

28850

NAME

Elliott, A.

No.

40210

**NEELD
1914-18**

*Decreed
28-12-59*



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4000 Name Wm. [unclear] Corps [unclear]

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1.
- 2. What is your full Address? } 2.
- 3. Are you a British Subject? 3.
- 4. What is your age? 4. ... Years ... Months
- 5. What is your Trade or Calling? 5.
- 6. Are you Married? 6.
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7.
- 8. Are you willing to be vaccinated or re-vaccinated? } 8.
- 9. Are you willing to be enlisted for General Service? } 9.
- 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? } II.

I, [Signature] 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.

[Signature] SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, [Signature] 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..... 1917

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 [Signature] 1917

Place [Signature] } 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 Alfred E. Elliott

Apparent age 35 years 2 months. Height 5 feet 3 inches

Chest Measurement { Girth when fully expanded 43 inches
 Range of expansion 2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Elliott
St. John's Island, P. O. Box 100 | Relationship Brother
North West Arm, P. O. Box 100 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 " _____ [" "] _____ " _____ "									

4040



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4040 Name Alfred Elliott Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Alfred E Elliott</u> |
| 2. What is your full Address? | 2. <u>Pittier's Island N.B.W.I.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>32</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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
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, Alfred E Elliott 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.

Alfred ElliottSIGNATURE OF RECRUIT.

Robert CookSignature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alfred E Elliott 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 Pittier's Island on this 31 day of Oct. 1917

Signature of Attesting Officer Wm. J. ...

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Bn.

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

Date Oct. 31 1917 } Approving Officer.

Place Pittier's Island }

† 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 Alfred Elliott
 Apparent age 32 years 2 months. Height 5' feet 3" inches
 Chest Measurement { Girth when fully expanded 43 inches
 Range of expansion 8' inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bertina Elliott
Pelly's Island, Y.S. Bay Relationship Brother
North West Arm, Pease Bay 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 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>31-10-17</u>									
Joined at <u>St John's</u> on <u>October 31-17</u>									
<u>Discharged July 18/1919</u>									
<u>Embarked St. John's St. Kitts 11-12-17</u>									<u>Embarked for B.C. 25 5/18</u>
<u>Disembarked France 27-5-18</u>									<u>Joined B.C. in the field 31-5-18</u>
<u>Wounded 29-9-18</u>									<u>Admitted 3rd Amb. Det. 45th Gen. Hosp. 29-9-18</u>
<u>to Cayland 7-11-18</u>									<u>Admitted how land military Hosp. Mansstead 7-11-18</u>
<u>transferred to 3 London Gen Hosp 14-2-19</u>									<u>Moved to Winchester 13-5-19</u>
<u>to Newfoundland for demobilization 22-5-19</u>									<u>Arrive Newfoundland 1-6-19</u>
<u>Demobilization</u>									<u>St. John's 18-7-19</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-19 [date of discharge] 1 years 261 days
 " " Pensions " " " " " " " " " " " "



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 *Alfred Elliott*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4040*

Intended address *Pillay's Isld.*

Height on discharge *5* Feet *8*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue,*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

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 *Trullington, 12 July, 1884*

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)

Alfred Elliott

Pte.

(Rank)

Station

St John's

Date

16-6-19

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 i/c Hospital.
Unit, or Command



Station

Date

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.

- 2
1. Unit and Corps *1st R. Newfoundland*
 2. Regtl. No. *4040* 3. Rank *Pte*
 4. Name *Elliot Alfred*
(Surname) (Christian Names)
 5. Age last birthday *34*
 6. Posted for duty on *29.10.1917* at *St. John's*
 in category (or grade) *✓*
 7. Former Trade or Occupation } *Fisherman*
 - 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 *yes* (b) on field service *yes*
 (c) on duty *yes* (d) off duty? *no*
 9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 (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."

U. S. lwd Face

11. Date of origin of disability. *20 Oct. 1918*
12. Place of origin of disability. *Parschendale France*
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.
*T + T lwd.
 Entry left antecur
 Exit right temple lower jaw
 fracture mandible*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service.. .. . | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |

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.)

Wounds healed. Considerable limitation of opening mouth. Cannot masticate solid food without difficulty

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

Two. To open mouth and to extract teeth

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?

Three teeth the result of wounds directly attributable to active service

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?

Nil

20. Do you recommend—

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

Yes

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

Alfredo Barreto Capt

Station *3 Sudan General Hill*

Medical Officer in charge of case.

Date *24 April 1919*

* 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.—(i) 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.W. Sac. Comp'd Fracture
Rupper & lower Maxilla
loss of 2 teeth.*

22. State whether the disabilities are:—

- (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

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

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?

bmo.

(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.

no

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).

300p. Thirty

(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 P.H.

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?

✓

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:—

Station *3rd London General Hospital,*

WANDSWORTH, S.W.

Date *26/4/19*

W. J. G. ...
W. J. G. ...

President or Chairman.

Members.

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

Station *Wandsworth*

Date *27/4/19*

W. J. G. ...
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR
 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

Date

O.C. Discharge Centre.

Casualty Form - Active Service.

Regiment or Corps *11. Royal Newfoundland*

Rank *Pte* Surname *Elliott* Christian Name *Alfred*

Religion *Meth.* Age on Enlistment *32* years *2* months

Enlisted (a) *31.10.17* Terms of Service (a) *Duration* Service reckons from (a) *31.10.17*

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation *Fisherman* *P. M. Eversen* *Paymaster*



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				
			Embarked	<i>25-5-18</i>	
			Disembarked	<i>27-5-18</i>	
			Joined Battalion	<i>31-5-18</i>	
		Wounded in Action			
<i>30/9/18</i>	<i>Ad Capt</i>	<i>Ad surface trans</i>	<i>Col</i>	<i>29/9/18</i>	<i>B.213</i>
	<i>13 Gen Stp.</i>		<i>Boulogne.</i>	<i>30/9/18</i>	<i>6.07363</i>
	<i>Carter de Bonch.</i>	Transferred to England	<i>Ad Capt</i>	<i>17/11/18</i>	<i>14029698</i>
					<i>W3053</i>

For Officer i/c No 1 Infantry Section
3rd Echelon, General Headquarters

(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.
W. 5453-312731 20/04/17 (35611) C. P. & S., Ltd., Form B.103 E/1307. P.T.O.



Ad

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4040 Rank Plt Name Elliot A.
 Intended place of residence Pelley's Isls
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

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 JUN 20 1919
 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
 Signature of soldier A. Elliot
 Signature of witness Am. Johnston

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 20-6-19
 Signature of soldier Alfred Elliott
 Signature of witness W. J. Eaton Esq

STATEMENT OF SERVICE

7. Enlisted for service 30-10-17 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 627

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 4 1919
 Officer in Charge 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 18/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 213 2079/3080

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... 1st R. Newfoundland
 2. Regtl. No. 4040 3. Rank... Pte
 4. Name Elliott Alfred
 (Surname) (Christian Names)
 5. Age last birthday... 34
 6. Posted for duty on... 20.10.17 at... St. Johns
 in category (or grade).... —

7. Former Trade } Fisherman
 or Occupation }

7a. If the soldier claims previous service in Army, he should state—

(a) Former Regts. or Corps ;
with Regtl. Nos.

COPIES SENT		
TO	NO	DATE
M. OF M.		<u>20/5/19</u>
O.C. 1ST. BN.		
" 2ND. BN.		

(b) Date of Discharge ;
(c) Cause of Discharge.

8. If the disability is an injury was it caused
 (a) in action Yes (b) on field service Yes
 (c) on duty Yes (d) off duty? No

9. If a Court of Inquiry was held on an injury state:—

(a) When

(b) Where

(c) Opinion of Court

(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 Face.

11. Date of origin of disability. 2.10.18.

12. Place of origin of disability. Paschendale, France

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. t. & t, wound. Entry right angle lower jaw, fracturing mandible.

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service.. .. . | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the }
man's part. | No | |
- 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.)

Wounds healed, considerable limitation of opening mouth cannot masticate solid without difficulty.

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

Two. To open mouth and to extract teeth

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 ?

Three teeth the result of wounds directly attributable to active service.

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 ?

nil

20. Do you recommend—

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

Yes

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

Sgd. Fletcher Barrett Capt.

Medical Officer in charge of case.

Station Wandsworth S.W.

Date 24.4.19.

* 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

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. **G.S.W. Face comp.fract.R upper
and lower maxilla loss of 2 teeth**
- (b) The present condition thereof.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(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

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

six months

(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.

No

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).
- (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?

30. thirty

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 . P.U.

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?

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:—

Station Wandsworth S.W.
Date 26.4.19

Sgd. Frank Bateson COL. { President or
Chairman.
W.E. Wynter Major. } Members.

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

Station Sandsworth
Date 29.4.19
T. H. Ferguson Major R.A.M.C. { Only applicable
Officer in charge, Central Hospital. } in cases of
Patients in
Hospitals.

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
Date
O.C. Discharge Centre.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Elliott* (Surname) *Alfred* (Christian Names) Regl. No. *4040* Rank *Pg* Unit and Corps *1st Newfoundland*
Willeys Island *Horse Guard* *12th*
Newfoundland

1. State the nature of the disability or disabilities from which this man is suffering.	<i>gsw. Face</i> <i>C.2 Fracture R upper & lower jawilla</i> <i>W. of 2 teeth.</i>
2. What is the present condition of such disability or disabilities?	<i>Improving. wound healed</i> <i>Fract. united</i>
3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class ? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which ?	NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability. <i>no</i>
4. With reference to Army Council Instructions, is any surgical appliance recommended?	<i>no</i>
5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable	<i>✓</i>

Signature *H. H. Harrison* President.
 Station *3rd London General Hospital* *WANDSWORTH, S.W.* *W. H. Yates* Major } Members.
 Date *20/4/19*

Approved. Station Date
W. H. Yates
 Officer in charge, Central Hospital.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *4040*.....Rank. *pte*.....Name *A. Elliott*.....
(Surname) (Christian Names)Unit and Corps } *Newfoundland*
Battalion

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France.
Three months.

(b) In what capacity?

Infantryman

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

S.S.W. Jaw — which now makes it difficult to masticate food properly.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

13th Gen. Hoapl. Boulogne
Hampstead Hospital London
St Mary's Hospital Highgate
3rd London Genl. Hospital

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

Joshua Parsons, Newfoundland

8. (a) What was your occupation before joining the Army?

Fisherman

(b) What was your trade before joining the Army?

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Wandsworth, London*

Signed (Soldier) *A. Elliott*

Date *22nd April 1919*

Signed *John Taylor*

Witness.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART

Soldier's Name Elliott Alfred
(Surname) (Christian names in full)

A.

Unit from which discharged 1st Newfoundland

Regimental Number 11040 Rank on discharge Pl Age on discharge 34

Married, widower with children, or single single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } as above

Nature and locality of employment desired as above

Full postal address to which proceeding on discharge Pillays Island Northdean Bay

Name of Approved Society (if any) Newfoundland

PART

B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...				India		
Disallowed				South Africa		
Service towards pension						

Number of G.C. badges medals

PART

C.

Wounds and actions in which received

PART

D.

Where born (parish, town and county), and date Swellingat Staff July 1853

Colour of hair on discharge Brown Colour of eyes gray Complexion Fresh

Christian name of father deceased

Christian name of mother deceased

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400. and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full _____

Date and place of marriage _____

Christian names
of children and
dates of birth _____

Date and place of 1st enlistment

29-10-1917 St. Johns

Figure on discharge

5R 4"

Descriptive and other distinguishing marks

Scars R. Jaw

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Alfred - Elliott

Station

Wandsworth

Rank

PL

Date

26/4/19

I certify that the above-named soldier signed the foregoing declaration in my presence.

W. S. J. (Rank)

O.C. unit or Officer i/c Hospital

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out
whichever
inapplicable.

Military character _____

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

Officer i/c Records.

Station _____

Date _____ 191 _____

* Insert P., or P.(T).

To be attached to Page 2 of A.F. B. 179A. A.F. B. 179P. (Additional).

The answer to this question 16 should be copied from A.F. B. 179A and signed by the Officer in Medical charge of the case and the Officer in charge of Hospital before the papers are despatched from the Hospital.

16. Was an operation performed? *Yes*

If so, what? *To open mouth and extract 3 teeth*

Date *24 April 1919*

Fred Barrett Capt
.....
Officer in Medical charge of
case.

To be detached and handed to
the man on his discharge
from the Hospital.

H. J. ...
.....
Officer in charge of Central
Hospital.

Reg. No. 4040 Rank Pvt Name Elliott, A

Attested..... Address Burlington

Allotment..... Allottee

Date of Allotment..... Returned from Overseas 1-6-19

Returned on S.S. Corsican Cause Discharge

17-6-19

Recd. Discharge from Army.

20 6 19

PASSED TO DEMOBILIZATION OFFICER

4 7 19

DISCHARGE APPROVED ON DEMOBILISATION.

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

High Class
MEDICAL HISTORY
OF

Depot 4040
Depot.

Surname E. Smith Christian Name Depot.

Table 1—GENERAL TABLE.

Birthplace:—Parish Piney's Island R.O. B County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>21</u> day of <u>Oct.</u> 1917 at <u>St. Johns</u>	on _____ day of _____ 1917 at _____	on _____ day of _____ 1917	on _____ day of _____ 1917
Declared Age	<u>37</u> years	<u>2</u> Mos	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight		<u>145</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>42</u> inches		inches
	Range of Expansion	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>/</u>		
	Number	<u>/</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/0</u>		R.E.—V=	
	L.E.—V= <u>6/20</u>		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>Lieutenant Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. Johns</u> on <u>21</u> day of <u>Oct.</u> 1917	at _____ on _____ day of _____ 1917	at _____ on _____ day of _____ 1917	at _____ on _____ day of _____ 1917
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Nfld Regt</u>	<u>4040</u>		
Became non-effective by	on _____ day of _____ 1917	on _____ day of _____ 1917	on _____ day of _____ 1917	on _____ day of _____ 1917
[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				
NEW END MILITARY HOSPITAL, HAMPSTEAD, N.W.	7	11	18	28	1	19	S. S. Face, facial bone face	83	Transferred to Long Grove Hill, P (Sp) & Raves Major Walk	
GRIVE MILITARY HOSPITAL, FOOTING GROVE, S.W. 14	28	1	19	14	2	19	J. S. Face	14	gums healed. Slight britis removed in gums removed	W. Cooke MAJOR, M. B. E. C. (I.) REGISTRAR FOR G. S. & ROYAL MILITARY MEDICAL SERVICE, S. W. 14
London General Hospital, WANDSWORTH, S.W., 14							J. S. Face		Board held: see overleaf comp. pack: Rupper jaw Loss of 2 teeth; considerable limitation in opening of mouth. Cause:— Inflammation in action. Disablement: 30/70	W. Cooke MAJOR, M. B. E. C. (I.) REGISTRAR FOR G. S. & ROYAL MILITARY MEDICAL SERVICE, S. W. 14



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..... **June 16/19**.....

1. Unit	<i>Royal Newfoundland</i>	5. Age last birthday	35.
2. Regimental No.	4040	6. Enlisted on	31/10/17.
3. Rank	Pte,	at	St. John's.
4. Name	Elliett, Alfred.	7. Former trade or occupation	Fisherman.

8. Disability

B.S.W. FACE......

9. History

T&T Bullett wd. through Sup. Maxilla, From Left Molar Bone to just behind just behind anglw R. Mandible. Treated France evacuated, U.K.

10. What is his present condition ?

He states that his mandible was fractured in Occordy Ramus. He now complains pain
brief—the clearer the case the less need be written. Read note f above). R. Side lower Jaw, & inability to mouth
more than 1" between incision teeth. He cannot masticate his food properly owing
to stiffness of jaw, & pains shooting through face when chewing.

Department of Military Neurology

Medical Department

Medical Report on an Injured

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ?

Signature J. ST. P. KNIGHT.....

Rank or Qualification MAJOR.....

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Printed through GPO, Washington, D.C. 1917. Price 10 cents. Sold by the Superintendent of Documents, Washington, D.C.

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 wd. of entrance L. Cheek. Exit ~~XXXXXXXXXXXXXXXXXXXX~~ behind angle of Right jaw. Which was fractured & lost couple of teeth. Can open the mouth one inch only, skin, ever chin numb. Cannot masticate on R. Side & has some difficulty with L.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **60%.**

(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? **60% 3 Months.**

(State in percentage.)

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

Remarks if any:—

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

Signatures..... **J. S. TAIT**.....

..... **L. PATHERSON... MAJOR**.....

Place **ST. JOHN'S**.....

Date **June 17/19**.....

APPROVED

Station.....

Date.....



(SGD) **GLUNY MACPHERSON... MAJOR**.....
Administrative Medical Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland.

Number of ~~Sheet~~ 0110.

Signature of O. C. Company Wiley Jr.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Elliott A.</u>	Age on	<u>32</u> years <u>2</u> months	<u>Fisherman</u>	
<u>4040</u>		Place and Date of Enlistment	<u>St. John's</u> <u>31-10-17</u>	Religion	
Joined		Date	} with Colours <u>261</u> years. with Reserve <u>1</u> <u>365</u> years.	<u>Meth.</u>	
Joined		Date			
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's, 18³¹/₁₉</u>					

To be carried over

Army Form B. 121.

C.R. 4040

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 23/19

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records from 18-7-19.

4040 Pte. Alfred Elliott.

C.R.

4040

Extract from Daily Orders Part II Unit The Royal Wilt. Regt.
St. John's, June 1919.

The discharge of the undernoted on demobilisation has been
approved by C.O. Discharge Depot with effect from 4-7-19.

4040 Pte. A.Elliott.

C.R. 4040

Extract from medical board held on Tuesday afternoon
1919.
June 17th. the following were the findings.

4040 PTE. A. ELLIOTT.

RECOMMENDED DISCHARGE FROM THE ARMY.

C.R. 4040

Extract from Daily Orders Part II Depot, St. Johns,

Date

June 18th 1919.

4040, Pte. A. Elliott.

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

C.R. 4040

Extract from Casualties from Pay & Record Office, London
dated 14/5/19.

The undermentioned, ex 3rd London General Hospital 12/5/19,
reported at the Pay & Record Office and was ordered to report to
Depot, Winchester, same date (for repatriation)
classified 26/4/18 permanently Unfit

4040, Pte. A. Elliott.

AUTHORITY:

A.Fs. B.256 from 3rd L.G.H.

C.R. 4040

Extract from Casualties received from Pay & Record
Office, London, Feb. 17th, 1919.

4040 Pte. A. Elliott.

Was admitted 3rd London General Hospital, 14-2-19.

Transferred from New End Military Hospital, Hampstead.

C.R. 4040

**Extract from Casualties received from Pay & Record
Office. Feb. 17th, 1919.**

4040 Pte. A. Elliott.

Was transferred from Gràve Mil. Hosp. Tooting, S.W. 17
to 3rd L.G.H. (Undated)

Counter No. 10410

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 Nov. 11th, 1918

To Bert Elliott, Burlington, Green Bay

Regret to inform you that Record Office, London, officially reports No. 4040, Private Alfred Elliott, at Military Hospital Hamstead, Nov. 7th suffering from G.S.W. head

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

J. R. Bennett

age Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

CR. 4040

EXTRACT FROM TELEGRAM FROM SYNOPTICAL DATED NOV. 9th., 1918.

MILITARY HOSPITAL HAMPSTEAD Nov. 7th., G.S.W., head
4040 Elliott.

C.R. 4040

Extract from Nominal Roll of sick and wounded from the
France Expeditionary Force admitted to Mile end Military
Hospital, Hampstead. 7-11-18.

4040 Pte. A. Elliott

Wd. G.S.W. Head.

C.R. 4040

Extract from War Office List. No. C. 1710 dated 10/10/18.

#4040 Pte. A. Elliott.

BC.

WOUNDED 29-9-18.

W C.R. 4040

PROGRESS REPORTS.

P.144418. (CONTD.)

O.C. 3 AUST.C.C.S. FRANCE reports 3 Oct.18.

26908 Cpl. Crisp A.	4/WORC.R.	GSW. Buttock R. Thigh R. Pen. Abdomen.	<u>TRANS. TO BASE 1 Oct.18.</u>
20229 Pte. Goode W.	4/ -do-	BW. F'arm L. Side L.	<u>DANGEROUSLY ILL.</u>
45138 L/C. Pratley J.	2/R. INNIS.FUS.	BW. Mouth.	<u>TRANS. TO BASE 1 Oct.18.</u>
7301 E/C. Fitzmaurice F.	2/LEINS.R.	GSW. Buttock L. Pen. Abdomen.	<u>-do-</u>

O.C. 3 AUST.C.C.S. 2 Oct.18.

5175 L/C. Borden A.	2/LEINS.R.	GSW. Knee L.	<u>TRANS. TO BASE 1 Oct.18.</u>
4040 Pte. Elliott A.	1/NEWFOUNDLAND.	GSW. Face.	<u>TRANS. TO BASE 30 Sept.18.</u>
63334 Sgt. Sydenham G.	RFA.29 DAC.	GSW. Head Com. Fr. Skull.	<u>DANG. ILL. -do-</u>
23905 Pte. Buckley W.	9/R. INNIS.FUS.	GSW. Chest Pen. Chest.	<u>TRANS. TO BASE 1 Oct.18.</u>
133068 Pte. Hicks E.	36/W.G.C.	SW. Chest Thigh R. Buttock.	<u>IMPROVED TRANS. TO BASE 1 Oct.18.</u>
200815 Pte. Sheppard J.	7/SEAF.HRS.	GSW. Arm L. Thigh L.	<u>DANGEROUSLY ILL.</u>

.....

Form 2

Newfoundland Postal Telegraphs



Prefix..... SERVICE MESSAGE

Time received..... by..... Time sent..... by.....

From

J. R. Bennett
 T. Min of Marine

40 40

*Pilley's Isld notifies yours
 yesterday to Bert Elliott
 and live there a party unknown
 there.
 Postal*

C.R. 4040

Extract from Telegram received from Synoptical,
London, dated Octobr 3rd, 1918

At 3rd Australian Casualty Clearing Station,
September 29th, dangerously ill, Gunshot wound
Face #4040 Pte. Elliott.

C.R. 4040
Cover No. 40

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 Militia Department

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated Oct. 5th, 1918

To Bert Elliott,
Burlington, Twillingate.

Regret to inform you that Record Office, London,
officially reports **No. 4040 Private Alfred Elliott**
at 3rd Australian Casualty Clearing Station Sept. 29th
dangerously ill suffering from Gunshot wound Face

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.

FOR TYPEWRITER

CR ⁴⁰ No. 40

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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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. ³~~4~~, 1918

To Bert Elliott, Pilley's Island, N.D.B.,
Burlington, Swillingate

Regret to inform you that Record Office, London, officially reports No. 4040, Private Alfred Elliott at 3rd Austrian Casualty Clearing Station Sept. 29th dangerously ill suffering from G.S.W. face.

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.

FOR TYPEWRITER

4040

Extract from Casualties from Pay and Record Office, London, dated
2nd Oct. 1918.

4040 PTE. A. ELLIOTT

At the 3rd Australian Casualty Clearing Station, is reported by the
O.C. DANGEROUSLY ILL, G.S.W. face, 29/9/18.

Authority: Telegram from War Office (C.2.Cas.)

C.R. ~~40~~ 40



PROGRESS REPORTS.

Nos. P.142429 and P.142463.

No. P.142429

O.C. 3 AUST. C.C.S. FRANCE telegraphs 29 Sept. 18.

23187 Pte. Wylie 2/R.INNIS.FUS.
 15527 Sht. Fulton J. 2/ -do-
 1C768 Sjt. Gibbs S. 2/S.W.B.
 44234 Pte. Hall L. 2/ -do-
 30E791 Pte. Banks W.E. 11/R.SCOTS.
 47614 Pte. Downing J. 11/ -do-
 4653 Pte. Killy D. 2/L.INNISTER.
 5175 L/C. Borden H. 2/ -do-
 4040 Pte. Elliott A. 1/R.NEWF.REGT.
 63334 Sjt. Sedenhun G. RFA.29 DAC.
 23905 Pte. Buckley W. 9/R.INNIS.FUS.
 133068 Pte. Hicks 36 M.G.C.
 20C815 Pte. Sheppard J. 7/SEA FORTHS.

GSW Head penet. DANGEROUSLY ILL.
 BW Hip Penet.Abdomen. -do-
 BW Thigh L.Hand L. -do-
 GSW Thigh R.comp.fr.Femur. -do-
 GSW Arm R.comp.frac. -do-
 GSW Arm L.Leg L. -do-
 GSW Chest pen.foot R. -do-
 GSW Head. -do-
 GSW Knee L. -do-
 GSW Face. -do-
 GSW Head,Comp.fract.Skull. -do-
 GSW Back penet.Chest. -do-
 SW Chest.Buttock Thigh R. -do-
 GSW Upper Arm L.Thigh L. -do-

No. P.142463.

O.C. 8 STAT. H. WIMEREUX telegraphs 30 Sept. 18.

13139 Pte. Beattie J. 2/K.R.R.C.
 44682 L/C. Stillman J. 12/N.STAFFS.
 13E812 Sjt. Hannaford W. 13 BTN.CNDS.

Wound Gas Shell. DIED at 1.10 a.m. 30 Sept. 18.
 GSW Leg L.Fract.Femur. DIED at 3.15 a.m. 30 Sept.18.
 GSW Thigh R.Fract. DIED at 9.20 p.m. 29 Sept.18.
 -----Femur-----

1851

Handwritten scribbles

C.R. 4040

Extract of Nominal Roll Draft (All Ranks) to 1st

Bn. B.E.F. Embarked Fönkestone.

Extract of Nominal Roll Draft. (All Ranks) to 1st
Bn. B.E.F. Embarked Fönkestone.

4040 Pte. A. Elliott.

25-5-18

C.R. 4040

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,- 130 Other Ranks from 2nd.Bn.
Depot, Winchester, to 1st. Batta.,The Royal Newfoundland Regiment, B.E.F.
Embarked Folkestone, 25/5/18.

4040 Pte. A. Elliott.

A.Fs. B. 103 (one for each
soldier) sent to 3rd. Echelon
B.E.F.

C.R. 4040

Extract from Nominal Roll, embarked St. John's for Overseas
December 11 th 1917. per S.S. FLORIZEL.

#4040 PTE. E. ELLIOTT.

C.R. 4040

Extract from Daily Orders Part 11 Unit The Royal Newfoundland
Regt., St. John's, Mar. Oct. 31st, 1917.

4040 Pte. A. Elliott.

Attested for General Service with the Newfoundland Regt., with
effect from Oct. 31st, 1917.

C.R. 4040

Extract from D.O. Pt. II, Unit the R.Hfld. R. dated
13-5-19, by O. C. 2nd. Bn.

The u/a having rept. from Hospl. is taken on the strength
and posted to ".K" as from 12th. inst.

4040 Pte. A. Elliott.

54040.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 41215 Rank Plt Name Elliott, A
 Date of Enlistment 3-10-17 Address Collyer St District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category E1
 Recommendation S.M.B. permissible Disability Rating 60% 3 Mos

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 20-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Alfred Elliott

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 [Signature]

Date 20-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B 1874 to his home at Phillips Road and Release Certificate No. 2933 issued.

Date

20-6-19

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

20-6-19

H.S. [Signature]
Depot Paymaster.

Discharge approved for

4-7-19

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

N.F. P136	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		

2 Form B

Date

20-6-19

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

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date

JUL 4 1919

R.H. [Signature]
O. C. Discharge Depot.

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

Date

July 11/1919

[Signature]
[Signature]

Elliott, A

C.R. 4040

P. & R. Co.

Admitted 14.2.19

Army Form W. 3202.
(In books of 100.)**NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.**Soldier's } 2040 Rank Pte
Regtl. No. }Name Elliott, A.
(Surname first)Corps or Regiment } R. Infd Winchester.
(also Unit if known) }

To Officer i/c of Records 58 Victoria St. SW

Regimental Paymaster do do

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 26.4.19., has been sent to his ^{the address below} home on ^{repatriation} warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 12.5.19

to (full address) 58 Victoria St. SW

Date 12.5.19

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

Place Wandsworth London General Hospital.

Three copies to be made: one by each Officer above-mentioned, and one copy filed in the Office.

Notification to the Officer i/o Records that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE.—On receipt of this notification the Officer i/o Records is to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of absence or loss of the originals.

Army Form W. 3977c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/o Records after having filled in the particulars of the names and dates of birth of the soldier's children for whom separation allowance is being paid, on receipt of which the Army Form is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3977c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If the Army Form has not been received by the Officer i/o Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

Part I.

A.F. W. 3977a has been sent to
O.O.

The Officer i/o Records

A.F. W. 3977c has been sent to
The Regimental Paymaster

58 Victoria St 58 Victoria St

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

You are requested to forward without delay Army Form B. 178, or temporary document, for the soldier.*

No. 44040 Rank Private
 Name Elliott Alfred
 (Surname) (Christian name in full)
 Unit and 1st Coy Newfoundlands
 Station LONDON GENERAL HOSPITAL
MEDICAL BOAR
 Date 27 DEC 1918 Officer i/o Hospital. J. J. C. P.
 Strike out if inapplicable.

NOTE.—If the soldier is to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/o Hospital is to complete such of the following particulars as the soldier can furnish before transmitting the Army Form to the Officer i/o Records:—

The soldier claims repatriation to _____ (Country). _____ (Place).

- (i) Where enlisted _____
 (ii) Date of arrival in United Kingdom _____
 (iii) Port of arrival _____
 (iv) Ship on which arrived _____
 (v) Name of Shipping Line or Agent _____
 (vi) Names and addresses of two references who can verify the above particulars _____



In such a case the Officer i/o Records is to verify the soldier's claim forthwith and report on Part II, of this Form whether the claim is substantiated or not.

Part II.

Officer i/o Hospital,

The soldier's claim to be repatriated abroad* _____ accepted. { Insert "is" or "is not."
 On termination of his leave he is to report to the Officer Commanding, _____ { Strike out if
 at _____ (Station) inapplicable.

Station _____

Date _____ 191 _____

Officer i/o _____ Records.

Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

Part I.

A.F.W. 3977A has been sent to
O.O.

A.F.W. 3977a has been sent to
The Officer i/c Records,

The Regimental Paymaster,

58 Victoria St. 58 Victoria St.

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 110110 Rank Private

Name Elliott (Surname) Christian (First Name) Trully

Unit and Corps 1st Coy Newfoundlands

Station LONDON GENERAL HOSPITAL Officer i/c Hospital Trully

Date 12th Nov 1918

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete Part II of this Army Form with the following particulars as the soldier can furnish. This information is to be sent to the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to _____ (Country).

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars _____



In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977B whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T.F. Association, and forwarded without delay to the Officer i/c Records.

Station _____

Date _____ 191 _____

Officer i/c Hospital.

To pay master

please I wish two

draw and amount \$1.00

OK # 1.00
6/15/19 W.H.
Receipt 7/90

To my Credit

No 4040

St A Elliott

in f I D appear
j. h. hines
Capt
R. H. T.

THE GENERAL HOSPITAL

RECEIVED

HANDS ON 18. 18.

To pay master
please I would
wish to draw
one pound
to my credit
in the name of Elliot
and Fry

Approved
J. J. Fry

DK # 1-0-0
17 4/19 W.M.
Receipt no 2055

3RD LONDON CHARITABLE
No. 17 APR 1919
WANDSWORTH

J. J. Fry

24/3/19

Yr Chief paymaster
of Royal. Artd Rgmt.
Please pay (4040)
P.A. Elliott. the sum
of five pound and deduct
from account.

~~P.A. Elliott~~

~~Yr~~

Yr order appended
J. H. Coy.

OK #1-0-017 3 19.
17/3/19 W.S.
R. 1702

Admitted 14.2.19

Army Form W. 3202.
(In books of 100.)

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

Soldier's } 4040 Rank Plt
Regtl. No. }

Name Elliott, A
(Surname first)

Corps or Regiment } R. Med. Division
(also Unit if known) }

To Officer i/c of Records 58 Victoria St. S.W.

Regimental Paymaster do do

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 26.4.19, has been sent ^{to his home on} ~~to his home on~~ ^{the address below} ~~to his home on~~ ^{repatriation} warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a ~~set~~ ^{suit} of plain clothes.

He proceeded on (date) 12.5.19

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

Date 12.5.19 M. G. M. G. } Officer
Registrar, R.A.M.C.I. } Comm.

Place Wandsworth London General Hospital

Three copies to be made, ~~one copy sent to each~~ ^{WANDSWORTH S.W.} Officer above-mentioned, and one copy filed in the Office.

OK #1-0-0
15/4/19 Receipt-2027

to pay master

please I would

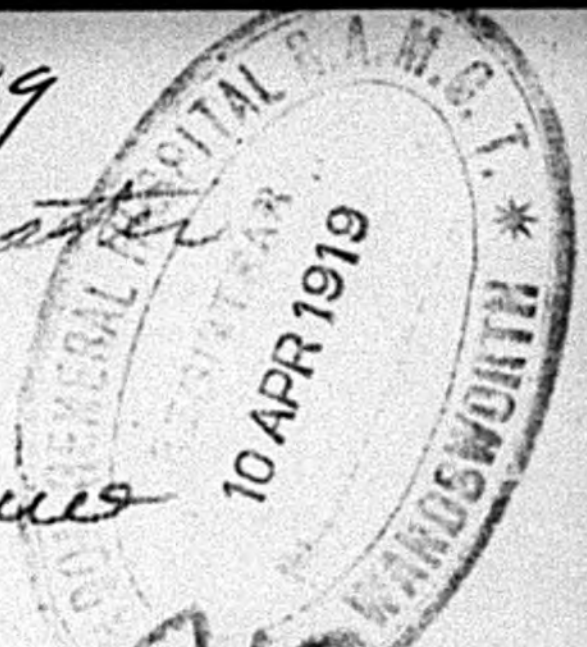
wish to draw
one pound to
be credited
to the acct of Elliot
2 of J D

approved.

J. Williams
Capt R A MCT

15/4/19.

O.K. of 1-0-0 M.R. 10/4/19
Receipt No 1980
to Pay master



with to dress
one pound to Mr
credit 4040 at Elliott

M L D Rgt

Approved
G. Thomas Esq.
10/4/19

5-4-19.

Please give me 1 £ (one Pound)
and charge same to my
credit
W. A. Elliott
Royal G. & S. I. Regt.

LONDON GENERAL HOSPITAL
No.
4 - APR 1919
WANDSWORTH, S.W. 18.

~~W. A. Elliott~~
W. A. Elliott
R. 1931
1-0-0
5-4-19

K. A. 100
29/3/19
Receipt 1864

29-3-19.

Please give me one £. and charge it
to my credit

~~AC~~

4040 of Elliott
Royal G. F. L. D. Regt.

3RD LONDON GENERAL
No.
29 MAR 1919
WANDSWORTH, S.W. 13.

Approved
Thomas
Capt. 29/3/19

229

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON S.W.
PAY & RECORD OFFICE

23.4.19

Master
I would
draw
and
draw
dry
no use of
allied
of I B
e e

Handwritten signature/initials

300
*
APR 23.4.19
Thomas Coy.
1500

28/7/19

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

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



- No. Date
- (1) To the Officer i/c Records
Date.....
- (2) The Officer Commanding
- (3) The Paymaster

58 Victoria St
 1917
 58 Victoria St
 Wandsworth
 Station.

* Strike out that which is inapplicable.

Regimental No. 4048

Rank and Name The Elliott Alfred

Regiment or Corps Newfoundland Regt

has been granted transferred from this Regt

a furlough from to the 3rd London Gen

His address while on leave will be Wandsworth

Nearest Railway Station Wandsworth

I consider he is fit for

- * I. DUTY. MAJOR, R. A. M. C. (T.) REGISTRAR FOR O. I. C. GROVES MILITARY HOSPITAL, TOOLING, S.W. 17.
- * II. COMMAND-DEPOT.
- * III. EMPLOYMENT. J. J. Jones Capt

Officer in charge J. J. Jones Hospital.

MAJOR, R. A. M. C. (T.) REGISTRAR FOR O. I. C. GROVES MILITARY HOSPITAL, TOOLING, S.W. 17. 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 Air Force, 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.

Elliott, L

4040

Hay Sept.

July 19, 1919

#4040 Pte. Alfred Elliott,

Pilley's Island

Dear Sir:-

Please find enclosed Discharge Certificate #3080.

Yours truly

Captain & Paymaster

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 41040 Rank Plt Name Elliott, A
 Date of Enlistment 31-10-17 Address Palmyra Isls District 1 Gate
 Occupation Fisherman Classification for Discharge B Medical Category E1
 Recommendation S. M. B. permissible unfit Disability Rating 60% 3 Mrs
 Passed to Demobilization Officer with following documents:—

N.F. P136	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 178b	D 400B	Form L	do 3rd	" 4
B 178c	D 400C	Form K	do 4th	" 5
B 179a	B 103	ME 2		" 6
B 179b	B 120	M 93		

Date 20-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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~~

Date 20-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1874 to his home at Phillips Rd and Release Certificate No. 2933 issued.

Date

20-6-19

J.A. Snow 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 4-7-19

Date

20-6-19

H.S. R. [Signature]
Depot Paymaster.

Discharge approved for

4-7-19

Forwarded with following documents to O.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: 2 Form B

Date

20-6-19

J.A. Snow Capt
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 4 1919

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

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

Date

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.

A Elliott

Signature of Man.

J. H. Snow Dept.

Signature of the Vocational Officer or his Representative.

Reg. No. 4048

Place ST. JOHN'S.

Date 20-6-19 191

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 4040

Name Elliott Alfred Rank Plt

Address Pellys Island

Present Medical Category F

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

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

Members of Board {

H. Peterson
Senior Medical Officer

Geo. Burden
~~M. O. Depot~~

July 23, 1919

#4040 Pte. Alfred Elliott,
Pitiley's Island, N.D.B.

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 *Alfred* 2. Surname *Elliott*
3. Rank *Pte* 4. Regt. No. *4040*
5. Address in full to which future payments of gratuity are to be forwarded..... *Pileys Island n.s. B.*
6. Date of enlistment in the Regiment..... *26th 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 dependants..... *no*
9. Address in full of such dependants..... *no*
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *overseas*
.....
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twenty one*
months..... 13.

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?

no

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

no

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

no

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

no

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

no

19. Are you now serving in the Res? If not give - (a) date of discharge

July 4/19

(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 Belgium and Germany

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.

Signature of Applicant: *Alfred Elliott*

Place of Residence: *Pileys Island N.W.B.*

Declared before me at: *St John's*

This *21st* day of *June 19...9...*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. Cooney*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

