



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF,

No. 5459 Name William Elliott Corps Medic

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>William Elliott</u> |
| 2. What is your full Address? | 2. <u>Port Albert</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Book</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, William 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.

W. Elliott SIGNATURE OF RECRUIT.
Pte R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 St. John's on this 27 day of May 1918

Signature of Attesting Officer Chas. A. ...

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 1918 } Approving Officer.
 Place

† 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF,

No. 5459 Name William W. Elliott Corps Medth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>William Elliott</u> |
| 2. What is your full Address? | 2. <u>Pointe-aux-Les, N.D.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Clerk</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, William 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.

W. W. Elliott SIGNATURE OF RECRUIT.
Pte. R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 Pointe-aux-Les

on this 27 day of May 1918
Signature of Attesting Officer P. D. Dicks

†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 compiled with. I accordingly approve, and appoint him to the:

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

Date 191 } Approving Officer.
Place

† 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)



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

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

August 7th., 1920.

Date.....

- | | | | |
|-------------------|---------------------------|-------------------------------|--------------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 22 years |
| 2. Regimental No. | 5459 | 6. Enlisted on | May 27th., 1918 |
| 3. Rank | S/Sgt. | at | St. John's, Nfld. |
| 4. Name | William Elliott, | 7. Former trade or occupation | Clerk |
| | | 8. Disability | |

9. History

States that whilst in Regiment prior to going overseas caught cold and catarrh- running ears. Joined Depot Winchester August 1918, and attached to Pay & Record Office London January 1919. States that he strained himself internally through left chest and left shoulder through carrying pack.

10. What is his present condition ?

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

Pale, anaemic, easily tires.

Heart: Slight systolic bruit on exertion/ Pulse regular.

**Lungs: Jerky breathing aspirated in character. Vesicular type.
Prolonged expiration over left apex.**

No pain or discomfort after taking food.

11. Was sanatorium advised and refused ?
operation

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

Signature (SGD) **J. ST. P. KNIGHT**

MAJOR

Rank or Qualification

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **May** be considered as ~~aggravated by: see~~
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. Pulse 120. Jerky breathing left axilla. Systolic murmur at apex. More marked on exertion. Complains of difficulty in breathing in mornings. Weight 146 lbs. Irregular discharges from ears - right more marked than left.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **10%**

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

(State in percentage.)

10% for 6 months

Remarks if any:—

16. Is the disability permanent? **N.A.**

17. Has the disability been aggravated by (a) Intemperance **N.A.** (b) Misconduct **N.A.**

18. The refusal of operation sanatorium is:— (a) Reasonable **N.A.**
(b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
vallescent Hospital, **N.A.**
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

.....
(SGD) L. PATERSON, LIEUT. COL.

J. B. O'REILLY, CAPTAIN.
President

Signatures.....
.....

ST. JOHN'S, NFLD.,

Place

Date **AUGUST 7TH., 1920.**

APPROVED

Station

Date

.....
Administrative Medical Officer.

C.R. 5459

Extract from Daily Orders Part II Unity The Royal
Newfoundland Regiment, dated September 17th 1920.
Station St. John's.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from
noted date.

7-9-1920.

5459, S/Sgt. W. Elliott.

C.R. 5459

Extract from Daily Orders Part II Unit
The Royal Newfoundland Regiment dated
August 27th 1920. Depot St. John's.

The discharge of the undernoted on demobilization
has been APPROVED by O.C. Discharge Depot from
noted date.

5459, S/Sgt. W. Elliott

24-8-1920.

C.R. 5459

Extract from Daily Orders part II Unit the Royal
Newfoundland Regiment, dated August 2nd 1920. .
Depot St. John's.

Promotion.
5459,

5459, A-Sgt. W. Elliott to be Acting S/Sgt. from
1-6-1920.

C.R. 5459

Extract from Daily Orders Part II, Unit The Royal Newfoundland
Regiment date 26-12-19, Station St. John's.

PROMOTION

To be acting Sergt. 16-10-19.

5459, Cpl. W. Elliott.

C.R. 5459

Extract of General Orders No. 113 received from the Pay & Record Office, London dated August 20th 1919.

The following promotions are made subject to the approval of the Minister of Militia.

5459 Pte. W.W. Elliott

to A/Cpl. 1/8/19

C.R. 5459

Extract from telegram received from synoptical, London
Sept. 6th, 1919.

The following embarked from "Saturnia" Glasgow to Quebec
Sept. 5th.

Cpl. 5459 Elliott. *& wife.*

C.R.

5459

Extract from Daily Orders Part II Unit The Royal
Nfld. Regt. of John's, 26-9-19.

The following man returned from Overseas and reported
at Dept. of Militia 18-9-19.

5459 Bpa. W. Elliott.

C.R. 5459

Extract from Casualties received from Pay And Record Office
London, Jan.13,1919.

The undermentioned from the 2nd Bn., reported at
the P.&.R.O., on 3-1-19 for duty.

5459 Pte. W. Elliott.

C.R. 5459

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. t. John's, dated May 29, 1918.

#5459 Pte. Wm. Elliott.

Attested for General Service with the Royal Hfld. Regt.
from May 27, 1918

C.R. 5459

Extract from Daily Orders part 11, from Unit The Royal
WFLA. Reg. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbell" July 23, 1918

#5459 Pte. William Elliott.

Depot 5459
 Form for Royal Nid. Regt of Army Form B. 178A.

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

MEDICAL HISTORY

Surname *Elliot* OF *Green* Christian Name *St.*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Port Albert, N.B.* County *Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	<i>27th</i>	<i>May 1918</i>		<i>191</i>
Declared Age	<i>20</i>	<i>years</i>		<i>days</i>
Trade or Occupation	<i>Labour.</i>			
Height	<i>5</i>	<i>feet 10 1/2</i> inches		<i>inches</i>
Weight	<i>146</i>	<i>lbs.</i>		<i>lbs.</i>
Chest Measurement	Girth when fully expanded	<i>35</i> inches		<i>inches</i>
	Range of Expansion	<i>1</i> inches		<i>inches</i>
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	<i>R.E.—V=</i>	<i>6/6</i>	<i>R.E.—V=</i>	
	<i>L.E.—V=</i>	<i>6/6</i>	<i>L.E.—V=</i>	
(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>[Signature]</i>			
(Rank)	<i>Major</i>			<i>Medical Officer.</i>
Enlisted	<i>at</i>	<i>Sigonis</i>	<i>at</i>	
Joined on Enlistment	<i>on</i>	<i>27th day of May 1918</i>	<i>on</i>	<i>day of 191</i>
Transferred to	<i>Corps.</i>	<i>Regtl. No.</i>	<i>Corps.</i>	<i>Regtl. No.</i>
Became non-effective by	<i>By order Nfld.</i>	<i>5459</i>		
	<i>Requiment.</i>			
(Signature)				
(Rank)				

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 Newfind*.....
2. Regtl. No. *5459* 3. Rank.....
4. Name *E. Clark M. W.*.....
(Surname) (Christian Names)
5. Age last birthday. *37*.....
6. Posted for duty on *May 27/18* at *St. John's*.....
in category (or grade).....
7. Former Trade or Occupation } *Clark*
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 ? (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. 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."

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.

14. 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 } 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, 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

Capt. R. Camp

Station *H. D. Camp*

Medical Officer in charge of case.

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.—(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.

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.

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?

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?

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 *Hazelby D. Camp* } President or Chairman.
 Date } Members.

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

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

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.

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 Mounted*.....
2. Regtl. No. *5484* 3. Rank.....
4. Name *ELIOT* *MW*.....
(Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on *May 27/18* at *St John*.....
in category (or grade).....
7. Former Trade or Occupation } *Clerk*
- 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? (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. 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."

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.

14. 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 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.)

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

Capt. R. A. Mc

Station *H. D. Camp*

Medical Officer in charge of case.

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.—(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.

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
- 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?

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).
- (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?

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 *Harley A Camp* } President or
Date } Chairman.
..... } Members.

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

Station } Only applicable
Date } in cases of
Officer in charge, Central Hospital. } Patients in
Hospital.

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.

W. Elliott

5459

P. + R. P



No. 18965/2113

NEW FOUNDLAND CONTINGENT

From:

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

To:

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

21st November 1918

Subject: 5459, Pte. W. Elliott,

With reference to the following
telegram (9984) from the Hon.
Minister of Militia, received

Pay to 5459 Elliott £6:0:0

Draft £ 6:0:0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. A. Munnell Maj.
Chief Paymaster & O. i/c Records.

Nov. 23rd 1918

Receipt hereunder.

Charles J. ...
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Six
pounds on account of
cable remittance from Newfoundland.

W. W. Elliott
No. 5459 Rank Pte.

Witness W. Power, Pte.



No. 14319/1458 ✓

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

September 5th, 1918

Subject: 5459, Pte. W. Elliott, D

With reference to the following telegram (7733) from the Hon. Minister of Militia, received

"Pay to 5459, Pte. W. Elliott, £5:0:0.

Draft £5:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. Elliott
Chief Paymaster & O. 1/c Records.

Sept 9th 1918

Receipt hereunder.

Exampt LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Five

Pounds — on account of
cable remittance from Newfoundland.

W. Elliott
No. 5459 Rank Private

Witness: J. Murphy etc.

The Chief Paymaster,
Royal Newfoundland Regiment,
London, S.W.

NEWFOUNDLAND DISTRICT
& RECORD OFFICE
NO. IN 753
22 JAN 1919

Reference attached, these men are not on the strength of
this Battalion.

Hazeley Down Camp,
Winchester,
Jan. 21st 1919.

[Handwritten signature: J. J. Barlow]
[Handwritten signature: J. J. Barlow]
[Handwritten signature: J. J. Barlow]

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

No. 498/93.

N.F.P. 179.

NEW FOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

10th January, 1919

Subject: 5459, Pte. W.W. Elliott,

With reference to the following telegram (254) from the Hon. Minister of Militia, received

"Pay to 5459, Elliott, £7:0:0.

Draft £ 7:0:0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Jan'y 22nd 1919

Receipt hereunder.

Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of

 on account of
cable remittance from Newfoundland.

W.W. Elliott
No. 5459 Rank Pte

Witness F. Cornick

No. 498/93.

N.F.P. 179.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

10th January, 1919

Subject: 5459, Pte. W.W. Elliott,

With reference to the following telegram (254) from the Hon. Minister of Militia, received

"Pay to 5459, Elliott, £7:0:0.

Draft £ 7:0:0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A.A. [Signature]
Chief Paymaster & O. i/c Records.

Jan 24th 1919

Receipt hereunder.

Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of

 on account of
cable remittance from Newfoundland.

W.W. Elliott

No. 5459 Rank Pte

Witness F. Borwick

No. 9

Pol

ANGLO-AMERICAN



WESTERN UNION

DIRECT UNITED STATES

CABLEGRAM

Prefix _____ Code _____		At _____	FOR STAMPS
WORDS	CHARGE	To _____ By _____	
9.		VIA ANGLO.	

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

6/1/19 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY,

To H ELLIOTT

BEAVERTON (Newfoundland)

CABLE SEVEN POUNDS THROUGH MILITIA

ELLIOTT

Change ofc 5459 → *9/1*

CHARGED
PAY LEDGER <i>2nd Bath.</i>
Date <i>9/1/19</i> by <i>W.H.</i>

CHECKED.
<i>W.H.</i>
9-1-19

Authorized.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

58 Victoria St. S.W. 1.

Signature _____

Address _____

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

ORIGINAL

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

ENTERED.
PAY LEDGERS <i>10</i>
NUM. N.F.P. / 18.
ALLOT. INDEX <i>879</i>
REGIST. <i>151</i>
EXAMINED

1. I, (No) 2457 (Rank) Pte (Name) W. Elliott
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 4746 dated 1-7-18 in favour of
Father, W. Elliott, Port. Albert, N.B.
 for \$ — cts 60 per diem.

Such cancellation to take effect on the 31st day of
March 1919

2. I agree to accept all risks and consequences of this application 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 P.O.
March 10th 1919

W. Elliott
 Allotter.

Approved and Witnessed:

J. F. [Signature]
 O.C. " " Company.

COPIES SENT		
TO	No.	DATE
M. OF M.	<u>4543/79.</u>	<u>2/3/19.</u>
O.C. 1st. BN.		
" 2nd. BN.		

N.B. - To be made out TRIPPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/18.

NEWFOUNDLAND CONTINGENT

~~DUPLICATE~~
~~MAIL COPY~~
Posted.....

CANCELLATION OF ALLOTMENT

1. I, (No) 3459 (Rank) Pte. (Name) N. Elliott
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 4746 dated 1-7-18 in favour of
Father. N. Elliott. Port. Albert. N.S.B.
for \$ 60 cts 60 per diem.

Such cancellation to take effect on the 31st day of
March 1919

2. I agree to accept all risks and consequences of this appli-
cation 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 P.R.O.
March. 10th 1919 W. Elliott
Allotter.

Approved and Witnessed:

[Signature]
NEWFOUNDLAND CONTINGENT
OFFICE OF THE QUARTERMASTER GENERAL

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

ENCLOSURE

X. KR

No. 9635

NEWFOUNDLAND GOVERNMENT

N.F.P/85.

To:

Mrs. B. A. Elliott.

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

10 Warwick Sq. News,
SW 1.

July 16th 1919

Reference: Separation 5459 Pk. W. Elliott.

Herewith

Marriage Certificate

Please acknowledge receipt hereon.

(Sig.)

W. Elliott

(Date)

17.7.19

A. A. Munroe Maj.

Chief Paymaster & O. i/c Records.

POST OFFICE



TELEGRAPHS

Office Stamp.

This Form must accompany any inquiry respecting this Telegram.

OUTLAW / CONTINGENT
PAY & RECEIPT OFFICE.

LONDON S.W.
14 JUN
19

Office of Origin and Service Instructions.

Bodleian

Charges (1/4 d.)
to pay

4218

Handed
in at

GR. NOS. UNIT
.M.

Received
here at

12/23
M.

TO

~~0.9/c~~

*Records
Dept.*

Office 58 Victoria St

*Can
pte*

*you
W.*

*extend
Elliott*

*Furlough please
H. Archy medd.*

Furlough 7/6/19 to 16/6/19

No 5459 W Elliott P.O. Staff

Hurlough extended ^{you}
to return to duty 9:30
Am 19th -

R E M I N D E R

PASSED FOR INFORMATION	
BRANCH	NOTED BY
PAY LEDGERS	
NOM. ROLL	
ALLOTMENTS	<i>[Signature]</i>
SEP. ALLCE.	
PENSIONS	
RECORDS	
Ledgers	
Nom. Roll	
PCSTAL	

Please initial all documents FIRST and this Sheet afterwards. Finally return to CENTRAL REGISTRY for filing.

NEWFOUNDLAND CONTIN

ENTERED
 PAY LEDGERS
 NUM. ROLL - P. M. F. P. 84. 19
 CLUB FINANCE
 REGISTER
 EXAMINED

SEPARATION ALLOWANCE

To be used in the case of Men requesting permission to marry.

To the Officer Commanding Field Pay Record Office

Sir,

I have the honour to request permission to marry and your recommendation for the issue of Separation Allowance to my intended wife:-

My intended wife's name is Miss Eleanor Ada Marshall

Address 27 Freedom St. Battusea S.W. 11

Occupation Clerk Name and address of parents

or guardian Mr & Mrs Charles W. Marshall

27 Freedom Street, Battusea S.W. 11.

I attach herewith certificate as to my intended wife's character and general worthiness from Rev. N. E. Grendson M.A.

I am not in receipt of a salary from the Newfoundland Government in addition to my Military pay.

I have the honour to be, Sir,
 Your obedient Servant,

William Ellison

(Regtl No.) 5459 (Rank) Pte.

I hereby approve of the marriage of the above-named Soldier and recommend that Separation Allowance be granted to his wife.

I have personally investigated the above application and am satisfied as to the intended wife's good character and consider her worthy to receive the benefits of Separation Allowance.

The Soldier has assigned at least 50% of his pay in favour of the above-mentioned lady.

CERTIFIED COPY EXTRACT FROM PART II ORDERS No. _____ Dated / /

PERMISSION TO MARRY. The marginally named is granted permission

to marry with effect _____ 191__

(Authority _____)

The written evidence upon which my decision is based is enclosed for your dis. NEWfoundland together with the marriage certificate.

Signature H. C. Vincent Rank Major

Date 17-7-19 CHIEF STAFF OFFICER (LONDON),
 Comdg.

This document must be signed personally by the Officer Commanding the Unit.

Form
 APPLICATION MUST ACCOMPANY THE ABOVE.

NEWFOUNDLAND CONTINGENT

ENTERED
 PAY LEDGERS
 NUM. ROLL 320/82
 INDEX
 REGISTER
 EXAMINED

SEPARATION ALLOWANCE

1. Regimental No. and Rank	5459 Private
Name (in full)	William Elliott
Date of Enlistment	May 27 th 1918
Unit	Royal Newfoundland
2. Name(s) of Dependent(s) (in full)	Mrs. Eleanor Ada Elliott
Relationship	wife
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	
3. Ages of Children: Girls under 17 years Boys " 16 "	
4. Children's Guardian Address	
5. Particulars of Allotment	\$ 0.50 cents per day in favour of Mrs. Eleanor Ada Elliott 10 Warwick Sq. Mev. Victoria St. W.
Allottee	
Address	
Date effective from	July 5-1919 June 8 th 1919
6. Date of Marriage	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No.
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.

9. Name and address of your last Employer.	E. J. Poiré & Co Ltd 2090 Newfoundland
10. The amount of your salary or wages immediately prior to Enlistment.	\$40.00 p. Month
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	None
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	_____

I CERTIFY that the above is a true statement.

William Elliott

Signature of Officer forwarding this Application.

NEWFOUNDLAND CONTINGENT.

Unit

R.R. London

Date

July 7th 1919.

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined

Date Birth Certificates (in case of children) examined

If Soldier is sole support, does Statutory Declaration accompany this Application?

R.R. Dawson
 MANAGER & OFFICER I.C. RECORDS
 10-11
 ✓
 ✓

NEWFOUNDLAND CONTINGENT

5084

ENTERED
PAY LEAVES
NUM. IN P.
ALLOT. MADE
REGIS.
EXAMINED

ALLOTMENT

I, (No.) 5459 (Rank) PLT (Name) Elliott W.

hereby agree, until further notification by me, and in required form, to make an Allotment of ~~50~~ dollars and 50 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.:

Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (Each Person) \$
<i>Wife</i>	<i>Eleanor Ada Elliott</i>	<i>10 Warwick Square New Victoria S.W.1.</i>	<i>50</i>
			<i>50</i>

This Allotment to take effect from and including July 5th 1919

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENT.

(Sig.) R. Rawson
Officer Commanding,
" " Company.

Dated at PRO

(Sig.) William Elliott
Allotter.

London July 7th 1919

ENTERED
PAY LEDGERS
NUM. ROLL
REGISTERED
EXAMINED

9-7-19
P.P. 19

NEWFOUNDLAND CONTINGENT

15084

ALLOTMENT

I, (No.) 5459 (Rank) Plt (Name) Elliott W.

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and 50 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.:

Whether Wife, Child, other Relative, or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$
Wife	<u>Eleanora Ada Elliott</u>	<u>10 Warwick Square New Victoria S.W. 1.</u>	<u>50</u>
			<u>50</u>

This Allotment to take effect from and including July 5th 1919

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&.R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENT

(Sig.) A. R. Rawson
Officer Commanding,
" " Company.

Dated 1919
London July 7 1919

(Sig.) William Elliott
Allotter.

ENTERED
 PAY LEDG.
 NUM. ROLL 88a
 ALLOT. INCL. N. P. /87. A
 REGISTER
 All 92
 13
 [Signature]

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered to be made on Oath and the form is to be signed before a Magistrate of your District, and returned to

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

1. Name in full of Soldier <i>William Elliott.</i>	Rank <i>Pte.</i>	Regiment or Unit <i>R. Newfoundland 5459</i>	Regtl No.
2. Age of Soldier: <i>21 1/2 years</i>	Married or Single: <i>Married.</i>		
3. Name in full of Dependent <i>Eleanor Ada Elliott</i>	Relationship: <i>Wife</i>		
4. Address in full	<i>10 Warwick Sq. Abbeys Victoria S.W.</i>		
5. Date of Marriage.	<i>June 8th 1919.</i>		
6. Place of Marriage	<i>Pt. Lavinia St. Church, Battersea</i>		
7. Did marriage take place since Soldier's enlistment?	<i>yes</i>		
8. Was Commanding Officer's permission obtained? If not, why?	<i>yes</i>		
9. If not married, how long have you been dependent on the Soldier for your maintenance, and supported regularly by him on a bona fide domestic basis?	—		
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated?	—		
11. Is Separation a legal one?	<i>yes</i>		
12. If legal are you in receipt of Alimony? If so, state amount.	—		
13. If not legal, how long since your husband contributed to your support? Explain fully.	—		
14. State amount of Allotment received by you from Soldier.	<i>50 pds from July 5th 1919</i>		
15. From what date have you received Allotment?	—		
16. Names of Children (Male)	Age last Birthday	Names of Children (Female)	Age last Birthday
—	—	—	—

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.	no
18. Are you in receipt of payment from any Patriotic Fund? If so, how much?	no
19. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.	no
20. Was your husband at the time of his enlistment an employee of the Newfoundland Government?	no
21. In what capacity and in what place?	—
22. Is he in receipt of a salary as such while serving in The Royal Newfoundland Regiment? If so, how much?	—

I herewith make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Acts 5 & 6, Will. IV., c. 62.

Signature Eleanor Ada Elliott
 Place of Residence 10, Warwick St, New Victoria, S.H.I.

Declared and subscribed before me at WESTMINSTER POLICE COURT
 this 24 day of July, 1917

Signature of the Magistrate CK Davis
 Place or County for which he acts One of the Magistrates of the Police Courts of the Metropolis, sitting at the Westminster Police Court.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Soldiers & Sailors Families Association or other recognized society, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct.

Signature of Clergyman Mrs. [Signature]
 Signature of representative Clark & Hoj Order

State _____
 name of _____
 Society _____

N.B.- Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment, Commanding Officer's permission in writing must be forwarded.

S. Mary's Park

Baltimore S.W. 11.

29th May.

I have much pleasure in
stating that Miss Eleanor Ada
Marshall was a pupil of
St. Mary's Church School
Baltimore. She is highly
esteemed by the head mistress,
she attends St. Mary's Church,
and so far as I know is
of excellent moral character.
H. E. Greenwood M.A. (Curate)

Elliott, D^r

5459

Pay Sept.

Copy.

N.F.P./11.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 5459 (Rank) Pte. (Name) N. Elliott.

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and fifty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.:

Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (Each Person)	
			£	d
<u>Wife.</u>	<u>Mrs. E. A. Elliott</u>	<u>10 Warwick Sq., New St. W. 1</u>		<u>50</u>
				<u>50</u>

This Allotment to take effect from and including 8th June 1919

NOTE:- This form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) Lt. F. N. Marshall
Officer Commanding
" " Company. Capt.

(Sig.) N. Elliott
Allotter.

Dated at



JMH/LM.

September 16, 1920

Ex S/Sgt. Wm. Elliott,
Port Albert,
N.D.B.

Dear Sir:

Enclosed, please find
Discharge Certificate No. 5915.

Yours truly,

Major

Paymaster & O i/c Records.

Enc.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5459 Rank S/ Serjt Name William Elliott
 Date of Enlistment 27.5.1918 Address Sgt. Herts. N. 3 B District Turkey
 Occupation Clerk Classification for Discharge B Medical Category F
 Recommendation S.M.B. Perm. Unfit Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1	Form B
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	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 10.8.1920
R. Edwards
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

 I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 10.8.1920

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 10.8.1920
R. Edwards
 O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 5052 ^{45052A} to his home at 101 Albert St. N.D. 10 and Release Certificate No. 3918 issued.

Date 10-8-1920 *J. Rodward*
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 1-9-1920

Date 10-8-1920 *J. Rodward*
Depot Paymaster

Discharge approved for 24-8-1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1.	1	Account B
E 178	W 3494	B 122	Board 1st.	" 2.	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 10-8-1920 *J. Rodward*
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 10-8-1920 *J. Rodward*
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 apply for course under
C.R.C.

W. E. Elliott

Signature of Man.

Reg. No.

5459

J. A. Miller

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

Aug 12

1920

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

Aug 9th 1920

Regimental No.

5459

Name

William Elliott

Address

Present Medical Category

F

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

O. C. Discharge Depot.

Senior Medical Officer

W. M. O. Depot

M. O. Depot

MEMORANDUM.

From

CLO

To

PM

Date

6/28/29
1915459 Elliott

Please note that
 above is about to
 be demobbed. He
 is entitled to 14
 days pay + allowances
 for summer leave,
 W.F.A.

Nov 20 1920

Major Howley
O. I. C. Records

Please pay to W. Elliot 5459
the sum of seventeen dollars and forty nine cents
in payment of allowance for week ended this date
and charge same to Civil Re-edtablissement Committee

\$17.49

Allowance	\$12.83
Pension	5.00
Dependent	4.66

\$

7. C. R.

H. Butler
Vocational Officer

3941	INITIALS	<u>EW</u>
PAID TO ORDER	INITIALS	<u>[Signature]</u>
PAY TO ORDER	INITIALS	<u>[Signature]</u>
BY ORDER	INITIALS	<u>[Signature]</u>

W. Elliot

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 5⁰⁰

Oct 23 19 19

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

W. Ellis Lt. Sgt.

Ch. No.	16204	Initials	EW
Pay Ledger	186	Initials	WR
Gen. Ledger		Initials	

Regtl. No. 8459 Rank

No. 5459

Rank

Cpl

Name

W. Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰

Feb 2 19 20

Received from the First Newfoundland Regiment
the sum of One hundred + Forty Dollars.

on account
balance of Pay. W. S. L.

W. E. [Signature]

Ch. No. 27707	Initials. [Signature]
Pay Ledger 385	Initials. [Signature]
Gen. Ledger	Initials.

Regtl. No. 5459

Rank [Signature]

No. 5459

Rank Sergeant

Name W. Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/_{x.}

Mar 1 19 20

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W. G. G.
~~balance~~

W. G. G.

Ch. No.	30907	Initials	Ced
Pay Ledger	385	Initials	W. G. G.
Gen. Ledger		Initials	W. G. G.

Regtl. No. 2489 Rank Sgt.

W. G. G.

No. 5459

Rank

Sgt.

Name

W. Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/_{xx}

Mar 29, 1920

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. to W. Ellison
balance

Ch. No.	33270	Initials	W. Ellison
Pay Ledger	385	Initials	W. Ellison
Gen. Ledger		Initials	W. Ellison

Regtl. No. 5459 Rank Serjt.

W. Ellison

No. 5459

Rank

Sgt

Name

W Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$41 ³⁰

May 6th 1920

Received from the First Newfoundland Regiment
the sum of Forty one ³⁰/₁₀₀ Dollars.
on account of Pay.
balance

W. Eccis

Ch. No. 36923	Initials... <u>W</u>
Pay Ledger. 186	Initials... <u>R</u>
Gen. Ledger.....	Initials... <u>W</u>

Regtl. No. 5459

Rank Sergeant

J. C. S.

No. 5459

Rank

Sgt.

Name

W. Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 5⁰⁰

May 20, 19 20

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

C. V. Edcott.

Ch. No. 37962	Initials. <i>tu</i>
Pay Ledger 186	Initials. <i>WM</i>
Gen. Ledger	Initials.

Regtl. No. 5459 Rank *2/sgt*

C. V. Edcott

No. 5459

Rank

Serjt.

Name

W. E. Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

June 1st 1920

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

on account of Pay. less
balance

W. Elliott

Ch. No. 38889	Initials.....	Regtl. No. 5459	Rank Spt.
Pay Ledger 3889	Initials.....		
Gen. Ledger.....	Initials.....		

No. 5459

Rank Searg

Name Elliott W.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$18 ⁵⁰/₁₀₀

June 7th 1920.

Received from the First Newfoundland Regiment
the sum of Eighteen ⁵⁰/₁₀₀ Dollars.
on account of Pay. Clothing
balance

W. G. G. G.

Ch. No. 39007	Initials. AB
Pay Ledger 269	Initials. R. G. G.
Gen. Ledger	Initials. [Signature]

F. C. G. No. 5459 Rank Sgt

No. 5459.

Rank Sgt.

Name W. Elliott.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$43²⁰/₁₀₀

July 27th 1920

Received from the First Newfoundland Regiment
the sum of Forty three ——— 20/₁₀₀ Dollars.
on account of Pay
balance

W. Ellison

W. Ellison

Ch. No.	1066	Initials	<i>[Signature]</i>
Pay Ledger	14	Initials	<i>[Signature]</i>
Gen. Ledger		Initials	<i>[Signature]</i>

Regtl. No. 5459, Rank *[Signature]* S/Sgt.

No.

Rank

S/sgt

Name

W. Elliott

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$226⁴⁰

Aug 6th 1920

Received from the First Newfoundland Regiment
the sum of Two Hundred and twenty six⁴⁰ Dollars.
on account of Pay.
balance

W. Edie

Ch. No. 14. 50	Initials. R. J. L.
Pay Ledger. 14	Initials. R. J. L.
Gen. Ledger.....	Initials. [Signature]

Regtl. No. 52419 Rank S. Sgt.

J. C. R.

No.

Rank

S/Sgt

Name

W. Elliott



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps," "possibly," "might" and the like.
- 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*
- Date..... *Aug 5 1918*
- Unit *Royal Newfoundland*
 - Regimental No. *54 59*
 - Rank *S Sgt.*
 - Name *ELLIOTT William*
 - Age last birthday *22 yrs.*
 - Enlisted on *29 May 1918*
at *St John*
 - Former trade or occupation *Clk.*
 - Disability

9. History

*State that whilst in last firm by my name was Compd Clerk → Colbrook
→ Running Emp.
James left Winchester August 1918, and attached to P. & R.O.
Ldn Jan. 1917. State that obtained himself internally through
left chest a left shoulder through carrying pack.*

Pale, anemic, weak, tired.

10. What is his present condition ?

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

Head - Sleeps on the brain on each side.

Pulse regular

Sleep - July breathing apparatus in

character, venereal type. had byed of ped. no left apex.

hope in discomfort after taking food.

11. Was sanatorium operation advised and refused ?

12. Do you recommend discharge as permanently unfit ? F

Signature

[Handwritten signature]

Rank or Qualification

[Handwritten rank/qualification]

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board

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

13. For pension purposes, the disability x *my.* be considered as aggravated by due to

(a) Service during this war. (b) ~~Ordinary~~ (c) Ordinary Military Service

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

*yes. pulse 120. Jointly treated left
ankle. Systemic treatment of upper
now marked on excision
Complain of difficult walking in morning
w/ 146. Improves during afternoon.
Pl. more marked than left.*

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

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

(State in percentage.)

*10%
10% six months.*

Remarks if any:—

16. Is the disability permanent? *na.*

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct *na.*

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable *na.*

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. *na.*

20. We recommend discharge from retention in the Army

Remarks if any:—

.....
J. W. [Signature]
President
Signatures.....
J. W. [Signature]
.....

Place *U. J. [Signature]*

Date *7/19 20*

APPROVED

Station

Date

.....
Administrative Medical Officer.

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

OCT 15 1921

1921.

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

William W. Elliott

in respect of his service as No. 5459 Rank Pte.

Name W.W. Elliott Royal Nfld. Regt.
~~1st Bn. 1st Div. 1st Inf. 1st Regt.~~

Receipt of the same should be acknowledged hereon.

Received B. W. M.

Signature B. W. M.

Date Oct 18/1921

Address Barkley Rd

[P.T.O.]

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE.

1. No. 5459. Rank S/ Serjt. Name William Elliott
 Intended place of residence Fort Albert N.D.B. Twillingate.

2. Occupation Clerk
 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 10-8-1920

R. Edwards
 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 10-8-1920

W. Elliott
 Signature of soldier
R. Edwards
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{not} in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 10-8-1920

W. Elliott
 Signature of soldier
R. Edwards
 Signature of witness

STATEMENT OF SERVICE.

7. Elisted for service 27-5-1918 No. of days on Military
 Discharged from service 24-8-1920 Plus 14 days Service 835

APPROVAL OF DISCHARGE.

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

Place, ST. JOHN'S

Date 10-8-1920

R. Edwards
 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 September 7/1920

M. Howley Major
 Officer i/c Records
 The Royal Newfoundland Regiment



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 *William Elliott*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5459.*

Intended address *15 Balsem Street*

Height on discharge *5 1/4* Feet *11 inches*

Color of hair on discharge *Fair*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *scar over right eye.*

Figure on discharge

Christian name of Father *Herbert.*

Christian name of Mother *Rhoda*

Wife's maiden name in full *Eleanor Ada*

Date and place of marriage *June 8th 1919. London*

Christian names of children

Place and date of soldier's birth *Port. Albert. N.S.W. Dec. 17th 1897.*

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)

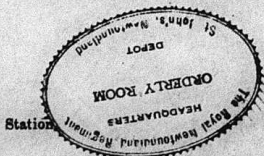
W. Elliott (Rank) *SPSgt.*

Station

ST. JOHN'S.

Date

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



Station

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

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5459 Rank S/ Serjt Name William Elliott
 Date of Enlistment 27-5-1918 Address Port Hook N.D. District St. John's
 Occupation Clk. Classification for Discharge B Medical Category E
 Recommendation S.M.B. Term Disability Rating Unfit
 Passed to Demobilization Officer with following documents:—

N.F. P/38	B 268	B 121	N.F. Med.	D.F. 1	1	<u>Found B</u>
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	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 10-8-1920

S. Edwards
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 10-8-1920

S. Edwards
O. C. Re-clothing.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... 00
60 / 100

(b) Clothing Supplied

Date 10-8-1920

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ⁵⁰⁵² 5052 A- to his home at Fort Albert NDB and Release Certificate No. 3918 issued.

Date 10-8-1920 *J. Edwards*
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 7-9-1920

Date 10-8-1920 *J. Edwards*
Depot Paymaster.

Discharge approved for 24-8-1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1	1 hour 3.
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	2	
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 10-8-1920 *J. Edwards*
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date 10-8-1920 *J. Edwards*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5459 Rank S/ Serjt Name William Elliott
 Date of Enlistment 27-5-1918 Address Port Herbert NFB District St. John's
 Occupation Clerk Classification for Discharge B Medical Category F
 Recommendation S.M.B. Peru Unit Disability Rating

Passed to Demobilization Officer with following documents—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1 Board B
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 10-8-1920

J. Redward
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. Elliott S/ Sgt.

Particulars passed to Vocational Officer for information and action.

Date 10-8-1920

J. Redward

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable..... 60 00 / 100

(b) Clothing Supplied

Date 10 8 1920

J. Redward
O i/c. Re-clothing. J. S. M.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 5051 ^{45057A} to his home at 108 Albert ND 13 and Release Certificate No. 3918 issued.

Date 10-8-1920 J. Rodward
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 7-9-1920

Date 10-8-1920 J. Rodward
Depot Paymaster. J.S.W.

Discharge approved for 24-8-1920

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1	Board 3
F 178	W 3494	B 122	Board 1st	" 2	1	
F 178a	D 400A	B 1915	do 2nd	" 3	2	
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 10-8-1920 J. Rodward
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 10-8-1920 J. Rodward
O. C. Discharge Depot.

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

Date August 18/20 J. Swaney
H.W.

COPY.

C.R. 5459

No. 289/8094.

Chief Staff Officer,
Newfoundland Contingent,
c/o High Commissioner for
Newfoundland,
58, Victoria Street,
London, S.W.1.

March 2nd 1920.

N.F.P. 54. No. 585

With reference to the attached memorandum of stoppages, I beg to report as follows:-

8094 Corpl. E.C. Burt.

This amount is unrecoverable as Burt has been discharged and paid all monies due him from this Department.

2542, Cpl. C. Rose.
5459, Cpl. W. Elliott.

These men have paid me £6:0:0 sterling, I am enclosing the amount herewith to be disposed of by you, by registered post, please.

Lt. Col.

Chief Staff Officer,
for Minister of Militia.

For Orig. See 8094

C O P Y.

C.R. 5459

June 29th 1920.

Sir:

Would you kindly consider the following recommendations for promotions to ranks started and to take effect on dates as indicated.

In view of the subsequent early closing of this Office, the H.C.L. and the conscientious manner in which these N.C.O's have performed their duties, I feel these promotions are justified:

1092, a/S.Sgt. L. Fallon to be a/SOMS. 1-6-20.
3798, a/Sergt. R. Roberts to be a/S.Sgt. 1-6-20.
5459, a/Sergt. W. Elliott to be a/S.Sgt. 1-6-20.

These N.C.O's were promoted to their present ranks on respective dates as follows: 1-10-19; 1-10-19; 16-10-19, please.

I have the honour to be,
Sir,
Your obedient servant,

(Sgd). A. WILLEY. SSM.

The Chief Staff Officer,
Department of Militia,
City.