



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3220 Name Peter Finn Corps R.L.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Peter Finn</u> |
| 2. What is your full Address? | 2. <u>Peter Finn</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name
Corps } |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, Peter Finn 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.

Nov 11/16 Peter Finn SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION

I, Peter Finn 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at [Signature] on this 11th day of November 1915.

Signature of Attesting Officer [Signature]

CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915

Place.....

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Peter Linn
 Apparent age 22 years 3 months. Height 6 feet 1 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Linn
Pelly St. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
Pensions " _____ [" "] _____ " _____ "									

3230



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3230 Name Peter Finn Corps R.L.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Peter Finn
2. What is your full Address? 2. Peter's St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years 3 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 Yes
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

I, Peter Finn, 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.

Nov 11/15
Signature of Recruit: Peter Finn
Signature of Witness: John Galt

Peter Finn 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.
on this 11th day of November, 1915.
Signature of Attesting Officer: John Galt

† 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 1915
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Peter Henry
 Apparent age 22 years 3 months. Height 6 feet 1 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion _____ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Henry | Relationship Father
Peter Henry

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	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-11-16</u>									
Joined at <u>Mohri</u> on <u>December 11 16</u>									
		<u>Dismissed at Joino Dec 31/1918</u>			<u>Embarked at Mohri</u>				
					<u>St. Marys & Co. Joino 11-31-17</u>				
					<u>Embarked for B.S. 11-6-17</u>				
					<u>Disembarked France 12-6-17</u>				
					<u>Joined Battalion 2-7-19</u>				
					<u>Admitted 87 F.F. branch to G.S. Coy 11th F.F. 8-17</u>				
					<u>Invalided to England 11-9-17</u>				
					<u>Admitted 3rd Coy 4th Bn and went to 11th F.F. 14-9</u>				
					<u>Surgeon's Hon attached to Coy depot 12-12-17</u>				
					<u>Embarked for B.S. 4-2-18</u>				
					<u>Joined Battalion in the field 15-2-18</u>				
					<u>Wounded 19-3-18</u>				
					<u>Admitted 87 F.F. 19-3-18</u>				
					<u>Admitted 3rd Coy 4th Bn 4th Reg 14-3-18</u>				
					<u>Invalided to England 25-3-18</u>				
					<u>Admitted 3rd Coy 4th Bn 25-3-18</u>				
					<u>Transferred to London Station Head Coy 18-18</u>				
					<u>Embarked to report S.F.C. for discharge 28-9-18</u>				
					<u>Surgeon's attached to 7-10-18</u>				
					<u>Admitted to 4th Coy 27-11-18</u>				
Total Service forfeited as above _____ Total Service towards Engagement to _____ (date of discharge) <u>2</u> years <u>51</u> days Pension _____									



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 *Peter Finn*

aged *28 years 3 months* conducted at *C F B*

Date: *Nov 11th /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 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *$\frac{6}{9}$ right. $\frac{6}{9}$ left.*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *no*
- 34 *6.1.11*
- 35 *153*
- 36 *30-39*
- 37 *\$40.00 per month*
- 38 *father's name *Stebens Pottly Jr**
- 39 *white*

30
22

Signature of Medical Examiner:

Sto Burden

21

C.R. 3230

Feb. 14th 19.

James Finn Esq.,
Petty Cr.

Dear Mr. Finn:

I beg to inform you that we are forwarding you by Registered Mail one cotton bag belonging to your son, No. 3250, Pte. Peter Finn, of the Royal Newfoundland Regiment.

Herewith enclosed you will find receipt, kindly sign same and return at your earliest convenience.

Yours faithfully,


Lient.

Casualty Officer.

CR. 3230

Extract from Daily Orders Part II,
Depot of The Newfoundland Regiment
from G.H.Q. Srd. Division dated Sept.
22nd. 1917.

3230 Pte. P. Fign

Invalided to England 14/8/17 Sick.

C.R. 3230

N

RECEIVED FROM THE DEPARTMENT OF MILITIA?

ONE COTTON BAG CONTAINING EFFECTS OF NO.3230

PTE. PETER FINN.

SIGNED.....

Pte Peter Finn

Date.....


18 2 19

Extract from Registered Receipt, dated Feb. 17th., 1919.

One package. No. 1611 Jas. Finn,

Inspector,
Petty Hr.

No. of Paper 1420**PERSONAL EFFECTS.**Name Finn P C.R. 3230Rank Private Regiment ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
1 cotton bag containing:- personal effects extracted from Rik Bay.		Shipped to Newfoundland.
	Final disposal	

Remarks :- Repatriated 16/10/18
 Next of Kin :- Father:- James Finn
Petty Harbour
St. Johns.

C.R.

3230

Extract of Daily Orders, Part II, Depot, St. John's, dated
March 1919.

STRENGTH DECREASES.

3230 Pte. Peter Finn

Having been found medically unfit is discharged from 31012-18.

C.R. 3230

Extract from Medical held on Thursday, December 15th, 1918

3230 Pte. Peter Finn.

Recommended discharge as Permanently Unfit.

C.R. 3230

Extract from Daily Orders part 11, Depot. St. John's
dated Nov. 14th., 1918.

The undermentioned returned from overseas and reported
at depot 8/11/1918.

LANDFORD BOND
#3230 Pte.P. Fynn.
STRATHMORE QUALITY

BC.

C.R. 3230

Extract from Nominal Roll of Repatriation Draft Embarked for
Newfoundland 16-10-18.

DISCHARGED UNDER A.F. B.179.

5250 Pte. P. Finn.

ML.

C.R. 3230

Oct 14th, 1918

Mrs. James Finn,
Petty Harbour

Dear Mrs. Finn:

I beg to inform you that in reply to an enquiry forwarded by this Office to the Record Office, London asking for the condition and whereabouts of your son, No. 5250, Private Peter Finn, a message has been received to-day stating that this soldier is at the Depot, Winchester, and will be repatriated at the earliest opportunity.

Yours faithfully,


Lieut.

for Chief Staff Officer.

0323 C.R.

Extract of Telegram received from Synoptical London,
Oct.12,1918.

With reference to your telegram Oct.10th 3230 Finn 2nd Batt-
alion for repatriation by earliest opportunity.

C.R. 3230

Extract from Telegram to Synoptical, London dated October 10th 1918.

Please inform condition and whereabouts of

3230 Finn.

C.R. 3230

Extract from Casualties received from Pay & Record
Office, London, Oct. 8th, 1918.

The undermentioned reported 7-10-18 and was sent to
Discharge Depot, Winchester, to await orders regarding
thier repatriation.

3230 Pte. P. Finn.

MM.

C.R. 3230

Extract from Casualties from Pay and Record Office, London, dated
3rd October, 1918.

3230 PTE. P. FINN

has been granted extension of furlough to 10 a.m.
7/10/18. To be repatriated .

Authority: Officer i/c Records, Mfld. Contgt.

C.R.

3230

Extract from Casualties received from P.&.R. Office London,
Sept. 27th, 1918.

3230 Pte. P. Finn.

(For repatriation) is granted extension of furlough to 10
a.m. 2/10/18.

MM.

C.R. 3230

EXTRACT FROM CASUALTIES FROM PAY AND RECORD OFFICE,
DATED 23rd., SEPTEMBER 1918.

#3230 PTE. P. FINN.

FOR REPATRIATION.

ex King George Hospital 21/9/18 is granted furlough @
10. a. m.*with orders to report at the P. & R. O. on later
date for disposal. *28/9/18,

BC.

C.R. 3230

Extract from Casualties received from the Pay and Record Office
dated 19th August 1918.

3250#Ptw/ P. Finn

WAS TRANSFERRED FROM THE PAVALION GENERAL HOSPITAL, BRIGHTON, to
Q. M. CONV. AUX. HOSPITAL ROEHAMPTON, ON 17/8/18.

&

C.R. 3230

Extract from Casualties received from Pay and Record Office
London, August End. 1918.

#3230 Pte. P. Finn.

THE ABOVE MENTIONED SOLDIER WAS TRANSFERRED FROM THE 3RD.
LONDON GENERAL HOSPITAL , TO THE PAVLION MILITARY HOSPITAL
BRIGHTON, ON 1-8-18.

AUTHORITY. A. F. S. W. 3016 FROM THIRD LONDON GENERAL HOSPITAL

C.R. 3230

Extract from Daily Orders part 11, from Unit The Royal
Rfid. Regt. In the field, dated April 15, 1918.

#3230 Pte. P. Finn

Invalided to England (wounded) March 25 1918

C.P. 3230
Printer No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated March 28th, 1918

To Jamaica Petty Harbour

Regret to inform you that Record Office, London, officially reports **No. 3230, Private Peter Finn is at Wandsworth, amputation right leg.**

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

Actg. Minister of Militia.

FOR TYPEWRITER

C.R. 3230

Extract from Casualties received from Pay & Record
Office, London, dated March 27, 1918.

#3230 Pte. P. Finn

Admitted 3rd London General Hospital Wandsworth 25-3-18
H.S.W. Right arm. amp. right leg.

C.R. 3230

Extract from Casualties received from Pay & Record
Office, London, dated March 26, 1918.

#3230 Pte. P. Finn.

S.W. Leg & Arm. R. Frac. Fibula mild.

Admitted 2nd Aust. Gen. Hosp. Wimereux March 19, 1918.

C.R. 3230
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T., or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Red	By	Sent	by	Check

Dated **March 25rd, 1918.**

To **James Finn, Petty Harbour.**

Regret to inform you that Record Office, London, officially reports **No. 2230, Private Peter Finn still dangerously ill March 17th.**

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

J.R. Bennett

Acys. Minister of Militia.

FOR TYPEWRITER

C.R. 3230

Extract from Casualties received from Pay & Record
Office, London, dated March 18, 1918.

#3230 Pte. D. Finn

Officer Commanding 3rd Australian C.C.S. France
telegraphs March 14th, 1918.

S.W. Right Arm Right Leg Fr. Tib. Dangerously ill

C.R. 3230
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender J. R. Bennett Address Militia Dept.

Line Number	Red	By	Sent	by	Check

Dated March 16th 1918.

To Mr. Jas. Finn, Petty Harbour.

Regret to inform you that Record Office, London, officially reports #3230, Pte. Peter Finn, at 3rd Australian Casualty Clearing Station, France March 14th suffering from Shell wound right arm right leg fractured tibia.

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

J. R. Bennett,

Acting Minister of Militia.

FOR TYPEWRITER

C.R. 5230

Extract from Nominal Roll Draft No. 36, 200 Other Ranks
from 2nd., (Reserve) Battr. Royal Wfld., Regt., and
proceeded to join the 1st., Battalion, Royal Wfld.,
Regiment. B. E. F., Embarked Southampton 4/2/18.

#3230 Pte. P. Finn.

No. 3230 Pte. Peter Finn.

18th
Extract of casualty list received Sept. 1917.

"Admitted Wandsworth Inflammation connective tissue right foot. "

September 18, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 3230, Private Peter Finn, has been admitted to Wandsworth, suffering from inflammation connective tissue right foot.

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.

Yours faithfully,

Colonial Secretary.

Mr. James Finn,
Petty Harbor.

C.R. 3230

Extract from Nominal Roll of Draft No. 25: Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr , to 1/1st Newfoundland
Regiment B.E.F.

3230 Pte. Finn, P.

MP.

C.R. ~~3203~~
3230

Extract from Nominal Roll Draft embarked St. John's per
S.S. "GRAMPIAN" 51/1/17 sailed Halifax 16/4/17.

3230

3206 Pte. P. Finn.

C.R. 3230

Extract from Daily Orders Part 11 Unit The Royal Rif 14.
Regt., St. John's, Nov. 16/16

3230 Pte. Peter Finn.

Attached to the Strength from 11-11-16.

December 13th/19

From Asst. Adjutant,
Depot.

To Paymaster & Co. i/o Records,
Militia Dept.

#3250, Pte. Peter Finn

The above noted man was recommended for discharge as Permanently unfit by Medical Board B held on Thursday December 12th. I am sending him herewith for your attention and necessary action, please

COPY

3230

St John's, Nfld.

Jan. 6th, 1919

The Officer Commanding,
Royal Newfoundland Regt.
Headquarters

SIR:

The undermentioned men have been discharged
on the dates given.

Kindly note and post in Daily Orders Part II.

I have etc.

(sgnd) J. M. HOWLEY,

Capt etc.

404	CSM.	LeGrew, F.P.	Dec. 31/18	Med. unfit
301	Cpl.	Windsor, S.	26	"
396	"	McConnell, I.	27	"
37	Pte	White, Dougald	31	"
3150	"	Pilgrim, Lewis	27	"
3250	"	Finn, Peter	31	"
3879	"	West, Jos.	26	"

P. Simon

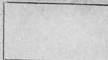
CR 3230

P. 10

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. 3230 Army Rank Private
 Name Peter Finn
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.
 Battalion, Battery, Company, Depot, &c.
 (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.)

Date of discharge _____

Place of discharge _____

1. *Description at the time of discharge.*

Age 25 years _____ months
 Height _____ feet _____ inches
 Chest measurement { girth when fully expanded _____ ins.
 range of expansion _____ ins.
 Complexion _____
 Eyes _____
 Hair _____
 Trade _____
 Intended place of residence { _____
 (To be given as fully as practicable)

Descriptive marks.

COPIES SENT		
TO	No	DATE
M of M	<u>1000</u>	<u>31 61 100 91</u>
O.C. 1st Bn.		
" 2nd Bn.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(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.)

3. Military character:— _____

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. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to* _____

[OVER.]

Wounded

*Applied to Brighton
10/7/18
J. W. Bondell
M.C.*

*Hard 5
16391.*
Army Form B. 179.

OF AMPUTATION
as recorded by **Medical Report on an Invalid.**
HAMPTON SURGEON.

Station 3rd London General Hospital,
WANDSWORTH, S.W.
Date _____
Right Leg 13rd 4 3/4 Army.

1. Unit Newfoundland
2. Regimental No. 3230
3. Rank Private
4. Name Hinn. Peter
5. Age last birthday 25
6. Enlisted { on Nov 11th 1916
at Newfoundland

7. Former Trade or Occupation } Industrious
7a. If with previous service in Army, state—
(a) Former Unit; ✓
(b) Regimental No.; ✓
(c) Date of Discharge; ✓
(d) Cause of Discharge.



8. Disability in respect of which invaliding is Proposed
(Other disabilities should be reported upon in answer to question No. 10)

G.S.W. Rb. arm & Rb. leg
(amput^{ed}).
(1) must drop.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupportable statements and those recorded in his military and medical documents. He will also carefully distinguish cases entirely due to recent disease.

9. Date of origin of disability.
10. Place of origin of disability.

13-3-18

Paschaudaale

COPIES SENT
TO THE OFFICER IN MEDICAL CHARGE OF THE CASE
BY THE OFFICER IN CHARGE OF THE REGIMENT
ON 2ND DIV
15 OCT 1918

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Received a penetrating wound of Rb. Elbow & acromioclavicular Jt. Rb. leg.
F.B. removed from Elbow in house Rb. leg amputated at 3 wks. on 13-3-18.
Admitted here on 13-3-18, with firm lead up to elbow, & stump of leg granulating. Shins reamputated on which he got up on 20-4-18. Leg wound then continued to heal. Skin grafting performed on Rb. arm - which then rapidly healed but radial analgesia continued.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, etc.

G.S.W.
Active Service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Wounds healed; weight drop.
Limitation of ex. limb in elbow joint
R-fitted with Pain Exp.

14. If the disability is an injury, was it caused—

- (a) In action? yes
- (b) On field service? yes
- (c) On duty? yes
- (d) Off duty? —

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When? —
 - (b) Where? —
 - (c) Opinion? —

16. Was an operation performed? If so, what?

yes 3. under 11.

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Permanently unfit

A. A. Davies Cl.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except†
3rd London General Hospital,
Station WANDSWORTH, S.W.

Date July 9th 1918.

H. Logan Maynard
Officer in charge of Hospital,
Comdg. 3rd. London Gen. Hospital.

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; Y S

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? G. S. W. (2)

22. Has the disability been aggravated by any

23a. Is he fit for discharge from the service as an out-patient and will he require out-patient treatment on discharge from Hospital?

Recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

100% but 1/2 + then 80%

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England? Y S

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?



Station General Hospital, WATFORD, W. S.W.

Date 20 SEP 1918



Station General Hospital, WATFORD, W. S.W.

Date 20 SEP 1918

Opinion of the Medical Board.

Notes.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a) State whether the disability is clearly attributable to—

(i) Service during the present war; 45

(ii) Climate;

(iii) Ordinary military service;

(iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v) Whether it is constitutional or hereditary.

(b) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? G.S.W. (2)

22. Has the disability been aggravated by any

23a. Is he fit for discharge from the service as an out-patient and will he require out-patient treatment on discharge from Hospital?

recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

100% but $\frac{2}{12}$ + then 80%

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England? 45

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Station: **WANDS BEATH S.W.**
Date: **20 SEP 1918**

Signature: *[Handwritten Signature]* President.

Members: *[Handwritten Signature]* capt.

Station: **WANDS BEATH S.W.**
Date: **20 SEP 1918**

Administrative Medical Officer: *[Handwritten Signature]*

16391.

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

MEDICAL HISTORY

OF

Surname *Fin*

Christian Name *John*



Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.	REGULAR ARMY.
Examined	on 11 day of Nov. 1916 at St. John's.	on at
Declared Age	22 years 2mo 0 days <i>Fisherman</i>	years days
Trade or Occupation	<i>Fisherman</i>	
Height	6 feet 1 inches	
Weight	152 lbs.	
Chest Measurement	Grith when fully expanded ... 39 inches Range of Expansion ... ↓ inches	
Physical Development		
Vaccination Marks	Right Left	Right Left
When Vaccinated		
Vision	R.E.—V = 6/9 L.E.—V = 6/9	
(a) Marks indicating congenital peculiarities or previous disease		
(b) Slight defects but not sufficient to cause rejection		
Approved by (Signature)	<i>Lamont Paterson</i>	
(Rank)	Major	
Enlisted	at St. John's Nfld. on 11 day of Nov 1916	at on day of 191
Joined on Enlistment	3/14 Nfld. 3230	Corps. Regtl. No.
Transferred to	1st Newfoundland	
Became non-effective by		
(Signature)		
(Rank)		

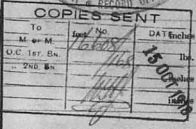


Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.


Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of erythema, admissions and readmissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special erythema case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<p>3rd London General Hospital WANDSWORTH</p>	14	9	7	3	12	7	G.S.W. R. Heel.	76	Wounded in France Sept 4 th 1917. No bone injury.	H. Han rest Ruse
<p>3rd London General Hospital WANDSWORTH</p>	25	3	18	1	8	18	G.S.W. Right arm. 1 Plg amputation below Knee.	127	Wounded in France 13. 3. 18. amputation performed then re amputation 20. 4. 18. Transferred to Casualty Mil. Hospital Brighton	W. S. M. G. P. O. R. C.
<p>General Hospital Pavilion, Brighton.</p>	1	8	18	17	8	18	Amput. R. thigh	16.	Amput. R. thigh - no operation in this Hosp ^l Transferred to R. Bechampton	H. S. M. G. P. O. R. C.
	17	8	18	21	9	18	Amput. Right Leg	36	ARTIFICIAL LIMB PROVIDED	<p>Prof. J. H. H. M. G. P. O. R. C.</p> <p>Adjutant Queen Mary's Convalescent Hospital</p>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Fitness for Foreign Service, Extension, Re-engagement, or Prolongation of Service: Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature	
78-11-16	Vaccination <i>SP</i>	
21-11-16	} $\frac{TAB}{31}$ <i>SP</i>	
25-11-16		<i>SP</i>
15-12-16		<i>SP</i>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>S/S Thorgel Windsor</i>	<i>July 3/17</i>	<i>July 3/17</i>	"		
	<i>July 3/17</i>				

No. 3852



3 1ST. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

Peter Finne, Regl. No. 3230

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 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 Dec 1/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3170	Mother	Mrs (James) Finne	Pecty H. Road	60
			Total Allotment, \$	

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

Chas. H. Aye Cpt
(Sig.)

Officer Commanding Company

A. James
No. 27

1916

Peter Finne
(Sig.)
(Rank) Private

out of service

FORM K

No. 3552



3

1ST. NEWFOUNDLAND REGIMENT

16.

ALLOTMENTS

I, Peter Finnie, Regl. No. 3230

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 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 Dec 1/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3170		Mr & Mrs James Finnie	Peckham Road	60
Total Allotment, \$				

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.) Chas H Ayre Capt
Officer Commanding
St James Company
Nov 27 1916

(Sig.) Peter Finnie
(Rank) Sgt
out of service

LAST PAY CERTIFICATE

OFFICE COPY

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 5236 Rank Pte Name P. Finn Unit Rmfd Reg. who was repatriated
to Newfoundland on 11 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS	£					PARTICULARS	£				
	£	s	d	s	d		£	s	d	s	d
Balance Dr. from				13	1	Balance Cr. from					
Allotment 8 days @ 60 ^x	14	80		19	9	Pay 8 days @ \$ 1 ⁰⁰	1	80			
Cash Payments:						Field Allow 8 days @ \$ 10 ^x	1	80			
						Other Allowes days @ \$	1	80	1	16	2
<u>11/10/18</u>				84		Other Credits:					
Other Debits:						Total Credits					
Total Debits						Balance due to Paymaster			1	50	
Balance due by Paymaster											
				12	12				1	2	12

COPIES SENT	
TO	DATE
M. OF M. <u>1918</u>	<u>30.10.18</u>
O.C. 1st. Bn. <u>16354/100/124</u>	
2nd. Bn.	

PERIOD: From 5.10.18 To 15.10.18.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

W. J. C. J.
Winchester Oct 15 1918.
(Place) (Date)

W. J. C. J.
O.C. "A" COMPANY.

Made checked in accordance with information received in the Pay & Record Office _____ to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

Lic. 3230 Rank Pte Name Finn P

Pay	100	F.A.	10	Total	110
Less: Allowment					60
Net Rate					50

DEBITS	Date	£ s d		CREDITS	Period		Days	Rate	s	d	c	e	c
					From	To							
Balance		13	3	Balance		8 1/2						6	6
Acquittance Rolls		11	2	Pay @ Net Rate	1/9/17	3/12/17	178	1/50	1/89	00	1/18	5	9
Hospital Advances		25	7 2/3	Ration allow								1	0
A.B. 84		20	11 6	3/12/17 to 12/11/17 - 10 days									0
P. & R.O. Payments													
17-12-3													
6-11-11													
Cheques 7133	2/12/17	13	0 0										

17-12-3
 6-11-11
 13-0-0

[Handwritten initials]

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

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

No. _____ Date 3 Decr 1917 4 Admitted
(1) To the Officer i/c Records, 58 Victoria St
SW (Station) 14/9/17
(2) The Officer Commanding, 1st Lt Bunting
Barry Barrar (Station)
(3) The Paymaster, 58 Victoria St
SW (Station)

Regimental No. 3230

Rank and Name Pte Finn P.

Regiment or Corps 1st Lt

has been granted a furlough from 3 Decr to 12 Decr

His address while on leave will be: 58 Victoria St
SW

This man has been furnished with a warrant to Victoria and given an advance of £1. (one pound).

I consider he is fit for*
* Strike out that which is inapplicable.
i. Duty. I
ii. Command Depot.
iii. Employment.

Officer in charge Registrar, R.A.M.C. Hospital,
3rd London General Hospital, (Station).
WANDSWORTH, S.W.

*g c Hall
Capt Med*

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.
1. the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

April 8/18



3rd London gen
Wandsworth

to Royal N. F. & D

Pay and record office

58 Victoria Street



from 3230 Pt. P. 4/18

Royal N. F. & D. Dept

Please oblige me with the
sum of one Pound
and charge to account

3230 Pt. P. 4/18

Approved
1-00
Capt

OK
84/18

Rept no
6485



A.M.F.O.

INVENTORY OF WOUNDED MEN'S EFFECTS.

M.F. 22.

HAVRE.

Sack No. _____

Inward Pro. No. A 25.
 Package No. 11455
 Rank Pvt
 Name F. Min. P.
 Regtl. No. 3230
 Regiment 1st Rgt Infld.

£	s.	d.
Fcs.	Cs.	

Articles

Shrap. ✓

128C

Waybiller DyeCaller-Off AMB

ADMITTED TO

DISCHARGED UNDER 3.G-I. A.C.I;530 of 1918. A.F. W 3202.

17. 8. 18

By order of *D. Evans* *Ample Case*
Special

NOTIFICATION THAT A SOLDIER HAS BEEN SENT HOME FROM HOSPITAL TO
AWAIT DISCHARGE UNDER PARA. 392 (xvi) KING'S REGULATIONS

Soldier's
Regtl.No.)

3231

VNR

(Surname First.)

Rank *Private* Name *James P*

Corps or Regiment
(Also Unit if know)



To Officer i/o Records

Regimental Paymaster

The above named man, who appeared before a Medical and whose discharge as "No longer physically fit for War Service" was approved by the President of the Board on the 21. 9. 18. Has been sent to his Home on Warrant to await instructions as to his final discharge; he has been given £1 (one Pound) advance and a suit of plain clothes. He proceeded on (Date) 21. 9. 18 To (full address)

58 Victoria St

This man proceeded in Uniform

Date

21. 9. 18

Wm. B. King

Capt. R.A.M.C.
For Officer Comm.

Place:- THE KING GEORGE HOSPITAL, STAMFORD STREET, LONDON. S.E.1.

6097

QUEEN MARY'S CONVALESCENT AUXILIARY HOSPITALS,

ROEHAMPTON HOUSE.

ROEHAMPTON, S.W.

THE OFFICER IN CHARGE OF RECORDS.

*Newfoundland contingent
58 Victoria St. SW.*

I beg to inform you that the undermentioned men have been admitted as patients to this Hospital.

Regt. No.	Rank and Name.	Unit.	Date of Admission.
3230	<i>B Jimm P.</i>	<i>Newfoundland</i>	<i>Aug 14</i>
		<i>Regt.</i>	

After these men have been fitted with artificial limbs, they will appear before a final Invaliding Board, for the purpose of discharge from the Service.

Aug 18 1918.

W. H. Nicholas ^{*Capt.*} Commandant.
Queen Mary's Convalescent Hospital.



3230 Pte P. Finn
Royal Newfoundland R.

Aug 23rd

Sir:

Will you please allow
me £2 from my account
& oblige.

Signed

P.K.

£2.0.0
N.R.

23/8/18

No Objection in this case Pte P. Finn
since the man states that he desires to purchase a few articles

FILE BRANCH
INITIALS
Pmt
8607
Royal Newfoundland R.

W. H. Nicholas
Capt. for
Lt. Col. Commandant,
Queen Marys Convalescent Hospital.

Pay

O.i/c. Records 1 P. Newfoundland Regt

58 Victoria Street London SW

Please note the undermentioned was transferred to 2nd M. Conv. Aux Rochampton from this Hospital on the 17.8.18

Regt. No.

Rank.

Name

Regiment.

9230

Pvt

Finn

~~.....~~

As extd
19/8/18
WAB

Brighton, 17.8. 1918.

Colonel, A.M.S., for
O.C., Pavilion General Hospital.

ADMITTED TO DISCHARGE UNDER 3.G-I. A.C.I?533 of 1918. A.F. W 320

Lucas Harry J
17.8.18 By Order of O'Leary Ampln Case Special

NOTIFICATION THAT A SOLDIER HAS BEEN SENT HOME FROM HOSPITAL TO AWAIT DISCHARGE UNDER PARA. 332 (revl) KING'S REGULATIONS

Soldier's } 3230
Regtl.No.)
Rank Pvt Name Lucas Harry J (Surname First.)
Corps or Regiment Newfoundland
(Also Unit if know)
To Officer i/c Records 58 Victoria St
Regimental Paymaster



The above named man, who appeared before a Medical and whose discharge as "No longer physically fit for War Service" was approved by the President of the Board on the 20.9.18 has been sent to his Home on Warrant to await instructions as to his final discharge; he has been given £1 (one Pound) advance ~~and a suit of plain clothes.~~ He proceeded on (Date) 21.9.18 To (full address)

58 Victoria St The man proceeded in Uniform
Date 21.9.18 Blank. Sney Capt. R.A.M.C.
For Officer Comm.

Place:- THE KING GEORGE HOSPITAL, STAMFORD STREET, LONDON, S.E.1.

Discharged Under P.C.-I, A.O. 500 of 1918



W822-M1860 150,000 9/17 HWV(M1834) Forms/W8201/4
3150-P452 400,000 12/17

Army Form W. 3201.
(in pads of 50.)

FOR USE IN THE CASE OF A SOLDIER SENT TO HIS HOME

From a Hospital or Unit as "Medically Unfit."

1. Kemp (Regiment)

No. 3230, Rank Plt., Name John P. Kemp

has orders to proceed to his home:

(Address

58 Victoria Pl. S.W.

10 A.M. 28/9/18
W. H. Long
Officer Commanding.

and there to await further instructions as to his discharge from the Service.



Place 21.9.18

Date

W. H. Long CAPT. R. A. M.

*Here enter name of Hospital or Unit from which the Soldier proceeds

No 3230 Rank Pte Name Finn P.

Pay	F.A.	WFR	Total	N.V. DATE
100	10		110	C/W
Less Allotment			50	
Net Rate			60	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	N.V. DATE
						From	To						
Balance					Balance (H Coy) 15/15								
Acquittance, Rolls	1/4	13	0		Pay @ Net Rate	16 2/8	21 7/8	218	50	109	00	22	
Hospital Advances		18	0		Ration allow								
A.B. 64.													
P.&R.O. Payments	13	0	0		4/11 @ 2/11								
Over credited					Payroll	24/18	3/10/18	12	50	600	1	48	
Ration claim		2	6		R. Allowance	29/18	7/10/18	9	7/1			18	9
					24 5-9								
					8-13-6	4/10/18	7/10/18	4	50	200		6	3
8-13-6					15-15-3							2618	4
Rept no 8902					24 6-8								
					9 13 6								
					14-13-2								
					£ 3-16-2								
					£-5-2								
	3-10-18	3	10	0									
		27	3	0									
					10 0								

23013.6
C/W
3/10/18

C.T. Cash 8996.
21/9/18.

Receipts 9032

6 2
14 7
24 9 9
26.10.1
26.18.4

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.O.L. 1026 of 1916.)

Soldier's surname Jinn, Christian names Peter
(in full)

Regt. No. and Rank 3230 Pte Regt. or Corps 1 New Foundland
If this is not to be stated

His address on discharge will be Petty Harbour St. John's
New Foundland
Dependants

This information is for the Central Army Pension Issue Office only. **The Soldier states that** Dependants allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form W. 3484E and Army Form B. 179 for the above-named Soldier are forwarded herewith.



Station _____
Date 20 SEP 1918

Jenkins
President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

No. *3230* Name *Peter Frim* Squad *Betty* *H* Corps *Newfoundland* Date of enlistment *11/11/18* O.C. *Frith & Chapman* Service or Proficiency Pay }
 Date of last entry in } No. and date of last drunk } Period not reckoning towards } Sheet No. / Signature O.C. *Frith & Chapman* Character *V. Good*
 Company Conduct Sheet } of last drunk } freedom from extra fine } Company, etc. *Proc Coy*

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

O.C. *Frith & Chapman*
 11th Oct 1918
 COPIES SENT
 15 OCT 1918

Army Form B. 122
Frith & Chapman
 25/11/18

Dy

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 Commissioners of Chelsea Hospital.
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Peter Jinn*
Regiment from which discharged *11 Royal Newfoundland*
Regimental Number *2230*
Where born (Parish, Town and County), and when *St. Johns, Newfoundland 29 June 1893*
Intended address *Petty Harbour, St. Johns, Newfoundland.*
Height on discharge *5 Feet 9* Inches
Colour of Hair on discharge *Dark* **Colour of Eyes** *Grey*
Descriptive marks *Amputation Right Leg, below knee, below knee, Good Right Arm.* **Complexion** *Dark.*
Figure on discharge *Normal.*
Christian name of Father *James.*
Christian name of Mother *Jessie.*
Wife's Maiden name in full
Date and Place of Marriage *Single.*
Christian names of Children
Nature and locality of civil employment desired *Undecided.*

COPIES SENT		
TO	NO.	DATE
M. of M.	<i>1608</i>	15 OCT 1918
O.C. 1ST. BN.	<i>1609</i>	
.. 2ND BN.	<i>1610</i>	

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) *The mark X of Peter Jinn.*
 Station *Roehampton, S.W.* (Rank) *Private.*
 Date *19/9/18.*

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.

W. B. Nicholas Capt for Lt. Col. Medical Officer in Charge
Queen Mary's Convalescent Hospital.

Station



Date **19 SEP 1918**

B Period of Service and in what Corps

	Regiment	Years	Days	All Service Abroad with Stations	
				Years	Days
				India	
				S. Africa	
Disallowed		
Service towards Pension		

Date inclusive to which pay has been issued

Sums due on account of public debts

Sum due on account of advance of Pension }

Rank on Discharge

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges

Medals

Wounds, and Actions in which received

Other distinguishing marks

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

Station

Officer in Charge

Date

Records.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. *3 Accs*

Date of entry *13.3.18*

X-Ray. *13.3.18*

46 N. No 3 Accs. *13/3/18 3pm*

R.L. amp. by equal flaps at lowest possible point.

Artery F.Bs removed. Wounds incised clipped (BIP)

Woolard Major

13.3.18 found granulation.

Some discharge. Carrell Tube

No. of ~~ACC~~ AUSTRALIAN GENERAL HOSPITAL

Date of entry *MAR 19 1918*

W. 311
Woolford

was -

Woolford
Woolford

Woolford 20.3.18
This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

A.T. Serum
Dose and Date

} 1st 500 units. 13:3:18

2nd 500- 20.3.18

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness

} 13:3:18

Religion

Ric

24.30.24 RC Army Form W. 3118.

FIELD MEDICAL CARD.

No. 3230. Rank *Plt*

Name *FINN*

Unit *1st R Newfound Land*

Battle Casualty ~~Accidentally Wounded~~ "Sick"
(Strike out description which does not apply).

No. of F.A. *88*

Date of admission *13:3:18*

F.A. diagnosis

*Shell wds. - Arm (R) Lig (L)
C. fract. tibia
B. fracture
C. R. tibia*

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

1
Kinn, Peter.

3230

Hay Sept.

April 16th 1921.

Major Howley,

i/c Pay & Record Office.

Please pay Peter Finn 3230 the sum of twenty-five
dollars in payment of Attendance and Punctuality Bonus.

Charge same to the Civil Re-establishment Committee.

\$25.00

ACCOUNT	
CHK NO	5783
DATE	
AMOUNT	
REMARKS	

[Handwritten signature and scribbles over the form]

F. C. R.
[Handwritten signature]
Vocational Officer.

5783.

P Finn

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 3230 Rank Pte Name P. Simon Unit R.M.P. Reg who was repatriated
to Newfoundland on 1/1 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PERIOD: From 2-10-18 To 15-10-18

PARTICULARS					\$	¢	£	s	d	PARTICULARS					\$	¢	£	s	d		
Balance Dr. from									13	1	Balance Cr. from										
Allotment 8 days @ 60¢					14	80			19	9	Pay 8 days @ \$ 1.00					18	00				
Cash Payments:											Field Allowance 8 days @ \$ 1.10					1	80				
11/10/18									8	4	Other Allowances days @ \$					18	80	1	16	2	
Other Debits:											Other Credits:										
Total Debits											Total Credits										
Balance due by Paymaster											Balance due to Paymaster							1	5	0	
							1	2	1	2								1	2	1	2

CHECKED

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Stacy
W. G. Hester (Place) Oct 15 1918. (Date)

W. D. Muzey
O.C. "A" Company.

Made up checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 3230 Rank Private Name P. Finn. Unit Royal Nfld. Regiment who was repatriated
to Newfoundland on / / Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS	£	s	d	CR.
	Balance Dr. from			13	1				Balance Cr. from				
	Allotment 8 days @ 80¢	4	80	19	9				Pay 8 days @ \$1.00	8	00		
	Cash Payments:								Field Allowance 8 days @ \$10¢		80		
	11/10/18			8	4				Other Allowances days @ \$	8	80	1	16
	Other Debits:								Other Credits:				
	Total Debits			2	1	2			Total Credits			1	16
	Balance due by Paymaster								Balance due to Paymaster				5
				2	1	2						2	1

From 1800-18 To 1810-18

CHECKED

CS.

29/10/18

PERIOD:

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____ F. Company.

Winchester. _____ October 25th. 1918

(Signed) M.J. Nugent, 2nd/Lieut.

O.C. "A" Company.

Made up, checked in accordance with information received in the Pay & Record Office London. to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
28th. October. 1918

OK
W

M.J. Nugent
Chief Paymaster & Officer i/c Records.

COPY.

Complete

This space to be left blank for the Chelsea Number.

- Army Form B. 268.

Proceedings on Discharge.

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

No. <u>3230</u>	Army Rank <u>Private</u>
Name <u>Peter Finn</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. (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.)	
Date of discharge <u>December 31/1918.</u>	
Place of discharge <u>St John's Nfld</u>	
1. Description at the time of discharge.	
Age <u>25</u> years <u>6</u> months	Descriptive marks. <u>Amputation of right leg below knee</u> <u>Scars on right arm</u>
Height <u>5</u> 6 feet <u>9.1</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>fresh</u>	
Eyes <u>grey</u>	
Hair <u>dark</u>	
Trade <u>Fisherman</u>	
Intended place of residence { <u>Petty Ofc</u> (To be given as fully as practicable) <u>Nfld</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service on account of wounds received in action</u>	
(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.)	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

A.D. 2079/281

5. 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 _____ Batta. _____ 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 Field (Signature of Soldier) O. J. ...
(Date) 3/1/10 (Signature of Witness) E. Walsh

(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
P. J. imm
E. walsh.

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 3230 Rank. Pte Name Peter Finin

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60⁰⁰

Date 3/1/19

P. Finin
Signature of Soldier

E. Walsh
Signature of Witness

Report of Medical Board.

Station St. John's, Nfld Date **DECEMBER 12th 1918.**
 No. and Rank **3230. PRIVATE.** Age **25 years** Height **5' 9"**
 Name **FINN, PETER** Complexion **FRESH**
 Unit Royal Newfoundland Eyes **GREY** Hair **DARK**
 Address **PETTY HR.**
 Former Trade **FISHERMAN**
 Enlisted at **ST. JOHN'S** On **Nov. 11th., '16.** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original

G. S. W. RIGHT ARM AND RIGHT LEG, (AMPTH.) WRIST DROP.
 Subsequent

Present Condition (Compare with previous Board)

**AMPUTATION RIGHT LEG BELOW KNEE. ARTIFICIAL LIMB FITTED.
 LARGE SCAR OVER DELTIOID (RIGHT ARM) ONE AT BACK OF UPPER ARM AND SCAR
 THREE INCHES LONG FROM ELBOW ALONG ULNA SURFACE. ELBOW JOINT
 ANYCLOSED. LOSS OF SENSATION ON RADIAL SIDE OF FOREARM AND HAND.
 HAS WRIST DROP. CAN MOVE FINGERS.**

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

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? **100% for 6 months**

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT**

Members of Board

(SGD) CLUNT MACPHERSON, Major

D. H. S. NEWFOUNDLAND.

(SGD) E. S. FRASER

J. SINCLAIR TAIT

L. PATERSON, Major

Approving Medical Officer.



COPY

Army Form B. 103.

Regimental Number 3230

Casualty Form—Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REGIMENT.
 Rank Pte Surname Ann Christian Name Peter
 Religion Rc Age on Enlistment 23 years 3 months
 Enlisted (a) 11-11-16 Terms of Service (a) Duration Service reckons from (a) 11-11-16
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and rate.....
 Occupation Fisherman (Sgd) R. J. Fox Captain Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 212, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 212, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	<u>St. Raphael</u>	<u>11-6-17</u>	
		Disembarked	<u>Rouen</u>	<u>12-6-17</u>	
		<u>Joined Battalion</u>		<u>2-7-17</u>	<u>B 213</u>
<u>8-9-17</u>	<u>89 FF</u>	<u>Ad. Lt. R. Fort haws</u>	<u>63CC8</u>	<u>8-9-17</u>	<u>EA 230</u>
	<u>"St Denis"</u>	<u>Awarded to England</u>		<u>14-9-17</u>	<u>W 3083</u>
		<u>2 bus G H Boulogne</u>			
		<u>(Sgd) R. Aldridge</u>	<u>Major</u>		
		<u>8/c No 1 Reg duty Sect</u>			
		<u>GHC 3rd Echelon</u>			

(a) In the case of a man who has re-engaged for, or returned into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shipping-Smith, & Co. W. 2027—M1009 10000 7/17 (2000) C. P. & S. Ltd. Forms B. 103 B. 102.

(P.T.C.)

COPY

Army Form B. 103.

Regimental Number 3230

Casualty Form—Active Service.

Regiment or Corps... ROYAL NEWFOUNDLAND REGIMENT.
 Rank Private Surname Finn Christian Name Peter
 Religion Roman Catholic Age on Enlistment 23 years 3 months
 Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) 11-11-16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended Re-engaged Qualification (b) _____
 or Corps Trade and rate _____
 Occupation _____ Signature of Officer (Sgd) J. March Major

Date	Report	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 21, or other official documents.
	From whom received			
		Embarked ...	7-2-18	
		Disembarked...	6-2-18	
		Joined Battalion	15-2-18	
		Wounded in Action	13-3-18	B213 14/3/18
	of Unit	Ad S Wds Am by fire trans	3rd Aus CES	EW 2941
	87 FA	- do - do -	Worcester	47 20808
	2 Aus Gen Sp	In England	15/2/18	W 3083
	1/3 St Denis	(Sgd) R. T. Boyd Lt. Col. Major		
		9th Co 1 Infy Sect		
		9th 3rd Echelon		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Cheslag-Smith, & Co.

COPY.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Peter Finn*
 Regiment from which discharged **ROYAL NEWFOUNDLAND REGIMENT**
 Regimental Number *3230*
 Where born (Parish, Town and County), and when *St Johns Newfoundland 29 June 1893*
 Intended address *Petty Harbour St Johns Newfoundland*

Height on discharge *6* Feet *1* Inches
 Colour of Hair on discharge *Dark* Colour of Eyes *Grey*
 Descriptive marks *Amputation right leg below knee* Complexion *Fresh*
 Figure on discharge *Normal*
 Christian name of Father *James*
 Christian name of Mother *Jeresa*
 Wife's Maiden name in full } *Single*
 Date and Place of Marriage }
 Christian names of Children }
 Nature and locality of civil employment desired *Undecided*

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) *The Mark X of Peter Finn Witness & Montfort.*

(Rank) *Private*

Date *19-9-18*

Station *Roehampton SW*

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.

Queen Marys Convalescent Hospital *Edw Nicholson* *Medical Officer i/c*

Station *Roehampton*

Date *19-Sept-1918*

Comd Queen Marys Conv. Hospital

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account } of advance of Pension }					
Sums due on account of public debts ...						

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

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

Station _____

Officer in Charge

Date _____

Records.

COPY

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178* to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Linn

Christian Name Peter

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined { on 11 day of Nov 1916
 at St Johns

Declared Age 22 years 3 mos _____ days

Trade or Occupation ... Fisherman

Height 6 feet, 1 inches.

Weight 153 lbs.

Chest Measurement { Girth when fully Expanded. 39 1/4 inches.
 Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
 Number _____

When Vaccinated ... _____

Vision { R.E.—V— 4/9
 L.E.—V— 4/9

(a) Marks indicating congenital peculiarities or previous disease ... _____

(b) Slight defects but not sufficient to cause rejection ... _____

Approved by (Signature) Capt Lamont Paterson
 (Rank) Major Medical Officer.

Enlisted { at St Johns
 on 11 day of Nov 1916

Joined on Enlistment ...	Corps.	Regt. No.
	ROYAL NEWFOUNDLAND REGIMENT.	<u>3230</u>
Transferred to ...		

Became non-effective by _____
 on _____ day of _____ 1916

(Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London G. Hosp. Wandsworth	14	9	17	3	12	17	G.S.W. R. Steel	76	Wounded in France Sept 4th 1917 No Bone Injury	Majr C.S. Evans Lieut A.M.C.
3rd London G. Hosp. Wandsworth	25	3	18	1	8	18	G.S.W. Right Arm & Right leg, amputation below knee	129	Wounded in France 19-3-18. Amputation performed there Re-amputation 20-4-18 Transferred to Pavilion M.H. Hospital Brighton	Majr F.H. Kingly Capt R.A.M.C. C.M.
General Hospital Pavilion Brighton	1	8	18	17	8	18	Amputee R. thigh	16	Amput. R. thigh - No operation in this hosp. Transferred to Rochampton	Majr H. Schuyler Lt-USA M.C.
Queen Marys Convallescent Hospital Rochampton	17	8	18	21	9	18	Amputee Right Leg	56	Artificial Limb provided	Majr H. Hawley Lt-Majr Captain Adjutant Queen Marys Conv. Hospital

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
28-11-16	Vaccination SP
21-11-16	SP
25-11-16	} TAB SP
15-12-16	} 3 SP

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Sgt. Florizel Windsor US	Jan 31/17 Feb 21/17	Feb 21/17			

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:

*I am going home for a time & will report
later.*

~~_____~~ *Peter Finn* * His Mark.
Signature of Man.

G. W. Blackell.

Signature of the Vocational Officer or his Representative.

Reg. No. **3230**

Place

St. John's

Date

Dec. 13

191

F

DEPARTMENT OF MILITARY

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 question 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... *Peter* 2. Surname... *Finin*

3. Rank... *Private* 4. Regtl. No. *3230*

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

6. Date of enlistment in the Regiment... *November 11th 1916*

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 dependent..... *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

11. Were you on active service only in Mfld. If so, give dates, and particulars of such service.....

No. In France and Belgium

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Two years & fifty one*

days

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

No.

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

No.

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

No.

16. Have you, during the present war, served in the Imperial Forces. *No.*

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

Not applicable

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

No.

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

Not applicable

19. Are you now serving in the Regt.? *No.* If not give:- (a) Date of discharge. *Dec. 31st 1918.* (b) Reason for discharge.....

On account of wounds received in action

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.....

*Upper August 1917 to Passchendaele
March 17 - 1918.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No.*

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

Not applicable

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: *D. J. [unclear]*
 Place of Residence: *Little Harbour.*
 Declared before me at: *St. John's*
 This *28th* day of *February* 19*19*.

[Signature]

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>5.00</i>	<i>350.00</i>
Certified Correct.			Bymaster.	



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

.....December 13th/18.....

From Asst. Adjutant,
 Depot.

To Paymaster & O. i/c Records,
 Militia Dept.

#3230, Pte. Peter Finn

The above noted man was recommended for discharge as Permanently unfit by Medical Board held on Thursday December 12th. I am sending him herewith for your attention and necessary action, please

Col. R. W. Coak
 Asst. Adjutant
 Depot The Royal Newfoundland Regiment
 St. John's, Nfld.
Lt. R. W. Coak

Reg. No. 3230 Rank Pte Name Ginn. P.

Attested Address

Allotment Allottee

Date of Allotment Returned from Overseas 8-11-18

Embarked for Overseas Cause Discharge

12-17-18 Rec Discharge unfit for Gen Service

31-12-18 DISCHARGED—MEDICALLY U. FIT

Casualty Form—Active Service.

Regiment or Corps Royal 7th Airborne Division

Rank Private Surname Frim Christian Name Peter

Religion Roman Catholic Age on Enlistment 23 years 3 months

Enlisted (a) 1st Feb 42 Terms of Service (a) Duration Service reckons from (a) 1st Feb 42

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

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

Journal man **Signature of Officer.**



Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B. 213, Army Form A. 26, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents
Date	From whom received				
			Embarked ...	3 FEB 1948	
			Disembarked...	6 FEB 1948	
				15 FEB 1948	
					Wounded in action 17-3-48
					ad. 1st Div. Army by 1st Airborne Div. 3rd Air C.S. - 17-3-48
					Whereas 17-3-48
					England 25/3/48

877a
2nd Lt. Frim
1st Div. Army

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 15 OCT 1948

J.M. Frim

[Handwritten signature]

(a) In the case of a man who has re-engaged or, or who has been Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Showing-Smith, etc.

Casualty Form - Active Service.



Regiment or Corps 1st Newfoundland
 Pte Surname Finn Christian Name Peter
 Position R.C. Age on Enlistment 23 years 3 months
 Enlisted (a) 11-11-16 Terms of Service (a) Duration Service reckons from (a) 11-11-16
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended (.....) Re-engaged (.....) Qualification (b).....
 Occupation Fisherman P. E. M. Captain Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 713, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked <u>Shampton</u>	<u>11.6.17</u>		
		Disembarked... <u>Rowe</u>	<u>12.6.17</u>		
		Joined Battalion	<u>2 JUL 1917</u>		<u>B 213</u>
<u>8.9.17</u>	<u>87 FA</u>	<u>Adm. Lt. R. Foot Trans.</u>	<u>63 6.6.5</u>	<u>8.9.17</u>	<u>CA 230</u>
	<u>St. Denis</u>	<u>Invalided to England in</u>		<u>14.9.17</u>	<u>ad. 3083</u>
		<u>2nd Lt. Col. G. H. Be. Regt.</u>			

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15 OCT 1917

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MAJOR
 916 No. 1 Reg. Infantry Section
 G. H. D. Staff Section

(a) In the case of a man who has re-engaged for or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sholing-Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
20.

Number of Sheets *First*
Signature of O. C. Company *Jack Aylet*

Regiment of *Regt. Newfoundland.*

Signature of O. C. Company

Regimental Number and Name			Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Jinn</i>	<i>P.</i>	Age on	<i>23</i> years <i>3</i> months	<i>Seaman</i>	
Joined	Date		Place and Date of Enlistment	<i>St. John's, N.F.</i>	Religion	
Joined	Date			<i>11.11.16</i>	<i>R.C.</i>	
Joined	Date		Period of	with Colours <i>2 1/2</i> years.	Place of Birth	
Joined	Date					

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS

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 TO
 M of M
 G. E. 1st Bn
 4 Zou. Bn.
 No. *1648*
 DATE *15 OCT 1918*

Discharged Medically unfit
St. John's - 31. 12. 18

To be carried over

Army Form B. 121.

