



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4823 Name Joseph Fields Corps Rif

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph Fields
2. What is your full Address? 2. Bombardier
3. Are you a British Subject? 3. yes
4. What is your age? 4. 31 Years 7 Months
5. What is your Trade or Calling? 5. fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

Joseph Fields 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.

Joseph Fields SIGNATURE OF RECRUIT.

Joseph Fields Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Joseph Fields do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this 15 day of May 1918
 Signature of Attesting Officer James Smith

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 15 May 1918
 Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph J. Fields
 Apparent age 31 years 7 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Thos. J. Fields
Bonawenta | Relationship mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension.		Service in Reserve, not allowed to reckon towards A. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-18</u>									
Joined at <u>St. Johns</u> on <u>10 day 1-1918</u>									
<u>Discharged: St. Johns, Aug 9, 1918</u>									
<u>Embarked St. Johns train to Halifax N.S. 11-1918</u>									
<u>Remained in hospital Halifax N.S. 69 days up to 7-7-18</u>									
<u>Retired to home establishment from Halifax N.S. and posted to depot St. Johns 27-7-1918</u>									
<u>Discharged Healthy 10th Sept 9-8-18</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-18</u> (date of discharge) <u>101</u> years <u>101</u> days									
Pensions									

J. Field

C.R.

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C.R. 4823

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

4823 Pte. J. Fifield,

Discharged 2 - 8 - 18, Medically unfit

C.R. 4823

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 14, 1918.

4823 Pte. J. Fifield.

Having been medically unfit is discharged from Aug. 9th,

C.R. 4823

July 3rd 1918.

Mrs Thomas Fifield,
Bonavista.

Dear Mrs Fifield,

The following notification has just been received by this department that your son 4823 Pte. Joseph Fifield who left here with the 1st draft, is now in Hospital at Halifax.

Yours faithfully,

W. V. W.
Lieut.

for Lieut. Colonel.

C.R. 4823

Extract of Casualties from O.C. Draft, Royal Wfld. Regt. to
D.O.C., H.Q., dated 24/6/18.

4823 Pte. J. Fifield

Above to be boarded and returned to St. John's first opportunity
documents left with Adjutant Casualty Company, Wellington Barracks.

C.R. 4823

Extract from Daily Orders part 11, from Unit The Royal
HZA. Regt. St. John's, dated July 27, 1918.

#4823 Pte. J. Fifield.

Returned from Halifax and reported to Depot 23-7-18, posted
to E. Company from Draft June 11th, 1918.

C.R. 4823

Extract from Daily Orders Part 11. from Unit The Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4823 Pte J. Piefield.

Embarked for Overseas with draft 11-6-18.

U
C.R. 4823

Extract from Daily Orders part 11, from U it The Royal Wfld
Regt St. John's, dated May 2nd, 1916.

#4823 Pte. Joseph Fifield.

Attended for General Service with the Royal Wfld. Regt.
from 1/5/16.

Depot
4823

St John's, Newfoundland,

August 10th, 1918

To O.C.,

Royal Newfoundland Regiment,

Headquarters

SIR:

The undermentioned men have been discharged on the dates given.

Kindly note and post in Daily Orders

Part II.

I have the honour to be,

Sir,

Your obedient servant

(sgnd) J. M. HOWLEY

Chief Paymaster etc.

1558	Pte. Hillier, Robt.	Aug 2/18	Med. Unfit
4823	" Fifield, Jos.	" 9/18	Do.
320	" Green, Wm.	" 6/18	Do.
4469	" Mootrey, Rpt.	" 9/18	Do.

July 27th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

4469 Pte. R.H. Mootrey
4823 " J. Fifield

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Friday, July 26th. Their accounts are not on Company Pay Sheets.

I am sending them herewith for your attention and necessary action, please.

Reg. No. 4823 Rank Pte Name Fifield, Joseph.
Attested 1-5-18 Address Bonavista B.B.
Allotment 60 Allottee Mrs Thomas Fifield (Mother).
Date of Allotment 16-6-18 Returned from Overseas _____
Embarked for Overseas 11-6-18 Cause _____

1st Dec 10-5-18 2nd Dec 10-5-18 2nd Dec 4/18
A.B. 29/18

Kifield Joseph

4823

Ray Sept.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4823</u>	Army Rank <u>Private</u>	
Name <u>Joseph Fifield</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>The Royal Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>August 9th 1918</u>		
Place of discharge <u>St. John's, Nfld</u>		
1. <u>Description at the time of discharge.</u>		
Age <u>30</u> years <u>11</u> months Height <u>5</u> feet <u>8</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Medium</u> Eyes <u>Blue</u> Hair <u>dark brown</u> Trade <u>Fisherman</u> Intended place of residence <u>Donavietta</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
To be filled in on the soldier quitting the Colours.	3. Military character:— <u>Very good</u>	
	4. Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form B, 2667* and that Army Form D. 489 was awarded in this case.		
		Initials of Commanding Officer.
Army Form B. 2688 has been issued to*		

6. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Bn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's, Ald. Pt. J. Field (Signature of Soldier.)

(Date) Aug 9th 1918. E. Walsh (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No. Reservations.

Pt ^{John} J. Field Witness E. Welsh
March.



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. & 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 *W. Field. Joseph.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4823.*
 Intended address *Bonavista*
 Height on discharge *5* Feet *8.*
 Color of hair on discharge *Dark.*
 Complexion *Fair.*
 Color of eye *Blue.*
 Descriptive Marks
 Figure on discharge *Medium.*
 Christian name of Father *Thomas Dead.*
 Christian name of Mother *Lucey*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Bonavista. Sept 14th - 1887.*
 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)

Joseph Field

(Rank) *Pte.*

Station *St. John's.*

Date *July 24th*

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.

L. W. Hadden

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

Station *St. John's M*

Date *July 25/18*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph P. ~~Thomas~~ Fifeild Regl. No. 4823
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4312	Mother	Mrs. Thomas (Lucy) Fifeild Bohaviata		60
Total Allotment, \$				60

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

Sig.) [Signature]
 Officer Commanding
 'A' Company
S. C. Johns
10-6-1918

(Sig.) Joseph Fifeild
 (Rank) pte. Witnesses
[Signatures]

The Royal Newfoundland Regiment.

TO.

4823 Pte. Joseph Fiefield,

Breakfast While On Home Leave.....

..70¢

(While waiting for train)

(B.P.Attached)



ACCOUNT		
CH. NO.	7255	INITIALS
IND. LEDGER		INITIALS
PAY LEDGER	HM	INITIALS
GEN. LEDGER		INITIALS

W. H. H. H.
5th Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

4-6-18.

J. B. A.

I wish to Certify That

823 Joseph Fifield
Received Breakfast
Said

70^{cts}

Edmund Fox
Carter Hotel
Claremont

4873

June 13th, 1918.

Pte. Joseph Fifield,
Princes Rink.

J.P.B.

Dear Sir,-

I enclose herewith cheque for Seventy Cents,
being the amount due you for Board, whilst waiting passage.

Yours faithfully,

Capt. & Paymaster.

J/H

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 6160

Aug 9th 1918

Received from the First Newfoundland Regiment
the sum of sixty one 60 Dollars.
~~on account~~ of Pay.
balance

^{his} J. X. Field witness E. Walsh
marks
Regtl. No. Rank Pte

Ch. No. 902	Initials. EW
Pay Ledger 162	Initials. WK
Gen. Ledger	Initials. dx

No. 4823.

Rank

Plt

Name

Fizfield J.

Report of Medical Board.

Station **St. John's, Nfld.** Date **July 26th., 1918**
 No. and Rank **4823 - Pte.** Age **31** Height **5'8"**
 Name **FIFIELD JOSEPH** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Blue** Hair **Dark**
 Address **Bonavista**
 Former Trade **Fisherman**
 Enlisted at **St. John's** On **28/4/18** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **RHEUMATIC FEVER (?)**

Subsequent

Present Condition (Compare with previous Board)

V.D.H. apex Beat-ripple line. Blowing Systolic murmur
 all over precordial area.
 P. 104 at Rest. Does not increase after exercise but
 gets thinner.

Pat. states that in March of this year had attack of
 Rheumatic Fever - all 3 weeks.

Board considers that condition is not due to Service
 but has been aggravated thereby.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *100% for 3 months*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *total*

Recommendation of Medical Board *Discharge as Permanently unfit.*

Members of Board

Clay Macpherson,
Major.

Clay Macpherson,
John W. Starnan,
Archibald
Major.

Approving Medical Officer.

D. M. S. NEWFOUNDLAND.



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 639

Regt. No. 4853 Rank Pte. Name Joseph H. Field

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board July 26th 1918

Pensionable disability 100% for 3 months

Pension granted:
\$10.00 per month for 3 months

or Gratuity granted:
Payable in 3 equal monthly instalments

Granted to:
Name Joseph H. Field
Address Bonaville

Date case disposed of JUL 29 1918

Approved by:
Members of Board
OK.
Chairman
Secretary

Remarks:

Report of Medical Board.

Station	St. John's, Nfld.	Date	July 26th., 1918	
No. and Rank	4823 - Pte.	Age	31	Height 5'8"
Name	FIFIELD JOSEPH	Complexion	Fair	
Unit	Royal Nfld.	Eyes	Blue	Hair Dark
Address	Bonavista			
Former Trade	Fisherman			
Enlisted at	St. John's	On	28/4/18	(The Board will please note how the soldier's appearance corresponds with above description.)
Disease or Disability	Original	RHEUMATIC FEVER (?)		

Subsequent

Present Condition (Compare with previous Board)

V.D.E. APEX BEAT NIPPLE LINE. BLOWING SYSTOLIC MURMUR ALL OVER PRECORDIAL AREA.

P. 104 AT REST. DOES NOT INCREASE AFTER EXERCISE BUT GETS THINNER

PATIENT STATES THAT IN MARCH OF THIS YEAR HAD ATTACK OF RHEUMATIC FEVER - ILL 3 WEEKS.

BOARD CONSIDERS THAT CONDITION IS NOT DUE TO SERVICE BUT HAS BEEN AGGRAVATED THEREBY.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? **100% for 3 months**

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Total

Recommendation of Medical Board DISCHARGE AS PERMANENTLY UNFIT

Members of Board

(Sgd) CLUNY MACPHERSON, Major

(SGD) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

JOHN G. DUNCAN

ARCH C. TAIT

Approving Medical Officer.

CERTIFIED CORRECT COPY
CLUNY MACPHERSON, Major

Per *A. W. B.*



MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

SECTION Halifax, N.S., DATE June 26, 1918.

1 (a) Unit *Royal Field Artillery* (b) Regimental No. **4825** (c) Rank **Pte.**
 (d) Surname **Fifield** (e) Christian name **Joseph**

2. Age last birthday **31** Date of birth **Sept. 18, 1887.**

3. Enlisted a **Bonavista, Nfld.** on **April 28th, 1918.**

4. Personal description:—

(a) Height **5 ft. 8 in.** (b) Weight **136** (c) Complexion **med.**
(stripped)
 (d) Colour of hair **dk. brown** (e) Colour of eyes **blue** (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)
Bonavista, Nfld.

6. Former trade or occupation **Fisherman.**

7. (a) Service	Years	Days
	PERIODS	
	From	To
Royal Nfld. Regt.	Apr. 28, 1918,	

Handwritten box:
 M. F. E. 227
 59-f-471
 M. F. E. 227

(b) Has he been overseas? **No.** 8. Original disease or disability **Endocarditis.**

(a) Date of origin **March 1918.** (b) Place of origin **Bonavista, Nfld.**

(c) Cause **Rheumatic Fever?**

(d) Present disease or disability **V.D.H.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Complains of precordial pain, dyspnoea and dizziness on exertion.

Apex beat is diffuse and within the nipple line. On auscultation a

systolic murmur is heard over the precordial area. On lying down

MEDICAL HISTORY OF AN INVALED

9. Present condition.—(Continued.)

Warmer is transmitted up vessel of hand. Heart at rest about 90, on expiration 115, after seven minutes 90.
Soldier is well built and healthy-looking. Says when he walks up a hill he becomes short of breath and feels his heart palpitate. Blood pressure Systolic 150, Diastolic 90.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous..... Yes Digestive..... Yes Respiratory..... Yes Cardiac..... as above.
Genito-Urinary..... Yes Skin, Middle Ear, Eye or any other part..... Yes.

10. History: (a) of Condition referred to in "a" section 8.

Had "Rheumatic" in March 1918. Was laid up for 3 weeks in house. Both knees and ankles were swollen. Did not have a doctor. Says he did not take to bed.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?..... No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..... No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?..... Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Rest.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? **Yes.**
(If not, briefly state why.)

17. Recommendations **Recommended that #4823 Pte. Joseph Fifield be placed
in Category C III.**

S. H. L. Sweetland
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, **Joe. Fifield** have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

Joe. Fifield
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

**This man had left collar bone broken 5 yrs ago and there is mal
union. He has had attacks of rheumatism since then. The heart is
enlarged to nipple line and a marked systolic murmur at apex.
He is not likely to be of much use to the service.**

19. Is the soldier fit for

- (a) General service,
(b) Service abroad, not general service,
(c) Home service, (Canada only),
(d) Temporarily unfit.
(e) Unfit for service in Categories A, B and C.

(Category A) (Yes or No) **No.**
(" B) (Yes or No) **No.**
(" C) (Yes or No) **No.**
(" D) (Yes or No) **No.**
(" E) (Yes or No) **Yes.**

20. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) Should pass under his own control.

(d) ~~Should pass under his own control.~~
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

J. Jackson Cap Cause President.
H. F. O'Brien Members.

PLACE Halifax, N.S.

DATE July 3rd, 1918.

APPROVED BY

APPROVED
E. J. L. MacKay
 Assistant Director of Medical Services.
 G. O. C. M. B.

APPROVED BY

Director-General of Medical Services.

DATE 13. 7. 18

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness

Signed

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

Members

PLACE

DATE

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

BONAVISTA
BOC 26
21
NEWFO

OCT 15 1921

1921.

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

Joseph Fifield

in respect of his service as No. 4823 Rank Pte.

Name J. Fifield Royal Nfld. Regt.
~~1st Bn. Canadian Exp. Corps~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Joseph Fifield

Date 21st of Oct

Address Bonavista nfld

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 1

Forms
B. 121.
39.

Regiment of Royal New Zealand

Signature of O. C. Company Wm. Chancellall Smith

Regimental Number and Name		Enlistment		Trade
No.	<u>4623</u>	Age on	<u>31</u> years	<u>fisherman</u>
	<u>Johnston</u>	months		
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<u>1.5.18</u>		<u>C of R.</u>
Joined	Date	Period of	with Colours <u>01</u> years.	Place of Birth
Joined	Date		with Reserve <u>365</u> years.	<u>Bonaville</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit</u>	<u>H. Johnston</u>	<u>9 1/2</u>			

To be carried over

Reg. No. 4823 Rank Pte Name Fupild Joseph
Attested..... Address Bonquist
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas 22-7-19
Embarked for Overseas..... Cause.....

26-7-18 See Discharge sent to Paymaster for
Disposal.
Discharged medically unfit 7-8-18 No's 143