



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3408 Name Wm Owen Seaver Corps C/E

Questions to be put to the Recruit before Enlistment.

1. What is your name? I. Wm Owen Seaver
 2. What is your full Address? 2. 80 Bond Street
City
 3. Are you a British Subject? 3. yes
 4. What is your age? 4. 18 Years 6 Months
 5. What is your Trade or Calling? 5. Cable Operator
 6. Are you Married? 6. no
 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
 8. Are you willing to be vaccinated or re-vaccinated? } 8. yes
 9. Are you willing to be enlisted for General Service? } 9. yes
 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name
Corps
- II. 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. yes

I, Wm Owen Seaver 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.

Wm Owen Seaver SIGNATURE OF RECRUIT.
Hazen McRae Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Owen Seaver 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 11 day of Jan 1917

Signature of Attesting Officer Throughton

†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.....1917 }
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

3408

Name Wm Owen Leaver

Apparent age 18 years 6 months. Height 5 feet 9 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 5 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Samuel Leaver

80 Pond Street St James Hill Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in ... serve 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>11-1-17</u>									
Joined at <u>St John's</u> on <u>January 11th 1917</u>									<u>24-4-17</u> <u>21-10-17</u> <u>17-1-1919</u> <u>4-2-1919</u>
<u>Purchased August 11 1919</u>									
<u>Embarked on train to Halifax N.S. 19th</u>									<u>Embarked for 13th 6th</u>
<u>Admitted 1st Zealand Coy. Hosp. Belgium 7-1-1918</u>									<u>Admitted to duty 7-3-18</u>
<u>Admitted 54th Gen. Hosp. Belgium 1st Feb 1918</u>									<u>With unit 14-6-18</u>
<u>Admitted 55th Gen. Hosp. Belgium 18th 1918</u>									<u>Admitted to base depot 16-11-18</u>
<u>to till for demobilization 9-4-1919</u>									<u>Admitted for demobilization 16-11-18</u>
<u>Admitted to demobilization 24-6-1919</u>									<u>Admitted for demobilization 12-4-1919</u>
<u>Admitted to demobilization 1-7-1919</u>									<u>Admitted for demobilization 1-7-1919</u>
<u>Demobilization 2-8-1919</u>									<u>Admitted for demobilization 2-8-1919</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 2-8-1919 [date of discharge] 2 years 204 days

Pensions _____



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Wm. Owen Weaver*

aged *18 yrs 5 mos.* conducted at *Co L. P. Armoury*
 Date: *Dec 2/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *No*
- 2 *No*
- 3 *No*
- 4 *No*
- 5 *No*
- 6 *No*
- 7 *Yes*
- 8 *Yes*
- 9 *No / No*
- 10 *-*
- 11 *-*
- 12 *-*
- 13 *-*
- 14 *-*
- 15 *-*
- 16 *-*
- 17 *-*
- 18 *-*
- 19 *6/6 Both*
- 20 *-*
- 21 *-*
- 22 *-*
- 23 *-*
- 24 *-*
- 25 *-*
- 26 *-*
- 27 *-*
- 28 *-*
- 29 *-*
- 30 *-*
- 31 *-*
- 32 *-*

able Operator
Heart Content
To report January 11th / 17

3208

33 *Yes 7 yrs ago 1 scar left.*
 34 *5' 8 1/2"*
 35 *136 lb.*
 36 *31" - 36"*
 37 *\$30 per month.*
 38 *Parent Samuel Weaver, 80 Bond St. City.*
 39 *None*

Signature of Medical Examiner: *Geo Burden*

C.R. 3408

Extract from Daily Orders part II, by Lieut.
Colonel B.J. Barton, D.S.O., Officer Commanding
2nd. Battalion, dated ~~24-4-19~~ 14-4-19.

The following having reported back from the
1st. Battalion is taken on the strength and posted
to "H" Co. from 12-4-19.

#3408 CPL. W.O. Fever.

C.R. 3408

Extract from Daily orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
8-8-19.

3408, Cpl. W.O. Feaver.

C.R. 3408

Extract from Daily Orders part 14, Unit the Royal WFLD
Machine 3 dated July 21st. 1919.

The discharge of the undernoted on demobilisation has
been acknowledged by C. J. Exchange Depot on noted date.

#3408 Cpl. Owen Feaver.

19-7-19.

C.R. 3408

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

3408 Cpl. W. Feaver.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 3408

Extract from Medical Board held on Monday July 14th, 1919.

3408 Cpl. W.O. Feaver.

Recommended discharge from the Army.

C.R. 3408

Extract from Medical Board held on Monday July 14th, 1919.

3408 Cpl. Feaver, W?O.

Recommended discharge from the Army.

C.R. 3408

Extract from Daily Orders Part 11 by Major A.H. Bernard
Commis. 1st Batta. Royal WFLA. Regt. 22-12-18.

The w/m has been granted leave to J.K. 25-12-18 - 8-1-19

3408 Pte. O. Feaver.

C.R. 3408

**Extract of Part 2 Orders by Major A.E. Bernard M.C. Commanding
1st Battalion Royal Newfoundland Regiment**

The undermentioned is granted leave to the United Kingdom.

3408 Pte. O. Feaver

B. Coy 25/12/18 to 8/1/19

CR. 3408

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND ~~REGIMENT~~

REGIMENT IN FRANCE DATED FEBRUARY 16th/19.

Appointed A/ Cpl.

#3408 L/Cpl. O. Feaver.

4/2/19.

C.R. 3408

Extract of DAILY ORDERS PART II ROYAL NEAFOUNDLAND REGIMENT
IN FRANCE DATED 31/1/19.

APPOINTED L/Cpl.

3408 Pte. O. Feaver.

17/1/19.

C.R. 3408

Previous report regarding transfer to 9th Divisional Reception
Camp is hereby cancelled.

Authority:

Pay & Record Office, London, 20/12/18. (Memo from Lieut. Cooper).

3408 PTE. O. Feaver.

C.R. 3408

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

AUTHORITY memo from Lieut. L. R. COOPER DATED 10/12/18.

³⁴⁰⁸
~~1200~~ Pte. O. Feaver.

C.R. 3408

Extract from War Office List No. G. 1753 dated 1. 11. 18.

#3408 Pte. G. Feaver.

Wounded 14. 10. 18.

G.

C.R. 3408

Extract from War Office List No. H. A. 31057.

ADM. 7 CON. DEP. BOULOGNE 28th., October 1918.

#3408 Pte. W. Feaver

WD. GAS. MUST.

C O P Y

C.R. 3408

Oct 25th, 1918

Dear Mr. ^Fever!

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that your son, No. 3408, Private William ^Fever was admitted to 55th General Hospital Boulogne Oct 18th suffering from gas poisoning - slight.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Mr. S. Seymour
80. Bond Street

Yours faithfully,

Minister of Militia.

C.R. 3408

abstract from War Office List NO. H. A. 30494 .

ADMITTED 55 GEN. H. BOULOGNE 18th OCT. 1918.

45408 Pte. W. Feaver.

GASSED W. SLIGHT?

Yes

BO.

C.R. 3408

Extract of Casualty received from Pay & Record Office, London,
dated 6th May 1918.

3408 Pte W.D. Feaver.

Admitted 54 (London) Gen. Hosp. Aubengue 26, April 1918.

Trench feet mild.

C.R. 3408

SICK AND WOUNDED N:C:O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.LONDON INFANTRY RECORD OFFICE LONDON E.C.No. H.A. 23312.Adm. 6. Gen. H. Rouen. 8. May. 18

66589	Pte. Lilley R.	1/24th. London.	Impetigo Sev.
365334	" Anderson J.	34th Lab. Co. (R. Fuslrs.)	D.A.H. (Mild.)
372742	" Cripps H.	17th. London.	PUO. Mild.
715006	" Smith H.	1/23rd London.	GSW Face. Sev.
42573	" Sanford S.	6th. London.	Tonsillitis. Mild.
650685	L/c. Cooper A. S.	21st. London.	IBT. Ankle. Mild.
37282	Pte. Purcer R.	21st. London.	Boils. Sev.
74563	" Davies J. K.	23rd. R. Fuslrs.	H.Y.D.

Adm. 54. Gen. H. Aubengue 10. May. 18

38239 Pte. Brew J. E. 16/KRR. Neurasthenia. Mild.

WINCHESTER RECORD OFFICE.No. H.A. 23312.Adm. 6. Gen. H. Rouen. 8. May. 18

372742	Pte. Cripps H.	17th. Londons.	PUO. Mild.
42573	" Sanford S.	6th. Londons.	Tonsillitis. Mild.

Adm. 54. Gen. H. Aubengue 10. May. 18

38239 Pte. Brew J. E. 16/KRR. Neurasthenia. Mild.

NEWFOUNDLAND EXPEDITIONARY FORCE.No. H.A. 23312.Trans to Base. Det. (St. Martins. Camp) ex 54. Gen. H. 10. May. 18

3408. Pte. Feaver W. D. 1. Newfoundland. ICT Leg.



1103

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 3408



INFANTRY RECORD OFFICE - P E R T H.

LIST No. H.A. 20441.

35860 Pte. Dyke, A. 3-A & B. Hrs. Draft. Sick. Adm: 1 Con: Dep. Boulogne. ex H. 8th March '18.

INFANTRY RECORD OFFICE - H A M I L T O N.

LIST No. H.A. 20441.

240680 GQMS. Lydon, J. 5-Scot Fus. Trans: to 5 Rest Camp. "Fit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 58445 Pte. Carmenter, G. 16-H.L.I. Trans: to 5 Rest Camp. "Fit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 55408 " Stitt, G. HLI. Draft. late. 58- Trans: to 5 Rest Camp. "Fit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 Tn. Res.
 41729 " Dewar, H.C. 8-Scot. Rifs. Sick. Adm: 1 Con: Dep. Boulogne. ex H. 8th March '18.

L O N D O N I N F A N T R Y - R E C O R D O F F I C E . L O N D O N . E . C .

LIST No. H.A. 20441.

444

A202908 Pte. Crowther, ER. 17-K.R.R.O. Trans: to 5 Rest Camp. "Fit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 225185 " Arnold, H.C. 13-R. Fus. Trans: to 5 Rest Camp. "Fit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 37649 " Leo, A.P. 13-K.R.R.C. Trans: to 5 Rest Camp. "Fit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 392311 " Furdie, G. 2-9-Londons. Trans: to 5 Rest Camp. "Unfit" ex 1 Con: Dep. Boulogne. 8. Mar' 18.
 57509 " Robbins, R.G. 11-R. Fus. Sic'. Adm: 1 Con: Dep. Boulogne. ex H. 8th March '18.
 11437 " Marks, J. 11-R. Bde. do. Adm: 1 Con: Dep. Boulogne. ex H. 8th March '18.
 66547 " Hubbard, F.G. 32-RF. att. 8-Lab. do. Adm: 1 Con: Dep. Boulogne. 8th March '18.
 32736 " Cockett, J.R. 16-R. Bde. do. Adm: 1 Con: Dep. Boulogne. ex H. 8th March '18.
 31489 " Baron, R. 16-K.R.R. Dental Caries. Adm: New Zealand Sty. H. Wisques. 7th March '18.
 27195 " Hills, C. 7-R. Fus. IOT. Ankle. Mild. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 69686 " Folkes, R.W. 17- do. Gassed. Shell. Sev. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 58743 " Loftus, V. 23- do. IOT. R. Leg. Knee Mild. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 531250 " Lovett, MCW. 1-15-Londons. Supp. Tonsillitis. Mik. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 321123 L/C. Stovold, W.A. 1-15- do. SW. L. Femur. R. Hand. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 Sev.
 605027 Sgt. Lyons, A.E. 18- do. D.A.H. Mild. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 590748 Pte. Smith, H.A. 18- do. SW. Knee L. Sev. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.
 632455 " Kelly, J. 1-20- do. P.U.O. Mild. Adm: 1 Aust. Gen: H. Rouen. 6th March '18.

N E W F O U N D L A N D E X P E D I T I O N A R Y F O R C E .

LIST No. H.A. 20441.

8408 Pte. Fever, W. 1-Newfoundland. Dis: to duty ex New Zealand Sty. H. Wisques. 7. March '18.

M I L I T A R Y P O L I C E - A L D E R S H O T .

LIST No. H.A. 20441.

P/10325 L/C. Barker, F. M.F.P. Detachment. I.C.T. Leg. L. Adm: 1 Rest Camp. H. Cherbourg. 8th March '18.

C.R. 3408

Extract of Casualties received from Pay & Record Office,
London, dated January 15, 1918.

#3408 Pte. W. Peaver. ✓

I.C.T. Multiple mild.

Admitted New Zealand Stationary Hospital, Wisques Jan. 7/18.

C.R. 3408

Extract from Nominal Roll Draft No.32: 111 Other Ranks from 2/1st
Newfoundland Regt., Apr, to 1/1st Mfld.Regt., B.E.F. Embarked
Southampton 6/11/17.

3408 Pte.Feaver, W.O.

C.R. 3408

Extract from Memorial Roll, embarked St. John's for Overseas 19-5-17.

3408 L/C W. O. Peaver.

3408

C.R.

Extract from Daily Orders Part II Unit The Royal Welch
Regt, St. John's, Apl. 24th, 1917.

3408 Pte. W.O. Feaver.

To be L/Cpl. from Apl. 24th, 1917.

3408

C.R.

Extract from Daily Orders Part 11 Unit The Royal Field.
Regt., St. John's, Jan. 10th, 1917.

3408 Pte. Wm. Feaver.

Attached to the Strength from Jan. 10th, 1917.

W. Seaver

C.R. 3408

F. F. O

STATEMENT AS TO DISABILITY

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board.)

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to put forward any claim in respect of a Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a Claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary, War Office; and in the case of every Soldier, to the Record Office of his Unit.

Unit 1st Bn. Royal Newfoundland Regt
 Regiment or Corps Newfoundland Regt
 Regt. No. 3408 Rank Corporal
 Surname FEVER
 Christian Names in full WILLIAM
 Permanent address Hearts Content Newfoundland
 Age last birthday 19
 First joined for duty (Date) 11/1/17 at (Place) St Johns Newfoundland
 Medical Category or Grade in which joined A

If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:-
 (a) Former Regiments or Corps with Regimental Numbers -
 (b) Dates of discharge
 (c) Causes of discharge
 (d) Particulars of Pension or Gratuity received (if any)

I do not claim to be suffering from a disability due to my military service.
 Place of Examination Heaven 100 Staver
 Date 8/4/19
 Signature of Officer or Soldier A.S. [Signature]
 Signature of Officer witnessing [Signature]

Before the claimant answers questions 1-8 the following should be read by, or to, him:-
 "Your statement will be checked by Official Records. In answering question 2, any special matters which in your opinion caused or aggravated any **unfitness** from which you are suffering, must be clearly stated."
 The claimant will answer the questions in his own words and after completing the form will sign it. The Officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

THIS PORTION IS NOT TO BE COMPLETED IF A CLAIM IS NOT MADE.

- (a) In what countries have you served during this war and for what periods?
 (b) In what capacity?
- 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 attached firmly to this form).
- Give the names of any Hospitals in which you have been treated for the above disabilities during this war.
- 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.
- 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.
- Give the name of your National Health Approved Society and, if possible, your membership number.

No. 8808/1638

N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Nyl. Nfld. Regiment

WINCHESTER. Hants.

18th June 1919



June 19th 1919.

3408 a/Cpl. W.O. Feaver

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (240:

M. J. Bartlett

Officer Commdg. 2. LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 3408 W.O. Feaver
£5. 0. 0.

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

Received the sum of £ 5. 0. 0.
Five Pounds — in respect of telegraphic remittance from the Minister of Militia.

W. O. Feaver

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

No. 3408 Rank a/cpl

Witness: A. White

No. 6034/1

NEWFOUNDLAND CONTINGENT

N.F.P/55.

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

To: 3408 A/Cpl W.O. Feaver,
Royal Newfoundland Regiment,
Tryfield,

17th April 1919

Ayr, Scotland

Reference: Remittance from Headquarters. (142)

Herewith Postal Draft for £5. 0. 0.

Please acknowledge receipt hereon.

(Sig.)

W O Feaver Cpl

(Date)

21/4/19

Chief Paymaster & O. i/c Records.



No. 206

pay

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix		Code		SENT		FOR STAMPS	
WORDS		CHARGE		At _____			
16				To _____			
				By _____			
				VIA ANGLO.			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.							

26/12/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY,

To MRS S FEAVER
 80 BOND STREET STJOHNS (Newfoundland)

ARRIVED FURLOUGH CABLE FIVE POUNDS THROUGH MILITIA

3408 FEAVER

Charge a/c (with arrow pointing to 3408 FEAVER)

16/-

CHECKED
W.W.R.
10/1/19

CHARGED
 PAY LEDGER *12 Bark*
 Date *10/1/19* by *W.H.*

Authorised.

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.

Signature _____ Address 58 Victoria St. S.W. 1.

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.

No. 10427/603

NEWFOUNDLAND CONTINGENT

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

To:
Officer Commanding,
2/1st. Newfoundland Regt
- Avr, N. B.



9th, October 1917

191

Subject: 3408, L/C., WILLIAM FEAVER

ANSWER

With reference to the following telegram from the Hon. the Minister of Militia, (5763) received 9/10/17,-

Receipt hereunder.

"Pay to 3408, Feaver £5.0.0.

G.P.H.
Okawa

Officer Comdg. Battn.
1st Newfoundland Regiment

Postal Draft

~~Cheque~~ £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

A. J. Minors
Major,
Chief Paymaster & O. i/c Records.

W. O. Feaver

No. 3408 Rank L/C

No. 11053/683

NEWFOUNDLAND CONTINGENT

RECORD OFFICE
6 NOV 1917
N.F.F./79.

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

To:
Officer Commanding,
2/1st. Newfoundland Regt.
Ayr, N. B.

24th, October 1917

Subject: 3408, Pte. Wm. O. Feaver

With reference to the following telegram from the Hon. the Minister of Militia, (6115) received 23 /10 /17,-

"Pay to 3408 Feaver £3.

Postal Draft ~~Cheque~~ £3.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. A. Mansel
Major,
Chief Paymaster & O. i/c Records.

6 Nov 1917

ANSWER

Receipt hereunder.

W. D. Feaver
Officer Comdg. Battn.
1st Newfoundland Regiment

Received the sum of Three
Pounds on account of
cable remittance from Newfoundland.

W. D. Feaver
No. 2108 Rank Pte

NEWFOUNDLAND GOVERNMENT
PAY & RECEIPT OFFICE

AS BY 8120

24 DEC 1917

Ref. Nos. 001

Dear Sir

I should feel
very grateful if you
could give me any
news of my nephew
Pte Owen Sewer (3408)
of the 1st ~~Inf~~ Regt
as I have not heard
from him for some
time.

Thanking you
in anticipation
Yours Respectfully
B Sewer (Miss)

REY

Not reported Casualty

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Ref. Pos-Inv 7831

SEP 1918
Ans'd *gh*

LONDON POSTAL SERVICE
(RETURNED LETTER SECTION)

MOUNT PLEASANT,
LONDON, E.C.1

BLAID
Ct: 5 Sept 1918
P & R
R & O 4/19/18

Regd. No. 15676
R.L.S. mx

Any further letter should bear this number.

*with
12/11/18
Sir*

I HAVE to inform you that there is remaining in this
Office a Postal Packet addressed

3408 Pte W. O. Feaver, C. Coy
Newfoundland Royal Regt - 90 Pay
& Record Office, Victoria St.
Rfd 54 Gen Hospital France
Endorsed, "Unable to trace."

the present address

of address
I shall be obliged if you will supply me with any information which may enable me to deliver it to the owner.

A cover is enclosed for your reply.

The 90 Records
Newfld Regt
5-8 Victoria St
L.P.S. (R.L.S.)—No. 24.
S.W. 1.

I am,
Your obedient Servant,
R. BRUCE,
Controller.

Traver W. O.

3408

Pay Dept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3408 Rank Capt. Name Deaver, W. O.
Intended place of residence Head's Content

2. Occupation operator
Classification of soldier B Medical Category 2

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 18 1919

[Signature]
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 JUL 18 1919

[Signature]
Signature of soldier
[Signature]
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 17 1919

[Signature]
Signature of soldier
[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2-12-16 No. of days on Military
Discharged from service JUL 19 1919 Plus 14 days Service 974

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 JUL 19 1919

[Signature]
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 August 2/1919

[Signature]
Officer i/c Records
The Royal Newfoundland Regiment

21
28
31
30
31
30
31
2
204

[Handwritten] 2079/3442

August 2nd 1919.

#3408, Cp.W.O.Feaver,
Heart's Content, T.B.

Dear Sir:

Enclosed please find Discharge Certificate r 3442.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5408 Rank Private Name Edward J. J.
 Date of Enlistment 2-12-16 Address Hearts Content District
 Occupation Cable Operator Classification for Discharge B Medical Category 4
 Recommendation S.M.B. Physically unfit Disability Rating 100% 5 Mes
 Passed to Demobilization Officer with following documents:—

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

Date 17-7-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

APPROVED

D. O. Seaver

Particulars passed to Vocational Officer for information and action.

Date 17-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied

Date 18-7-19 O. i/c, Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2443 to his home at Hobart, Cornwall and Release Certificate No. 3677 issued.

Date 17-7-19

A. M. Houston
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 2-7-19

Date 18-7-19

H. M. H.
Depot Paymaster.

Discharge approved for 19-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	1 W 3494	B 122		Board 1st	" 2	1
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 18-7-19

A. M. Houston
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 JUL 19 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

17.7.19

Regimental No.

2808

Name

Leaver. Owen.

Address

Hearts Content

Present Medical Category

E

Recommended for:—

- (a) ~~Immediate discharge~~
- (b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

J. Robinson
Senior Medical Officer

J. W. Burden
M.O. Depot



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 *Feaver, William Owen*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3408*

Intended address *Heart's Content (Pres. Add. 80 Bond St)*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *2 G.S.W. left leg.*

Figure on discharge *Medium*

Christian name of Father *Samuel*

Christian name of Mother *Lucy*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's Aug 11, 1899*

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)

William Owen Feaver (Rank) *Bpl.*

Station **ST JOHN'S.**

Date *17.7.19*

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 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 train as Cable Operator.

W. O. Weaver

Signature of Man.

Reg. No.

3408

Geo. Ramsey

Signature of the Vocational Officer or his Representative.

Place

Greenlee Hall, Seaman's Institute.

Date

July 18 1919.

August 9th 1919.

Mr. W. O. Feaver,
Heart's Content, T.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 war Ser-
vice gratuity.

Yours truly,

"Capt." Paymaster.

RS/.

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 *William Owen*..... 2. Surname *Jeffer*.....
3. Rank *Captain*..... 4. Regtl. No. *3408*.....
5. Address in full to which future payments of gratuity are to be forwarded..... ~~30 Bond St. St. John's~~
Hearts Content T. Bay.....
6. Date of enlistment in the Regiment... *Jan 11th 1917*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable.....
8. Relationship of such dependents... *Not applicable*.....
9. Address in full of such dependents... *Not applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Mfld. If so, give dates and particulars of such service. *Served in England May 19th to Oct 30th 1917. Served France, Flanders Germany from Oct 30th 1917 to Apr 15th 1919. Eng. Apr 15th 1919 to July 1st 1919.*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *949 days*.....
.....1.....

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

Not applicable

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.

Not applicable

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.

Not applicable

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

19. Are you now serving in the R.F.C.? *No* ... If not give: - (a) Date of discharge ^{Temporary} *18-7-19* (b) Reason for discharge.

Permanently until for further service

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

France and Flanders Oct. 30th 1917 to Apr. 10th 1919

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: *W. H. Weaver*

Place of Residence: *26 Bond Street,*

Declared before me at: *St John's Nfld,*

This *18* day of *July* 19*19*.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John W. C. G. G. G.*

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

NO. 10

9367 ORIGINAL

NEWFOUNDLAND CONTINGENT

No. 437

To: The Minister of Militia,
St John's,
NEWFOUNDLAND

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account of

CABLE TO NEWFOUNDLAND

NOTE:- Charge under Column.
Credit Pay & Record Office London

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT							
				£	s	d	£	s	d		
3408	Cpl	Feaver	Cable to Nfld 16.6.19 as per Vr 373				10	0			
<i>OK/WR</i>											
CHECKED. <i>C.P.</i> 3-7-19											
				T O T A L				10	0		

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

A. A. Minnow
Chief Paymaster & O. i/c Records.

July 3rd 1919

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book " " Co'y for Period / / to / /
and credited to Pay & Record Office London.S.W.1.
Dated at _____

_____ 191

O.C. " " Company,
Battalion.

DUPLICATE.

No. NEWFOUNDLAND CONTINGENT

No. 437

To: The Minister of Militia,
St John's,
NEWFOUNDLAND

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account of
CABLE TO NEWFOUNDLAND

NOTE:- Charge under Pay & Record Office London Column.
Credit

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT						
				£	s	d	£	s	d	
3408	Cpl	Feaver	Cable to Nfld 16.6.19 as per Vr 373				10	0		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CHECKED. <i>C.A.</i> 3-7-19 </div>			T O T A L				10	0		

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

July 3rd

191

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

~~Headquarters~~
CERTIFIED that the above stoppages/credits have been made
and the Pay & Record Office London, S.W. 1. / /

Dated at _____

191

O.C. " " Company,
Battalion.

WFB/EB

9646
February 14th 1920.

To:- Major Howley,
O. I. CV Pay & Records.

From:- V. O.

W. O. Feaver 3408.

This is to certify that this man's course now terminates.

W.W. Beckall.
Vocational Officer,
for [initials]

3408 Teaver

Pm.

Please make first pay to T.G.

21/7/19

W.F.H.

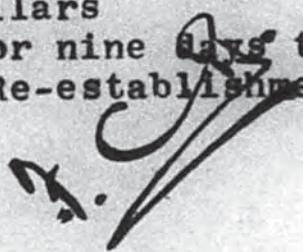
AUG. 8th 1919

Capt. Howley
D. I. C. Records

Please pay to W. O. Feaver, 3408
the sum of eighteen dollars
in payment of Allowance for nine days to Aug. 9th 1919
and charge same to Civil Re-establishment Committee.

\$18.00

Pension Nil



ACCOUNT	<u>Sept 10</u>		
CH. NO.	<u>4696</u>	INITIALS	<u>W.F.</u>
IND LEDGER	---	INITIALS	---
PAY LEDGER	---	INITIALS	---
GEN LEDGER	---	INITIALS	---

W. O. Feaver
Vocational Officer

*Cheque received
H. Hunter*

SEP 27 19

Capt. Howley,
O. I. C. Records.

Please pay to **W. O. Feaver,** **3408** **Hearts Content**
the sum of **fourteen dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$14.00

Pension **Nil**

W. H. Mackell

Vocational Officer

*be received
A. Butler*

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Cpl. C. Fearer

Billeting Soldiers as undermentioned

from July 1st /19 to July 18th /19

A.C.R.

3408 - Cpl. C. Fearer 18 80

ACCOUNT	<u>B.N.M.</u>
CH. NO.	<u>3195</u>
IND. LEDGER	INITIALS <u>Lee</u>
PAY LEDGER	INITIALS
RECEIPTS	INITIALS

Certified correct for \$ 18 80

W. M. Blush
R. J. Blush Billeting Officer.
Blush

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 21st 1919
C.R.

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.
on account of Pay. W.L.G.
~~balance~~

W.D. Weaver

Ch. No. 3582	Initials... J.C.W.
Pay Ledger... 7	Initials... W.L.G.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 3408

Rank P6

Name Sever

W.O.

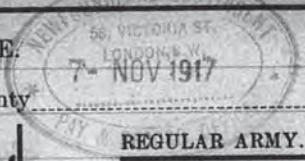
To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname *Seaver*

OF
Christian Name *William Owen*

Table I.—GENERAL TABLE.



Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>2nd</i> day of <i>Dec</i> 191 <i>6</i>	on _____ day of _____ 191	at <i>St John's Rfld</i>	at _____
Declared Age	<i>18</i> years	_____ years	<i>6 mos</i> days	_____ days
Trade or Occupation	<i>Cable Operator</i>			
Height	<i>5</i> feet <i>8 1/2</i> inches	_____ feet _____ inches		
Weight	<i>136</i> lbs.			
Chest Measurement	<i>36</i> inches			
	<i>51</i> inches			
Physical Development				
Vaccination Marks	Arm			
	Number	<i>1 scar</i>		
When Vaccinated	<i>7 years ago: 1909.</i>			
Vision	R.E.—V= <i>2/6</i>		R.E.—V=	
	L.E.—V= <i>1/6</i>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<i>W. Burden</i>			
(Rank)	<i>Lieut.</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John's Rfld</i>	at _____		
	on <i>11</i> day of <i>Jan</i> 191 <i>7</i>	on _____ day of _____ 191		
Joined on Enlistment	<i>1st Newfoundland Regiment</i>	Corps. _____ Regtl. No. <i>3408</i>	Corps. _____	Regtl. No. _____
Transferred to				
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191		
(Signature)				
(Rank)				

et in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

W. H. C. R. R.

C.R. 3408
Army Form P. 112A

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.

- Unit and Corps... *Royal Newfoundland Coy* } Former Trade or Occupation }
- Regtl. No. *3418* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- Name... *Seaver* } (Surname) } (Christian Names)
- Age last birthday... *19*
- Posted for duty on... *Dec 10/16* at... *St Johns* in category (or grade).....
- 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.
- 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."

- Date of origin of disability. *Sw Gas Oct-13th and 14th 1918*
- Place of origin of disability. *Ypres*
- 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. *Severely Gassed No. States. he was five days unconscious after being gassed - was treated in C.C.S. ten days then transferred to Base Hospital and Convalescent obtained leave then afterwards returned to unit in France*

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

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

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

General Condition fairly good but Complains of breathlessness on any other than ordinary exertion. Complains also of Jumpy nerves.

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na.
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? na
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? na.

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.

Reparation

Station Hazelley D Camp

Date 10/6/19

Capt Rame
 Medical Officer in charge of case.

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

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 West Surrey Regt.* } Former Trade or Occupation }
2. Regtl. No. *240* 3. Rank *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Fewer* *W. O.* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *12/10/16* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
- (a) When (b) Date of Discharge;
- (b) Where (c) Cause of Discharge.
- (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."

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.

S. W. Gas Oct-13th and 14th 1918.

Ypres.

Severely gassed, he states he was five days unconscious after being gassed, treated in C.C.S. ten days. Then transferred to Bass Hospital and convalescent depot respectively. Obtained leave then afterwards returned to unit in France.

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

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

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

General condition fairly good, but complains of blepharospasm on any other than ordinary exertion. Complains also of jumpy nerves.

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? na.
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? na.

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.

Reparation

W. B. Procurner. Capt. Rame
 Medical Officer in charge of case.

Station Hagley D Camp
 Date 18/1/19

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

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.

Gas poisoning

(b) The present condition thereof.

Very short of breath, gets choked up in cold weather & coughs phlegm. Pulse 88.

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

NO

Give details:

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

Gas

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?

40% 3 months

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?
- 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)?

Opinion of Military Member in case of disagreement.

Yes

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

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

Yes

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

29. Does the soldier require:—

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

Signatures:—

Station *S. Johns*

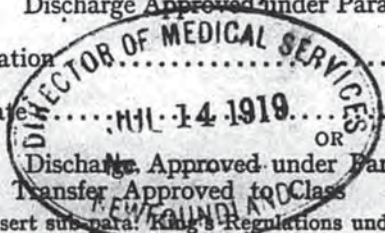
Date *July 14/19*

H. A. ... } President or Chairman.
J. ... }
W. ... } Members.

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

Station *...*

Date *14.1.1919*



Clay Macpherson Major
 Officer in charge, Central Hospital.

Only applicable 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.

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

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

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No... **3408**... 3. Rank... **Cpl.**.....
4. Name **Feaver W.O.**.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(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. Gas.

11. Date of origin of disability. **Oct. 13 & 14/ 1918.**

12. Place of origin of disability. **Ypres.**

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.
- Severely gassed states he was 5 days unconscious after being gassed treated in C.C.S. 10 days. Then trans: to base hp. & Conv. Depot respectively. Obtained leave then returned to Unit in France.**

14. 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 man's part. } | ..... | Chancres Cured. |
- 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? **General condition fairly good. But complains of breathlessness on any other than ordinary exertion. complains also of jumpy nerves.**
- (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— **Repatriation.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

(SGD) **W.E. PROCUNIER CAPT. R.A.M.C.**
Medical Officer in charge of case.

Station

Date

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(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. **Gas poisoning.**

(b) The present condition thereof.

**Very short of breath gets choked up ~~XXXXXXXXXX~~ in cold weather & cough
Phlegm. Pulse 88.**

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 | No. ..... | ..... |
- Give details :

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

Gas.

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).

40% 3 Months.

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

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

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

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

Yes.

Opinion of Military Member in case of disagreement

OR

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

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

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

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

Yes.

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

29. Does the soldier require:—

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

Signatures:—

(SGD) N.S. FRASER..... { President or Chairman.

Station ... ST. JOHN'S J.S. TAIT..... } Members.

Date ... JULY 14/19 L. PATERSON, MAJOR..... }

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

Station ... (SGD) CLUNY MACPHERSON, MAJOR..... } Only applicable in cases of Patients in Hospitals.

Date ... JUL 14 1919 Officer in charge, Central Hospital.

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

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

Station

Date

O.C. Discharge Centre.

C.R. 3408

SICK AND WOUNDED N:C:O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

INFANTRY RECORDS L I C H F I E L D PART 1

No H.A. 31945

DIS TO TERLINGTHUN DETAIL CAMP EX 7 CON DEP 16 NOV.18.

120781	Pte Silcock G.	16 N. & Dbys	Bruised Penis Slt.
130626	Pte Thorpe F.	12 N. & Dbys	Influenza Slt.
3297	" Cook	9 Lines	GSW Shldr. R. Slt.
52376	" Hardy G.H.	7 Lines	Gas Pois. Mist. Slt.
44546	" Hope B.	6 Lines	ICT Hand. Slt.
95971	" Pickstone C.A.	9 N. & Dbys	GSW R. Hand. Slt.
57529	Pte Boliner E.	1 Lines	Influenza Slt.
41351	" Johnson J.	6 Lines	ICT Axilla Slt.
89064	" Hutson G.	9 N. & Dbys	Influenza Slt.

INFANTRY RECORDS L I C H F I E L D PART TWO

No H.A. 31945

DIS TO TERLINGTHUN DETAIL CAMP EX 7 CON DEP 16 NOV.18.

41084	Pte Steor	9 N. Staffs	Bronchitis Slt.
49739	L/C Hutson J.	6 Leic. att TMB.	Diarrhoea Slt.
200828	L/C Sevatt J.	5 N. Staffs	Influenza Slt.
63782	Pte Spencer W.	1/6 N. Staffs	Influenza Slt.
15193	" Jukes T.	7 S. Staffs	Influenza "
61682	Pte Moss W.H.	4 N. Staffs	Diarrhoea Slt.
240276	Pte Pegg T.C.	1/6 N. Staffs	Influenza Slt.

DIS TO NO 5 DETAIL CAMP TERLINGTHUN EX 7 CON DEP 16 NOV.18.

43410	Pte Nye F.A.	14 Leics	Influenza Slt.
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N E W F O U N D L A N D EXPEDITIONARY FORCE

No H.A. 31945

DIS TO BASE DEP ROUEN EX 7 CON DEP 16 NOV.18.

X 3408	Pte Feaver W.	1 R. Newfoundlands	Wd. Gassed Must. Slt.
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2468

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of

1st New South Wales

Signature of O. C. Company

Number of Sheet

101
113

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3408</i> <i>James Wm Owen</i>	Age on	18 years 6 months	<i>Cable Operator</i>	
Joined		Date	Place and Date of Enlistment } <i>St. Johns</i> <i>11.1.17</i>	Religion	
Joined		Date		<i>C. of E.</i>	<i>Leff</i>
Joined		Date	Period of } with Colours <i>2⁰⁴ years.</i> with Reserve <i>3¹⁵</i> years.	Place of Birth	
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
<i>Newton Park School</i>	<i>15/10/17</i>	<i>1st Lt</i>		<i>Disobeying an order</i>	<i>Sgt. Winter</i>	<i>Deprived of honours</i>	<i>16/11/17</i>	<i>Major Marchmont</i>	<i>bl 7.</i>
				<i>Demobilized St. John's</i>			<i>2⁸/19</i>		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

3408

DEMOBILIZATION OF

Reg. No. 3408 Rank Capt Name Frederick W. P.
 Date of Enlistment 2-12-10 Address Hearts Content District Trinity
 Occupation Mobile Operator Classification for Discharge B Medical Category 1
 Recommendation S.M.B. Physically unfit Disability Rating 40% 5 Mos
 Passed to Demobilization Officer with following documents:—

N.F. P|36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	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 17-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. C. Seaver

Particulars passed to Vocational Officer for information and action.

Date 17-7-19

Amblonstone

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000

(b) ~~Clothing Supplied~~

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3443 to his home at Hearn's content and Release Certificate No. 3679 issued.

Date 17-7-19 AM Clouston
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 18-7-19
Depot Paymaster.

Discharge approved for 19-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 18-7-19
AM Clouston
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 JUL 19 1919
L. R. COOPER, CAPT
O. C. Discharge Depot

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

Date Aug 11 19

Reg. No. *3408* Rank *Plt* Name *Paul. Owen*

Attested Address *80 Bow St.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1949*

Returned on S S *Casimbra* Cause *Discharge*

15.7.49 Rec. Discharge from the Army

16.7.49

PASSED TO DEMOBILIZATION OFFICER

19.7.49

DISCHARGE APPROVED ON DEMOBILISATION.