W.O.	15/10/18	G.S.W. arm R.	Ad. 30th Gen.		Bn. Draft No.	Date of Embarkation.	Expeditionary Force.	Rmks.
18/11/18	B103	19/10/18	mild	H. Calais	2117	51	31/8/18	B.E.F.	
21/10/18	Hosp.	19/10/18	Trans. to England	H/S "Princess Elizabeth"					
24/12/18	"	23/12/18	G.S.W. forearm	R. Ad. Mil. Hosp. Bethnal Green	2009	HONOURS, AWARDS, etc.			
			I Duty	Ex Mil. Hosp.		Authority.	Date.	Action.	Distinction.
9/1/19	DO 2Bn.	8/1/19	Bethnal Green	25/12/18.	2729				
1/6/19	O i/c Rods.	22/5/19	Granted furlough to 2/1/19	Winchester 7/1/19	1				
			Posted to H Coy 2nd Bn.	To Nfld. for demobilization per Corsican from L'Pool					
18/6/19	DO's Hq	1/6/19	22/5/19	Attached to Strength	456	DISCHARGE.			
						Authority.	Date.	Where.	Cause.
						D.O. Hq. 130		St. John's	Demobiliz- ation.
						24/7/19	19/7/19	Nfld.	

24

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1937

Regtl. No. 1418 Rank Plt. Name Chas. Cramm

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 30<sup>th</sup> June 1919

Pensionable disability less than 5<sup>0</sup>/<sub>100</sub> months

Pension granted: Gratuity \$75 W.P.  
\$ 25 per month for 3 months

or Gratuity granted: None  
\$ \_\_\_\_\_ payable in \_\_\_\_\_ equal monthly insts.

Granted to: Name Chas Cramm

Address \_\_\_\_\_

*Noted  
L.H.K.*

Date case disposed of JUL 15 1919

Approved by:

Members of Board  
[Signature] Chairman

[Signature]

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Casualty Form—Active Service.**

26. 5. 1899

Regiment or Corps Royal Newfoundland  
 Rank Pte Surname Cramm Christian Name Charles  
 Religion Salvation Army Age on Enlistment 18 years 6 months  
 Enlisted (a) 21. 11. 17 Terms of Service (a) Duration Service reckons from (a) 21. 11. 17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation Lumberman Signature of Officer N. Dong



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
<u>26. 8. 18</u>	<u>Mr. J. O. Cramm</u>	<u>AE</u>	<u>Embarked ...</u>	<u>31 AUG 1918</u>	
			<u>Disembarked...</u>	<u>31 AUG 1918</u>	
			<u>ARRIVED D.I.B.D.</u>	<u>2 SEP 1918</u>	
			<u>Joined Battalion</u>	<u>5 SEP 1918</u>	
			<u>Wounded in Action</u>	<u>14-10-18</u>	
	<u>30 Gen St</u>	<u>Ad Gen for am</u>		<u>14/10/18</u>	<u>to 2208</u>
	<u>Princess Elizabeth</u>	<u>2 Reg 30 Gen St</u>	<u>Belais</u>	<u>15/10/18</u>	<u>to 2208</u>
				<u>15/10/18</u>	<u>to 2208</u>
			<u>For Officer 1st No 1 Infantry Section</u>		
			<u>3rd Echelon. General Headquarters</u>		
	<u>Next of Kin: Father - Samuel Cramm</u>	<u>Botwood</u>	<u>N.S. Bay</u>	<u>1918</u>	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. (6228) W. 13963/M1477 2.400.000 1/17 McA & W Ltd Forms B./103/4 (E. 856) [P.T.O.]

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

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

1. Unit and Corps... *Royal New South Wales* 7. Former Trade }  
 or Occupation }  
 2. Regtl. No. *4148* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name ... *C. ramm, Charles* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

- G.S. W. Rt. Forearm.*  
 11. Date of origin of disability.  
 12. Place of origin of disability.  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *wounded in France. 29/4/18. G.S.W. right fore arm. wound now healed.*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

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

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

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

15. What is his present condition?  
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
- Severely out of shape right fore arm. Also see elsewhere. process of ulna. not painful on pressure. movements free and full. Complains of pain on left hand weights.*

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

20. Do you recommend— *Reparation*
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*J. Roberts, Capt. Rames*

Medical Officer in charge of case.

Station *H.D.C.*

Date *11/1/19*

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

21. Give diagnosis and particulars of:—
- |   |                                    |
|---|------------------------------------|
| (a) Any disability claimed or discovered. | (b) The present condition thereof. |
|---|------------------------------------|
22. State whether the disabilities are:—
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war .. .. .                              |                     |                   |
| (ii.) Previous active service.. .. .                                     |                     |                   |
| (iii.) Climate in pre-war service .. .. .                                |                     |                   |
| (iv.) Ordinary military service before the war .. .. .                   |                     |                   |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . |                     |                   |
- Give details:

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

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

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

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

1. Unit and Corps. *Royal N.F.S.D.*
2. Regtl. No. *4148* 3. Rank. *Pvt*
4. Name *Levanon* *Lehas*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When  
 (b) Where  
 (c) Opinion of Court
- (b) Date of Discharge ;  
 (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- G.S.W. Right forearm.*
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- wounded in France 29<sup>th</sup> Sept 1918 by G.S.W. right forearm wound now healed*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. . *yes*
  - (ii.) Previous active service .. .. . *N.A.*
  - (iii.) Climate in pre-war service .. .. . *N.A.*
  - (iv.) Ordinary military service before the war .. .. . *N.A.*
  - (v.) Serious negligence or misconduct on the man's part. } .. .. . *N.A.*

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

*scar. outer surface right forearm also one over olecranon process of ulna was not painful on pressure warming free and full compliance of pain on lifting anything heavy*

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

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

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W. H. Smith, Capt. R. News*

Station *Hazlewood*

Date *1.1.19*

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

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

21. Give diagnosis and particulars of:—

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

*G.S.N. right arm*

*Wounded through the arm from point of elbow to anterior surface. Nerves & bones all right. Good grasp & free movement.*

22. State whether the disabilities are:—

- (i.) Service during the present war .. .. . *Yes*
  - (ii.) Previous active service .. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the part of the soldier .. .. . *No*
- Give details:

(a) Attributable to (b) Aggravated by

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

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

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

*less than 5%*

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

*Yes*

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

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

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

*Yes*

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

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

*H. G. ...*

President or Chairman.

Station *Leisham* .....

*Donald ...*

Members.

Date *June 30/19* .....

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

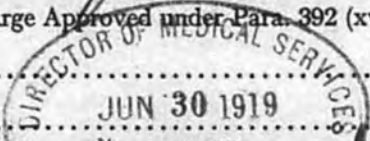
*Cluny Macpherson Major*

Only applicable in cases of Patients in Hospitals.

Station .....

Officer in charge, Central Hospital.

Date .....



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

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

Station .....

O.C. Discharge Centre.

Date .....

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

# MEDICAL HISTORY

OF

*Pat*  
*F.V.F.V.* 19/10/18  
Surname Cramm

Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish B. St. John's N.S. Bay County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 21 <sup>st</sup> day of Nov 1917	at St. John's	on day of 191	at
Declared Age	18 years 6 days		years	days
Trade or Occupation	Lumberman			
Height	5 feet 8 inches		feet	inches
Weight	137 lbs.		lbs.	
Chest Measurement	Girth when fully expanded...	35 inches		inches
	Range of Expansion...	4 inches		inches
Physical Development				
Vaccination Marks	Arm	/		
	Number			
When Vaccinated				
Vision	R.E.—V=	696/9	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)	<i>L. M. Peterson</i>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's	on 21 <sup>st</sup> day of Nov 1917	at	on day of 191
Joined on Enlistment	Corps.	Regtl. No. 6	Corps.	Regtl. No.
Transferred to	1 <sup>st</sup> Nfld Regt 4148			
	ROYAL NEWFOUNDLAND REGIMENT.			
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 case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Military Inf. Dep. Hq. St. Johns.	2	1	18	15	1	18	Mumps	13.	Discharged. Cured.	W. Gordon
Hazeley Down	19	3	18	5	4	18	Mumps.	14	Recovered. Discharged to duty	H. G. Lawton Capt R.A.M.C.
Bethnal Green Military Hospital Cambridge Road, E.	19	10	18	25	14	18	G. S. W. of Louvain R.	4	Majority Healed	S. Winkey M.D.



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

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

1. Unit and Corps ..... **ROYAL NEWFOUNDLAND** ..... 7. Former Trade }  
or Occupation }
2. Regtl. No. **4148**... 3. Rank..... **PRIVATE**..... 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. **CRAMM** ..... **CHARLES** .....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

**GUN SHOT WOUND RIGHT FOREARM**

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

**WOUNDED IN FRANCE 29TH. SEPT., 1918. G.S.W. RIGHT FOREARM WOUND NOW HEALED.**

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

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

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

**SCAR OUTER SURFACE RIGHT FOREARM, ALSO ONE OVER OLECRANON PROCESS OF ULNA. SCAR NOT PAINFUL ON PRESSURE. MOVEMENTS FREE AND FULL. COMPLAINS OF PAIN ON LIFTING ANYTHING HEAVY**

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

20. Do you recommend—
- (a) Discharge as permanently unfit? **REPATRIATION**
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

**(SGD) J. B. O'REILLY. CAPT.**

Medical Officer in charge of case.

Station.....

Date.....

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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(1) Clear and definite answers are to be filled in by the Board, and, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

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

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **G. S. W. RIGHT ARM**
- (b) The present condition thereof.

**WOUNDED THROUGH THE ARM FROM POINT OF ELBOW TO ANTERIOR SURFACE. NERVES AND BONES ALL RIGHT. GOOD GRASP AND FREE MOVEMENT.**

22. State whether the disabilities are:—
- |  | [a] Attributable to | [b] Aggravated by |
|--|---------------------|-------------------|
| [i.] Service during the present war ... ..                             | <b>YES</b>          | .....             |
| [ii.] Previous active service ... ..                                   | .....               | .....             |
| [iii.] Climate in pre-war service ... ..                               | .....               | .....             |
| [iv.] Ordinary military service before the war..                       | .....               | .....             |
| [v.] Serious negligence or misconduct on the part of the soldier... .. | <b>NO</b>           | .....             |
- Give details:

22 [a]. If not due to any of these causes, to what specific condition do the Board attribute it? ... .. **E. S. F.** .....

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

[a] How long is the present degree of disability likely to last?

[b] If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24c.

24. [a] What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital, or other treatment. [Degree of disablement should be expressed in the following percentages;—100, 80, 70 60, 50, 40, 30, 20, less than 20, or Nil] [Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards] [assessment to be stated in words as well as figures]

**LESS THAN 5%**

[b] In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. [a] Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

**YES**

Opinion of Military Member in case of disagreement

OR

[b] In what other grade do the Board place him?

[c] Do the Board recommend change to the United Kingdom [in the case of a soldier invalided at a foreign station]?

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

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

**YES**

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

29. Does the soldier require:—

[a] An attendant for his journey home?

[b] Transport from railway station to his home?

[c] The constant attendance of another person in his own home?

Signatures:—

(SGD) N. S. FRASER

} President or  
Chairman.

Station..... **ST. JOHN'S** .....

..... **H. S. TAIT** .....

} Members.

Date..... **JUNE 30th., 1919.** .....

..... **L. PATERSON. MAJOR** .....

Discharge approved under Para. 392 [xvi] King's Regulations

Station.....

(SGD) **CLUNY MACPHERSON, MAJOR**

} Only applicable in cases of Patients in Hospitals.

Date.....

Officer in charge, Central Hospital.

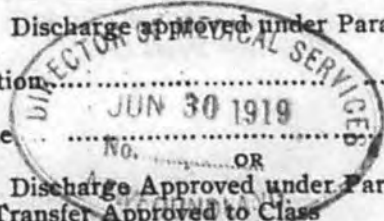
Discharge Approved under Para. 392 [ ] King's Regulations.  
or Transfer Approved to Class of the Reserve.

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

Station.....

O.C. Discharge Centre.

Date.....





# 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 Office 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 *Charles Gramm*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4148*

Intended address *Bohwood*

Height on discharge *5 Feet 9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *l.s.w arm*

Figure on discharge *medium*

Christian name of Father *Samuel*

Christian name of Mother *Lizzie (dead)*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *French Shore 22-5-age 18-1901*

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) *Charles Gramm*

(Rank) *Private*

Station *St. Johns*

Date *June 30-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer in Hospital,  
Unit, or Command Depot.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4148 Rank Pvt. Name Crampton, L. Date  
 Date of Enlistment 21-11-17 Address Betwood District St. John's  
 Occupation Turner Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Physically fit Disability Rating Less than 3%  
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 3-7-19 O. C. Discharge Depot. St. John's

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

hit man mark La. anti.  
 Approved Document

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

Received the above noted sum  
McIntosh

Date 3-7-19 O. i. c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 1225D to his home at Bolwood and Release Certificate No. 3182 issued.

Date 3-7-19 J.A. Snowball  
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.....

Date 3-7-19 J.A. Snowball  
Depot Paymaster.

Discharge approved for 5-7-19  
Forwarded with following documents to Q.C. Discharge Depot.

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
B179c	B 120	M 93		

*Handwritten notes: 1, 1, 2 Form B*

Date 5-7-19 J.A. Snowball  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 5 1919 R.H. Sait MAJOR  
O. C. Discharge Depot.

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

Date July 21 1919 [Signature]

Reg. No. 4148 Rank Pte Name Ernest Chas

Attested ..... Address Dotwood

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

Date of Allotment ..... Returned from Overseas 29.5.19

Returned on S.S. Corsican Cause Discharge

2-7-19 Rec Discharge from Army

3.7.19 PASSED TO DEMOBILIZATION OFFICER

5.7.19 DISCHARGE APPROVED ON DEMOBILISATION.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4148 Rank Pvt. Name Cramm, G.  
 Date of Enlistment 21-11-17 Address Botwood District St. John's  
 Occupation Lumberman Classification for Discharge B Medical Category E  
 Recommendation S. M. B. physically unfit Disability Rating Less than 5%

Passed to Demobilization Officer with following documents:—

N. F. 136	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 3-7-19

L. O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

but Lumberman La amb  
Chas x Cramm  
mark

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~~

O i/c. Re-clothing

Date 3-7-19

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 72250 to his home at Botwood and Release Certificate No. 3182 issued.

Date 3-7-19

*J.A. Snowball*  
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 19-7-19

Date 3-7-19

*J.A. Snowball*  
Depot Paymaster.

Discharged approved for 5-7-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. J
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
B179c	B 120	M 93		

*2 Form B*

Date 3-7-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

*R.H. Sait* MAJOR

Date JUL 5 1919

O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No 4148

Name Cramm, Charles Rank Pte

Address Botwood

Present Medical Category F

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

R. H. Lat Major  
O.C. Discharge Depot.

Members of Board {

Harrison  
Senior Medical Officer

J. W. Borden  
~~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 resume former Occupation.

*Ernest L. +*

Signature of Man.

*J. J. Snowball*

Signature of the Vocational Officer or his Representative.

Reg. No. 4148

Place ST. JOHN'S.

Date 3-7-19.

191

# ORIGINAL

N.F.P./12.

## NEWFOUNDLAND CONTINGENT



### CANCELLATION of ALLOTMENT.

1. I, (No) 4148 (Rank) Private (Name) Ernest Graham  
hereby apply for cancellation of Allotment made by me on N.F.P/11  
No. 4487, dated December 8<sup>th</sup> 1917 in favour of  
Sgt. Samuel Graham Batwood  
for \$ — cts 60 per diem.

Such cancellation to take effect on the 31<sup>st</sup> day of  
March 1918.

2. I agree to accept all risks and consequences of this applica-  
tion failing to reach Headquarters, St. John's, in time to become  
operative at above nominated cancelling date; and that in the  
event of such non-delivery, and thereby the allotment continuing  
to be paid to the Allottee, I also agree to such further stoppage  
in the Pay Books as may be necessary, or otherwise to refund such  
overpaid amount or amounts.

Dated at

St. John's, Newfoundland  
W. H. H. H. H.  
March 13<sup>th</sup> 1918

Ernest Graham  
Allotter.

Approved and Witnessed:

W. H. H. H. H.  
O.C. "D." Company.

W. H. H. H. H.  
12/3/18

To be made out in TRIPPLICATE and delivered at the Pay & Record  
Office not later than date of cancellation, in accordance with  
P. & R.O. C.L./10, 9/12/16.



FORM K

No 4487



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, L. Cream, Regl. No. 2128

hereby agree, until further notification by me, and in similar official form to make an Allotment of 2 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins December 16/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3301	Wife	Samuel Grant	Botwood	60
		Cancelled	3/3/18	
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
Officer Commanding  
Company  
[Signature]  
Dec 8 191

(S) L. Cream  
(Rank) 3rd Lt  
[Signature]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
29.

Regiment of

*1st Newfoundland*

Number of Companies *One*

Signature of O. C. Company

*[Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4128</i> <i>Gramm Co.</i>	Age on	<i>18 years 6 months</i>	<i>Labourer</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St John's</i>	<i>21-11-17</i>	
Joined		Date	Period of } with Colours <i>24</i> years. with Reserve <i>365</i> years.		<i>S.A.</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazelton camp</i>	<i>25.4.18</i>	<i>Pte.</i>		<i>Destroying Government Property</i>	<i>Coypl. Christian</i>	<i>Pay for damage</i>	<i>26.4.18</i>	<i>Pl. J. A. Edens.</i>	<i>[Signature]</i>
<i>"</i>	<i>1.6.18</i>	<i>"</i>		<i>absent from tattoo to office small 10.55 pm.</i>		<i>3 days' CD.</i>	<i>2.6.18</i>	<i>Pl. J. A. Edens.</i>	
				<i>Demobilized St. John's,</i>	<i>19 17</i>				

To be carried over



Veterans  
Affairs

Affaires des  
anciens combattants

NC

OK

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

0451732

NAME — NOM

Cramm ~~Robert~~ Charles <sup>(1)</sup>

SERVICE NO — MATRICULE

4148 Roy. NFLD wwi  
Regt

DATE OF DEATH — DATE DU DÉCÈS

15/8/81

CPC NO — CCP N°

2610806

WVA — AAC. N°

PLACE OF DEATH — ENDROIT DU DÉCÈS

Botwood cottage Hosp. Botwood

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

SUA93 St. John S NFLD

Y.S.

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE POSSIERS

2/2/82

DATE