

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 5/12/74

NAME GLEESON, RICHARD
NOM

Service No. 1250-Roy. Nfld. Regt
Matricule No
Army-W.W.1
CPC No. 260654
CCP No

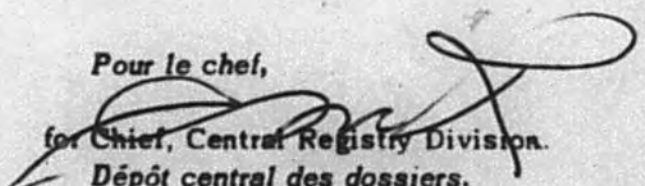
WVA No.
AAC No

Information Received from: Letter from S.P.M.E.--ST Dist.
Information reçue de:

Date of Death 16/11/74
Date du Décès

Place Veterans Pavilion
Endroit

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

Regulation
Form A, 1914.

REGIMENTAL REPORT
FINAL EXAMINATION



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1250

Name in full Richard Gleeson, Age 19
Topsail.

Address _____

Married _____ Single _____ Height 5ft 1 Weight 117

Color Fair Hair Light Brown Eyes Blue Grey

Other distinguishing marks Scar on neck, left side.

Nearest relative Mother

Address Topsail.

Dependents Mother (partly)

Occupation Spiner. Present Wage 7/6⁰⁰ per day.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Feb. 24th 1915.

I, Richard Gleeson, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Richard Gleeson

Declared before me this 27 day
of March 1915

J. Munns
Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1250

Name Richard Gleeson

Apparent age 19 years months. Height 5 feet 6 inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.



Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Blue

Other distinguishing marks: Scar on neck, left side.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. Gleeson, Topsail, Nfld.

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>24/2/15</u>									
Joined at <u>St. John's</u> on <u>24 February '15</u>									
<i>Enlisted St. Stephens of Regt 22nd Co. Enlisted to 1st Bn. 14th Regt. Landed Subat Regt 1st 15th</i>									
<i>Evacuated and arrived Regt 15th Co. Proceeded to Regt 16th Co. Evacuated Port Aug 14th 17th</i>									
<i>Disembarked Regt 15th Co. 22.3.16. With Battalion 48th 7-16. Admitted 14th C.R.S. Supply 12th 16th</i>									
<i>Disembarked to Liverpool 6.12.16. Admitted Bandmaster 7.12.16. Transport then attached 190.9-1.17</i>									
<i>to Newfoundland for discharge 19.1.17. Arrived Newfoundland attached to Strength 3.2.17</i>									
<i>Discharged medically unfit 28.2.17</i>									
<i>Reattached to Home defence 1st Bn. Attached to Royal Canadian Air Force 9th Bn. Granted leave from</i>									
<i>1st Bn. Coastal 8.9.17. Admitted General Hospital 23.10.17. Discharged from General Hosp and</i>									
<i>admitted to N. W. N. Hosp 7th Bn. Discharged from 1st Bn. G. Hosp. and reports depot 11.3.18</i>									
<i>Struck off Strength 13-3-1918</i>									
Total Service forfeited as above									
Total Service towards Engagement to <u>28-2-17</u> (date of discharge) <u>2</u> years <u>5</u> days									} <u>2 224</u> <u>365</u>
Reattached 7-8-17 " Pension " <u>13-3-18</u> (") " <u>219</u> "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1250

Name Richard Gleeson

Apparent age 19 years months. Height 5 feet 0 inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Grey

Other distinguishing marks: Scar on neck, left side.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mrs. Gleeson, Topsail, Nfld.

| 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>24/2/16</u>									
Joined at <u>St. John's</u> on <u>24 February '16</u>									
<u>Recd</u>	<u>Feb 28/17</u>	<u>St. John's</u>							
Total Service forfeited as above									
Total Service towards Engagement to (date of discharge) years days									
" " " Pension " (") " "									

R. Gleeson

1250

P.R.O.

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>1250</u>	Army Rank <u>Private</u>
Name <u>Gleeson Richard</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland</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 _____	
Place of discharge _____	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> COPY SENT TO <u>[Signature]</u> No. _____ Dated <u>18.1.17</u> </div>	
<p>1. <i>Description at the time of discharge.</i></p> <p>Age <u>21</u> years <u>6</u> months</p> <p>Height <u>5</u> feet <u>9</u> inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion <u>Rather Pale</u></p> <p>Eyes <u>Grey Green</u></p> <p>Hair <u>Brown</u></p> <p>Trade <u>Mine</u></p> <p>Intended place of residence { <u>St. Paul</u> <u>Conception Bay</u> <u>Newfoundland</u></p> <p><small>(To be given as fully as practicable)</small></p> <p><small>(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.)</small></p>	<p style="text-align: center;"><i>Descriptive marks.</i></p>
<p>2. The above-named man is discharged in consequence of <u>Myocarditis</u></p> <p><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></p>	
<p>3. Military character :—</p>	
<p>4. Character awarded in accordance with King's Regulations :—</p>	
<p>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.</p> <p style="text-align: right;">_____ Initials of Commanding Officer.</p>	
<p>Army Form B. 2088 has been issued to*</p>	

To be filled in on the soldier quitting the Colours.

Original

Army Form

Medical Report on an Invalid.



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

Date 1st Jan 1917

- 1. Unit 1st Newfoundland
- 2. Regimental No. 1250
- 3. Rank Pte.
- 4. Name Gleeson R.
- 5. Age last birthday 21
- 6. Enlisted on 28 Feb. 1915.
at St. Johns.
- 7. Former Trade or Occupation Miner

8. Disability.

Myocarditis. Infective

COPY SENT TO Dr. [Signature]

Memorandum No. 117

Dated 1/1/17

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 unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Nov. 22 1916
- 10. Place of origin of disability. Flers.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Reported sick in France Nov 22, 1916 with palpitation, shortness of breath, and precordial pain - Prev. Hist. Rheumatic fever 1911 Heart area normal Diphtheria 1906 Rough short procytosis for mumer at apex

- 12. (a) Give your opinion as to the causation of the disability. Active service
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Strain; exposure to infection

2
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.

Gets dyspnoea on exertion; no cough
No bruit audible, but heart's action is abnormal
irritable + rapid.
Systole very imperfect.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) ~~Change to England?~~

Yes

J. R. Shaw, Capt. R.A.M.C.
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 6th Jan: 1917

D. E. Duce, M.D.
Officer in charge of Hospital. ^{1st Col. 4th}
^{3rd London General Hospital}
^{Wandsworth S.W.}

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165 Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Active service.
Scham & exposure.*

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

(c) Any of the conditions mentioned in Question 20, and if so which?

*No.
No
—*

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

*No.
Several months.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

Half at present.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No.

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

—

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes.

Signatures:—

5rd London General Hospital,
WANDSWORTH, S.W.

Date

Approved.

Station

Date

W. Dwyer Maj. Rames President.

J. McShane Capt. N. H. ... Members.

R. P. Howard Esq.

W. Dwyer Maj. Rames
Administrative Medical Officer.

8 117

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ }
 or Name { Conveyance _____
 of Vessel _____ }
 Embark- { Date _____
 ation Port _____ }
 Officer in }
 medical charge }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____
 Station } Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical }
 Board, or decision } _____
 Administrative Medical Officer.

Army Form B. 179.
 MEDICAL REPORT ON AN
 INVALID.

Station *4th*
 Corps *1st Newfoundland*
 Regimental No. *1250*
 Rank *Pte.*
 Name *W. Pearson R.*
 Disability *Myocarditis*
 Date *8/1/17*

Hospital or Station }
 transferred to for }
 final disposal }
 Date of final }
 disposal }
 How finally }
 disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
 (4736.) W. 8830/2774. 509c. 9/15. C. P. Ltd.
 Form B. 179.
 34.

58 Victoria St.

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

MEDICAL HISTORY

OF

Surname *Gleason*

Christian Name *Richard*



Table 1.—GENERAL TABLE.

Birthplace:—Parish *Topsail* County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>23</i> day of <i>Feb</i> 191 <i>5</i>		on _____ day of _____ 191	
	at <i>St John's</i>		at _____	
Declared Age	<i>19</i> years		_____ days	
Trade or Occupation	<i>Miner</i>		_____	
Height	<i>5</i> feet	<i>6</i> inches	_____ inches	_____ inches
Weight	<i>117</i> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <i>30</i> inches		_____ inches	
	Range of expansion... <i>33</i> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R. E.—V= <i>Never</i>		R. E.—V=_____	
	L. E.—V=_____		L. E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature)	<i>L. Patterson</i>		_____	
(Rank)	<i>Capt.</i>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John's</i>		at _____	
	on <i>24</i> day of <i>Feb</i> 191 <i>5</i>		on _____ day of _____ 191	
Joined on Enlistment	Corps. <i>1st Buffs.</i>	Regtl. No. <i>1250</i>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	

COPY SENT TO
[Signature]
 11 St John's
 No. _____
 Date *18.1.17*

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 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 General Hospital, WANDSWORTH, S.W.	7	12	16				Myocarditis		Board held - see overleaf Disability - Myocarditis. Heart action is abnormal, irritable & rapid. Gets dyspnoea on exertion. Cause - Strain & exposure on Active Service Effect - Inability to earn a livelihood at present	H. Jagan Capt R.A.M.C. 3rd London General Hospital, WANDSWORTH, S.W.

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

Date	Brief Details, and Signature
2-1-17	<p>Board held — 8/1/17 Found — Permanently unfit Board — approved 8/1/17</p> <p><i>H. Jagan Capt RMC</i> 3rd London General Hospital, WANDSWORTH, S.W.</p>

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>St John's NZL</i>					

**Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 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. S.W.

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 ²¹~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname

Glendon

Christian names

Richard

(in full)

Regt. No. and Rank

1250 Pte.

Regt. or Corps

1st Newfoundland

(If T.F. this should be stated)

His address on discharge will be

Topside, Conception BayNewfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that no 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 D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,
WANDSWORTH, S.W.

Station

Date

8/1/17W. E. H. G. M. P. M. G.

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.

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 General and Records Officer 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.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red in LONDON, S.W.



A Name in full *Gleeson Richard*
Regiment from which discharged *1st Newfoundland*
Regimental Number *1250*
Where born (Parish, Town and County), and when *Topsail, Conception Bay Newfoundland 6/7/1895*
Intended address *Topsail, Conception Bay Newfoundland*
Height on discharge *5 Feet 9 Inches*
Colour of Hair on discharge *dark brown* **Colour of Eyes** *Grey green*
Descriptive marks *large scar l. neck* **Complexion** *rather pale*
Figure on discharge *medium*
Christian name of Father *John*
Christian name of Mother *Ellen*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *Farming in Newfoundland*

COPY SENT
 CO: _____
 No. _____
 Dated *Jan 17*

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) *Richard Gleeson pte* (Rank)

Station *Wandswoth* Date *Jan 2 1917*

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. D. [Signature] Medical Officer i/c Hospital.

Station *WANDSWORTH, S.W.* Date *Jan 2. 17.*

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
B Period of Service and in what Corps ...				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.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service



No. 1250

Rank P6

Name (surname first) Gleeson Richard

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

I am a miner, and had been working in an ore mine, in Newfoundland for the 4 years previous to enlisting.

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

I was employed by The Nova Scotia Steel & Coal Co., whose mine is at Bell Island Newfoundland, for 4 years

3. What is the nature and locality of the employment you desire?

Farming.

COPY SENT TO
[Signature]
No.
Dated 18/1/17

4. What is the name of your Approved Society?

No

5. Have you been employed whilst with the Colours? If so, in what capacity?

No.

Date 2/1/17

Signature Richard Gleeson

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (B), item 3, of Army Council Instruction No. of 1915.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Admitted 7.12.16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



1st. Mfld.

Regiment

*The Officer Commanding

Duplicate sent TO The Officer in Charge of Records

The Regimental Paymaster

Mfld Comr Capt 58 Victoria St. S.W. 58 Victoria St. S.W.

With reference to No.

of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London Command, on the 8.1.17 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St S.W.

on [date] 9th Jan 1917.

Horace Jagan Capt R.A.M.C.(F) Officer Commanding Registrar, R.A.M.C.I. Hospital.

Place Wandsworth

3rd London General Hospital, WANDSWORTH, S. W.

Date 9/1/17

* In case of Territorial Force "Officer Commanding the Administrative Centre." Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

(9 38 41) W 1 751—6539/1 75,000(6) 10/15 H W V(M 531) Forms/W. 3201/1
16.92—191 75,000 1/16 Army Form W. 3201.
(In pads of 50)

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Field (Regiment).
No. 1250 Rank Pte. Name Gleeson, R.

is discharged from Hospital with orders to proceed to ~~his home~~

(Address 58 Victoria St.
S.W.)

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

3rd LONDON GENERAL HOSPITAL
WANDSWORTH.
Place _____

Horace *Regan* *Capt R.A.M.C.*
Officer Commanding, B.A.M.C.T.
Registrar, 3rd London General Hospital,
WANDSWORTH, S.W.
Hospital.

Date 9/1/17

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1250 Gleeson, R.

(Substituting A.F.O. 1325) N.F.P/Ka

Company. From 28/10/16 To 19/1/17 (Dates inclusive)

Embarked per S.S. Metagama

From Liverpool Date 19/1/17

DR.

Classification ^A (See procedure) **Repatriated 19.1.17**

Draft No. 24 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.00	84	84				
	9	Allotments	60	84	50	40					2	Field Allowances	.10	84	8	40			
	10										3	Other Allowances							
	11/12	Total Stoppages			50	60	10	7	2		4/5	Total @ \$4.86 2/3			92	40	18	19	9
	13	Fines									6a								
	14	Clothing & Necessaries										Credit Balance 27/10/16					22	16	5
	15	Arms & Accoutrements																	
	13	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
2/11/16	19	Casual Payments	15 francs				10	9											
11/11/16	20	1st Payment	15 francs				10	9											
9/1/17	21	2nd " Hospital Advance					1	3	6										
9/1/17	22	3rd " Pay & Record Office					10	0	0										
11/1/17	23	Final " " "					7	0	0										
16/1/17	24	Balance Debit Last Period					11	0	0										
	28	" Due by Paymaster					1	4	0		27	Balance Due to Paymaster							
							41	16	2						£	41	16	2	



CHECKED.
[Signature]
17/1/17

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

O.C. " " Company.
PAYMASTER & OFFICER I/C RECORDS

Henson, R

1250

Ray sept

Dispatching
Office
Stamp.



Arrival
Office
Stamp.

1250

No. 100

From

1st Wld Regiment

Registered Letter Addressed—

Mr Richard Larson.

Topsail

Received by

J. B. [unclear]

STATEMENT OF ACCOUNT

No. 1250

Name Glesson B

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Jan 19	Balance due by P.M.				
	to 1-11-19			5 83	5 83
31	By Pay 12 days @ 1 1/2%			13 20	19 03
Feb 2	" " 2 " @ 1 1/2%			2 20	21 23
28	" " 26 " @ 1 5/8%			48 10	69 33
	Bonus			12 95	82 28
	Clothing allowance			25 00	107 28
Feb 17	To Pay	122	37 95		69 33
28	Allotments 40 days @ 60		24 00		45 23
Mar 1	To Pay	132	45 33		
	War Service Gratuity			350 00	350 00
	5 mos @ 70%				
Dec 23	Bonus		12 95		337 05
	By Pay	7387	87 15		249 90
Mar 1		10678	70 00		179 90
Apr 1		13614	70 00		109 90
May 1		17696	70 00		39 90
June 1		21420	39 90		
			457 28	457 28	0

Signed A. G. Ramsey *ASST*

8
17
1920

This space to be left blank for the Chelsea Number.

[Empty box for Chelsea Number]



Proceedings on Discharge.

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

No. 1250 Army Rank Private

Name Gleeson Richard
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Newfoundland

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 <u>21</u> years <u>6</u> months	<i>Descriptive marks.</i>
Height <u>5</u> feet <u>9</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Washed Pale</u>	
Eyes <u>Grey Green</u>	
Hair <u>Brown</u>	
Trade <u>Miner</u>	
Intended place of residence <u>Topsail</u> <u>Conception Bay</u> <u>Newfoundland</u>	

(To be given as fully as practicable)

(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 filled in by the Officer who confirms the discharge at home.)

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

(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:—

[Empty lines for character details]

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*

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. 801

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is Richard Gleeson.

and that I was

Fill in rank and force.

a (rank) Private (1st. Nfld. Reg.) in or 1st Newfoundland Regiment
(R. N. R.)
and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (~~Street and Number~~) Topsail C.B.

Town of

and request my next pension cheque be sent to this address.

Richard Gleeson SIGNATURE or mark of Pensioner.

Witness

G. P. Shea

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this 2nd day of July 1917.

~~XXXX~~ day of ~~XXXX~~ 19....., and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

G. P. Shea Signature.

_____ Rank or position.

_____ Postal Address.

Add any Remarks

\$ _____

November 27th., 1917.

From: The Director of Medical Services.

To: O. C. Depot.

1250 Pte. R. Gleeson

Owing to the illness of his mother the marginally noted man has been granted extended leave of absence from the Naval & Military Convalescent Hospital for one week from November 25th.

Cluny Macpherson

Major, D. M. S.

Copy to Secty. P. & D. Board for information.

November 8th., 1917.

From: Director of Medical Services.

To: Secty. Pensions & Disabilities Board.

1250 Pte. R. Gleeson

The marginally noted man was discharged from the St. John's General Hospital and admitted to the Naval & Military Convalescent Hospital November 7th.

Cluny Macpherson

Major, D. M. S.

*✓
R. G.*

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

Surname Gleson MEDICAL HISTORY OF Christian Name Richard 18 1917



Table I.—GENERAL TABLE.

Birthplace:—Parish Lopham County ...

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>Febry</u> 191 <u>5</u>		on day of 191	
	at <u>Liphams</u>		at	
Declared age	<u>19</u> years days		years days	
Trade or occupation	<u>Mine</u>			
Height	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight		<u>117</u> lbs.		lbs.
Chest Measure- ment	Girth when fully expanded .. <u>30</u> inches		inches	
	Range of expansion .. <u>33</u> inches		inches	
Physical development				
Vaccination marks	Arm			
	Number			
When vaccinated	<u>Never</u>			
Vision	R.E.—V.=		R.E.—V.=	
	L.E.—V.=		L.E.—V.=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Sgt. Paterson</u>			
(Rank)	<u>Capt</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>God's</u>		at	
	on day of <u>Febry</u> 191 <u>5</u>		on day of 191	
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>1st Regt</u>	<u>1250</u>		
Transferred to.. .. .				
Became non-effective by				
	on day of 191		on day of 191	
(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				
3 rd London General Hospital Waudsworth, Ld.	7	12	16				Myocarditis		Board held - See overleaf Disability - Myocarditis. Heart action is abnormal, irritable & rapid. Gets dyspnoea on exertion. Cause - Strain & Exposure on Active Service Total - Inability to earn a livelihood at present.	Sgt. A. Jagan. Capt. R. McE. N. 3 rd London General Hospital Waudsworth, Ld.

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

Date	Brief Details, and Signature
2.1.17	<p>Board held — 8.1.17 Board — Permanently unfit Board — Approved, 8.1.17</p> <p><i>Sgt</i> A. Sagar Capt. R.A.M.S. 3rd London General Hospital Wandsworth L.W.</p>

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
St John's Nfld					

August 27th. 1917.

Private R. Gleeson,

c/o Cable Station,

Heart's Content.

Dear Sir:-

Please present yourself
to Dr. A. R. Anderson, Heart's Content, for
re-examination, on whatever date between
August 27th. and September 3rd. the Doctor
notifies you to appear.

Yours truly,

Secretary.

October 24th., 1917.

From: Director of Medical Services.
To: Secty. Pensions & Disabilities Board.

1250 Pte. R. Gleeson

85
The marginally noted man was discharged from the
Naval & Military Convalescent Hospital and admitted to
the St. John's General Hospital October 23rd.

Cluny Macpherson

Major, D. M. S.

September 14th., 1917.

From: Director of Medical Services.
To: Secty. Pensions & Disabilities Board.

Re 1250 Pte. R. Gleeson.

Dear Sir:-

I beg to inform you that the marginally noted man was admitted to the Naval & Military Convalescent Hospital Sept. 14th. to await admission to General Hospital.

Yours faithfully,

CLUNY MACPHERSON

Major, D. M. S

Per *A. W. B.*

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.

Place Topsail R. Gleason (Sig. of Soldier)

Date Mar 6 1917 A. W. Gleason (Sig. of Witness).

P.S.: Kindly sign and return.
E.W.

Casualty Form—Active Service.

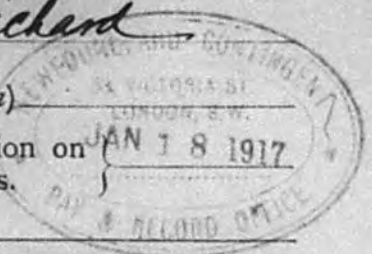
Regiment or Corps Newfoundland Regt

Regimental No. 1250 Rank Pte Name Gleeson Richard

Enlisted (at) 27.3.15 Terms of Service (a) War Service reckons from (a) _____

Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
 to present rank } _____ to lance rank } _____ roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked <u>St John's Newfoundland</u>		<u>30.4.15</u>	
		Disembarked <u>Gallipoli</u>		<u>14.12.15</u>	
		Embarked <u>Port Suez</u>		<u>14.3.16</u>	
		Disembarked <u>Mansourah</u>		<u>22.5.16</u>	
	<u>Thut</u>	<u>With Battalion</u>	<u>France</u>	<u>4.4.16</u>	<u>B 213</u>
	<u>14 C.C.I.</u>	<u>Admitted Dyspepsia</u>	<u>C.C.I.</u>	<u>25.11.16</u>	<u>E.D. 6736</u>
	<u>36 C.C.I.</u>	<u>" D.A.H.</u>	<u>26 A.F.</u>	<u>26.11.16</u>	<u>" 6712</u>
	<u>3 Coy Hosp</u>	<u>" D.A.H.</u>	<u>Rouen</u>	<u>27.11.16</u>	<u>N.A. 4658</u>
	<u>2 Coy Dep Rouen</u>	<u>Adm D.A.H. Ex 3 Coy Hosp</u>	<u>Rouen</u>	<u>29.11.16</u>	<u>N.A. 4621</u>
	<u>S.S. Waudville</u>	<u>Invalided to England</u>		<u>6.12.16</u>	<u>W 3083</u>
			<u>Sgt J.A. Burchell</u>		
			<u>for Of Regular Infantry Section No 1</u>		
			<u>G.H.G. 3rd Echelon</u>		

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Admitted 7.12.16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

Suppl

1st Infld

Regiment



The Officer Commanding

Infld Comr Ayr

The Officer in Charge of Records

58 Victoria St. S.W.

The Regimental Paymaster

58 Victoria St. S.W.

With reference to No. 1250 Pte Gleeson R. of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London Command, on the 8 1 17 for discharge from the Service as permanently unfit, please note that this man has been sent to ~~his~~ home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St S.W.

on [date] 9th Jan 1917

Norval Fagan Capt R.A.M.C.(T.F.) Officer Commanding

Registrar, R.A.M.C.T. Hospital.

Place

Wandsworth

3rd London General Hospital,

WANDSWORTH, S. W.

Date

9/1/17

* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

Original True Copy

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service



No. 1250

Rank Plt.

Name (surname first) Gleeson Richard

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

I am a Miner, and had been working in an ore mine, in Newfoundland for 4 years previous to enlisting.

2. State the name and address of your last, or any other employer before enlistment, etc, the nature of employment and how long you were employed?

I was employed by the Nova Scotia Steel & Coal Co, whose mine is at Bell Island Newfoundland for 4 years.

3. What is the nature and locality of the employment you desire?

Farming

4. What is the name of your Approved Society? *No.*

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 2 Jan 17

Signature Sgt Richard Gleeson

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1250 Gleeson, R.

(Substituting A.F.O. 1325) N.F.P/Ka

Company. From 28/10/16 To 19/1/17 (Dates inclusive)

Embarked per S.S. Metagama

DR.

Classification A (See procedure) Repatriated 19/1/17

From Liverpool Date 19/1/17

Draft No. 24

CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	8	Forfeited Pay									1	Pay	1.00	84		84				
	9	Allotments	60	84		50	40				2	Field Allowances	•10	84		8	40			
	10										3	Other Allowances								
11/12		Total Stoppages				50	40	10	7	2	4/5	Total @ \$4.86 2/3				92	40	18	19	9
13		Fines									6a									
14		Clothing & Necessaries										Credit Balance 27/10/16					22	16	5	
15		Arms & Accoutrements										<p align="center">This account is in accordance with information received at the Pay & Record Office to <u>18/1/17</u> and is therefore subject to amendment if, and as may be found necessary.</p>								
13		Barack Damages																		
17		Hospital Stoppages																		
17a		Miscellaneous Stoppages																		
2/11/16	19	Casual Payments 15 francs						10	9											
11/11/16	20	1st Payment 15 francs						10	9											
9/1/17	21	2nd " Hospital Advance				1	3	6												
9/1/17	22	3rd " Pay & Record Office				10	0	0												
11/1/17	23	Final " " "				7	0	0												
16/1/17	24	Balance Debit Last Period				11	0	0												
	28	" Due by Paymaster				1	4	0			27	Balance Due to Paymaster								
						41	16	2									£	41	16	2



CHECKED.

W. H. ...
17/17

191

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

J. J. ...
P. O. " " Company.
PAYMASTER & OFFICER I/O RECORDS

NEWFOUNDLAND CONTINGENT

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	28	" Due by Paymaster						1	4	0	27	Balance Due to Paymaster								
								41	16	2							£	41	16	2

CHECKED.
[Signature]
17/17

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.,
LONDON, S.W.
JAN 18 1917
PAY & RECORD OFFICE

191

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT.

[Signature]
P.O. " " Company.
PAYMASTER & OFFICER I/C RECORDS

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	11/12	Total Stoppages			50	60	10	7	2	4/5	Total @ \$4.86 2/3				92	40	18	19	9
	13	Fines								6a									
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	24	Balance Debit Last Period									27	Balance Due to Paymaster							
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					41	16	2								£	41	16	2	

CHECKED.
W. H. ...
 17/1/17

NEWFOUNDLAND CONTINGENT
 58, VICTORIA ST.,
 LONDON, S.W.
JAN 18 1917
 PAY & RECORD OFFICE

191

CERTIFIED CORRECT.
 NEWFOUNDLAND CONTINGENT.

J. H. ...
 PAYMASTER & OFFICER I/O RECORDS

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

Certified True Copy

JAN 9 1917

A Name in full Gleeson, Richard
Regiment from which discharged Newfoundland
Regimental Number 1250
Intended address Winn town (parish town & county) when Topsail Cove conception Bay 6. 7. 1895
Topsail Conception Bay Newfoundland
Height on discharge 5 Feet 9 Inches
Colour of Hair on discharge Brown **Colour of Eyes** Gray Green
Figure on discharge medium **Complexion** Rather Pale
Christian name of Father John
Christian name of Mother Ellen
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature & Locality of Civil employment desired Farming in Newfoundland

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) Richard Gleeson (Rank) Plc.

Station Wandsworth S.W. **Date** 2 Jan'y 17
 I certify that the above-named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge, correct.

Station Wandsworth S.W. **Date** 2 Jan'y 17
H. Batty Shaw Medical Officer i/c
3rd London General Hospital 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 _____ **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.** _____

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. _____

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is

Richard Gleeson

and that I was

Fill in rank and force

a (rank)

Private

(1st. Nfld. Reg.)

in

(B. N. D.)

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (Street and number)

Topsail, B.D.

Town of _____

and request my next pension cheque be sent to this address.

Richard Gleeson SIGNATURE or mark of Pensioner:

Witness

M. Howley

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this _____ day of _____ 19____, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Signature.

Rank or position.

Postal Address.

Add any Remarks _____

\$ _____

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. _____

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full

I hereby solemnly declare that my name is

Richard Gleeson

Fill in rank and force

a (rank)

Private

(1st. Nfld. Reg.)

in _____ or _____
(R. N. R.)

1st Newfoundland Reg.

and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address

I am residing at (Street and number) _____

Town of

Lopswal C.B.

and request my next pension cheque be sent to this address.

Witness

R. Gleeson
C. P. Shea

SIGNATURE or mark of Pensioner.

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this _____ day of _____ 19____, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Signature.

Rank or position.

Postal Address.

Add any Remarks _____

\$ _____



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 1250

All communications should be addressed to
the Secretary, MAJOR CLUNY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
August 27th., 1917.

Sir:--

The Pension and Disabilities Board, re-
quiring a report on the Pensioner named in the
margin, kindly notify him to appear before you
during the week of Aug. 27th. - Sept. 3rd.
A form of examination for you to fill out is en-
closed herewith.

1250 Pte. R. Gleeson

c/o Cable Station,
Heart's Content.

Pensioner will be notified to appear
before you on whatever date you find convenient.

If another Registered Medical Practiti-
oner is in your neighbourhood, or likely to be
there during the week, it is preferable that you
should both examine the Pensioner at the same
time, and both sign report

The fee laid down by the Pensions and
Disabilities Board for such examination is one
dollar (\$1.00) for each Doctor for each examina-
tion.

I have the honor to be,

Sir,

Your obedient servant,

Major-Secretary.

A. R. Anderson, Esq., M. D.,
Heart's Content.

To the Medical Board, or Medical Examiner.

The Pensions and Disabilities Board requires a report on the present condition of

1250 PTE. R. GLEESON

The object is to enable the Board to decide the degree of pension, if any, to be awarded for the next ensuing year. To this end clear and decisive answers to the questions in the accompanying report should be filled in by the Board, as it is essential that the Pensions and Disabilities Board should be in possession of the most reliable information to enable them to decide on the man's claim to Pension.

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

On page 4 of this sheet will be found the scale of Pensions as proposed for Newfoundland, by the Patriotic Association of Newfoundland.

The identity of the Pensioner should be established, to prevent personation. For that purpose a description of the pensioner and of the Disabling condition is given below. Should any items be omitted we should be glad if you will fill them in on the second copy and return to us.

Apparent age	21
Height	5'9"
Complexion	Rather Pale
Colour of Eyes	Grey Green
Colour of Hair	Brown
Mark of Identification	

MYOCARDITIS

Condition Condition January 8th., 1917. Reported sick in France November 22nd., 1916, with palpitation, shortness of breath and precordial pain. Previous History: Rheumatic Fever, 1911, Diphtheria 1906. Heart area normal. Rough short presystolic murmur at apex. Gets dyspnoea on exertion; no cough. No bruit audible, but heart's action is abnormal irritable and rapid. Systole very imperfect.

Condition February 14th., 1917. Rapid, weak heart. Two leaky valves.

Two copies of a Report Form are enclosed in order that you may retain a copy in case of loss of the original in the mail. Please return your report direct to me by Registered Post.

You will please forward also, under the description of the pensioner's present condition, his signature. Please have him affix this to the copy also which you retain.

Sympathetic consideration for the pensioner is desired, but at the same time self-help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self-respect of the pensioner.

I have the honour to be,

Sir,

Your obedient servant,

(Sgd) CLUNY MACPHERSON, Major.

Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is the man named above. *Yes*
- (2) What employment does he follow? *Miner and Civil life now runs at States*
- (3) What have been his average weekly earnings the past year? *Reynolds pay*
- (4) What are his present weekly earnings? *\$7.70 per week Reynolds pay*
- (5) Name and address of present employer, or if unemployed, of last employer. *Last employer U.S. Coal & Oil Co
Bell Hall and*
- (6) The present state of the disabling condition.
Hearts action tumultuous. A.S. Murmur at apex. Apex impulse corresponding left border cardiac dulness just outside vertical middle line (Hypochondriac left ventricle) in 5th intercostal space. Blood pressure 118. D. 98. Has a very irritable cough especially on exertion & is breathless on exertion especially in hot dry weather. As yet no cyanosis
- (7) Is the Disability permanent? *Yes*
- (8) Has it become better, or worse, during the past year? *unchanged*
- (9) Will it materially improve, or get worse? *Get worse*
- (10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?
(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)
Total 1-5
- (11) Is the pensioner married, or a widower, and if so, and he has children, give names and ages. (Pensioner's statement may be accepted). *Widower*

This man's condition is being rendered worse by his employment, and Dr. Anderson writes suggesting that he should be in Hospital and I have written to this effect to A.C. Hospital.

- (12) Are any others dependent on Pensioner? Give names and relationship. *Yes*
- Family of 6 - Mother and 60*

(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear?

Signature of Pensioner (to be procured at examination).

12 50 Pte Richard Gleason

Date.

August 30th 1917

Place.

Hearts Content

M. D.

Arthur R Anderson

M. D.

Approved.

Date.

Clara Macpherson, Major

13.—Those who are entitled to be awarded pensions shall be divided into six classes, and each member of each class shall be awarded a pension in direct proportion to his partial or total disability, as follows:—

Class 1.—Total disability, 100 per cent.

For example—Loss of both eyes.

Loss of both hands, or all fingers and thumbs.

Incurable tuberculosis.

Loss of both legs, at or above knee joint.

Insanity.

Permanent extreme leakage of valves of heart

Class 2.—Disability 80 per cent and less than 100 per cent.

Pension 80 per cent of Class 1.

For example—Loss of one hand and one foot.

Loss of both feet.

Disarticulation of leg at hip.

Class 3.—Disability 60 per cent and less than 80 per cent.

Pension 60 per cent of Class 1.

For example—Loss of one hand.

Loss of leg at or above knee.

Loss of tongue.

Loss of nose.

Class 4.—Disability 40 per cent and less than 60 per cent.

Pension 40 per cent of Class 1.

For example—Loss of one eye.

Loss of one foot.

Total Deafness.

Loss of two thumbs.

Class 5.—Disability 20 per cent and less than 40 per cent.

Pension 20 per cent of Class 1.

For example—Loss of one thumb.

Anchylous of elbow, knee, shoulder, wrist or ankle.

Class 6.—Disability under 20 per cent, a gratuity not exceeding \$100.

For example—Total deafness in one ear.

Partial deafness in both ears.

Loss of index or other finger.

COPY

September 6th., 1917.

From: Director of Medical Services.

To: O. C. Depot.

Re 1250 Pte. R. Gleason

I have recently had a Board held on the marginally noted man, who, I understand, is doing Guard Duty at Heart's Content. The report shows that this man's condition is being adversely effected by this work there, and the Boarding Doctor recommends that he be admitted to either the General Hospital, or Naval & Military Convalescent Hospital. As his condition, he thinks, is one which calls for rest in bed for some time I should recommend the General Hospital for him.

If you will be good enough to have him brought to the City I shall furnish him with an admission card to that Institution.

Major, D. M. S.

Extract of letter from Dr. A. R. Anderson

Referring to 1250 R. Gleeson. I should suggest sending him to Military or General Hospital for rest in bed. I judge left ventricle hypertrophied and with A. S. at apex I think dilatation likely to follow. B. P. is rather contrary and more suggestive of Myocarditis.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any 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.

1. Christian name *Richard* 2. Surname *Gleeson*

3. Rank *Private* 4. Regtl. No. *1250*

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

6. Date of enlistment in the Regiment *24 Feb 1915*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *NO*
 Father and mother

8. Relationship of such dependents *Father Mother*

9. Address in full of such dependent *John Gleeson & Wife*
 Topsail

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Gallipoli & France*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *22 months*

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. *By Postal discharge Eighty seven dollars & forty cents. And Pension since I returned home*

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b). If so, was such reversion in consequence of misconduct or in-~~efficiency~~ efficiency? *No*

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge. *Feb 28th 17* (b) Reason for discharge. *heat trouble*

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. *Subella Bay. Cape Nellis. Beaumont Hamel. Gpres. Godicourt.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? (b). If so, are you in receipt of full pay and allowances from that Committee? *No*

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. *yes*

Signature of Applicant: *Richard Gleason Jones*

Place of Residence: *Joplin*

Declared before me at: *St Johns*

This *3rd* day of *March* 19*19*

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

William Quinn J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>23-12-18</i>	<i>100-10</i>		<i>5-40</i>	<i>350-00</i>
			<i>Less P.D.P.</i>	<i>100-10</i>
				<i>249-90</i>
Certified Correct.			Paymaster.	

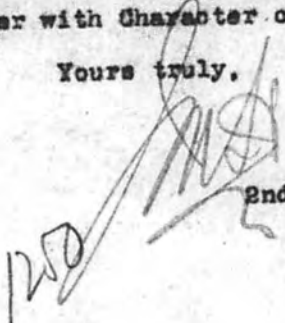
March 6th, 7

Pte. Richard Gleeson,
Topsail, C.B.

Dear Sir,-

I enclose herewith Certificate of discharge, dated
February 38th, together with Character certificate No. 32.

Yours truly,


2nd. Lieut. & D/Paymaster.

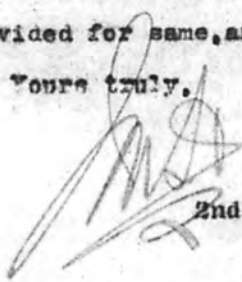
March 3rd, 7.

Pte. R. Gleeson,
Topsail, C.B.

Dear Sir,-

I enclose herewith cheque for \$40.33, being the amount
due you ~~you~~ at date of discharge. Kindly sign the attached
voucher in the space provided for same, and return.

Yours truly,


2nd. Lieut. & D/Paymaster.

1250

February 6th 1920

Major Howley
O. I. C. Records

Please pay to R. Gleeson, 1250
the sum of four dollars and fifty cents
in payment of allowance for three days to date
and charge same to Civil Re-establishment Committee

\$4.50

Pension \$15.00

ACCOUNT	28168	INITIALS	FW
ISS. LADDER		INITIALS	
PAY LEAFLET		INITIALS	
OTHER L.I.C.		INITIALS	

J.P.H.
low
Vocational Officer

R. Gleeson

C.R. 1250

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British Victory Medal-1914-1919.

NO. 1250. NAME. Richard Gleason

DATE. Dec 24 1919

PLACE. Ipswich

C.R. 1250

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1250

Name

Richard Gleason

Witness.

H. James

Date

Dec. 6/19

Place

St. John's

C.R. 1250

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL-1914-1919.

I certify that I have received a issue of 2 inches
of Riband of British War Medal-1914-1919

1250 ~~ms~~ *Richard Gleeson*

(Date).....*Oct. 27. 1919*

(Place).....*3. mail.....*

C.R. 1250

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name Richard Gleeson.....

Date 20/3/19.....

Place St. Johns.....

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli Mudros & Lemnos* from *Sept* 1915 to *evacuation 1916*

(Date).....(NO) *1250*.....(Rank) *Pte*.....(Time).....

(Place) *Lopsail* *Robert Glenn*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

C.R.

1750

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

1250 Pte. R.Gleeson,

~~Re~~ Reattested discharged 13-3-18.

C.R. 1250

Extract of Daily Orders part 11, from Unit The Royal Nfld.
Regiment, St. John's, Nfld. March 14th, 1918.

#1250 Pte. R. Gleeson/

Reattested for Special Duty, struck off the strength with
effect from 13/3/18.

C.R. 1250

Extract from Daily Orders Part 11 Unit The Royal
Mfld. Regt., St. John's, Aug. 8th, 1917.

1250 Pte. R. Gleeson.

Attached to Heart's Content Station for special duty
(Home Defence) from Aug. 9th, 1917.

C.R. 1250

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

#1250 Pte. Richard Gleeson, discharged Feb. 28th 1917, Medically
unfit

C.R. 1250

Extract from roll of Officers
and N.C.O's and men DISCHARGED
from the Royal Newfoundland
Regiment.

<u>Regtl of</u>	<u>Rank</u>	<u>name</u>	<u>date</u>	<u>reason.</u>
1250	Pte	Gleeson Richard	28/2/18	Med. Unfit.

C.R.

1250

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Feb. 8th, 1917.

The following man returned by S.S. "Metagama" and is
attached to the Strength from Feb. 3rd.

1250 Pte. Gleeson.

C.R. 1250

Extract of Casualties received from Pay & Record
Office, London, dated January 18, 1917.

The following proceed to Liverpool from London,
18/1/17. for embarkation per S.S. "Metagama"
19/1/17, to Newfoundland via St. John's, N.B.

#1250 Bte. R. Gleeson.

C.R. 1250

Extract of Casualty List received from P.&.R.O.
December 9th. 1916.

1250, Pte R. Gelaeson. ✓

At 3rd London General Hospital Wandsworth 7/12/16.

D.A.H.

(Sgd) Horace Fagan, Capt. R.A.M.CLT.

C.R. 1250

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
December 7th. 1916.

1250, Pte R. Gleeson. ✓

1 Newfoundland R. D.A.H. Slt. Trans. to Con. Dep. ex 3 Sty.

Hos. Rouen

C.R. 1250

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
December 5th. 1916.

1250, Pte R. Gleeson. ✓

1st Nfld. D.A.H. Adm. 2 Con. Dep. Rouen ex 3 Str. Hos.
27th. November 1916.

1250

Extract of Casualties received from Pay and Record Office, London dated Dec, 7th 1916. List of sick and wounded N.C.Os and men of the Expeditionary Force - France, List No. H. 4658.

1250 Pte. Gleeson, R.

D.A.H.....Trans to Gen. Dep. Ex. 3 Sty. Hos. Touen 27th Nov. '16.

CR 1250

Extract of Casualties received from Pay and Record Office, London
dated Dec, 7th 1916. List of sick and wounded H.C.Os and men of
the Expeditionary Force - France. List No.H.A.4658. List.NO.H.A.4658

1250 Pte. Fleeson, A.

D.A.H.....Adm .3 Sty.Hos;Rouen. 27th Nov'16.

C.R.

1250

Extract from Nominal Roll, 1st Draft to M.E.F.
received from Governor July 8, 1916.

#1250 Pte. R. Gleeson.

C.R. 1250

Extrac of Reinforcement Draft to 1st Bn. M.E.F. Embarked f
for Gallipoli 14-11-15.

1250. Pte. R. Gleespn.

C.R. 1250

Extract from Nominal Roll Draft "E" Company Embarked
per S.S. Stehpano. April 22/18.

1250 Gleeson R. Pte.

C.R.

1250

Richard Gleeson was attested for General Service
with the NEWFOUNDLAND REGIMENT on February 24th 1915
Regimental No. 1250 was allotted to Pte R. Gleeson

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.



Regiment or Corps Newfoundland Regt.

336

Regimental No. CR. 1250 Rank Pte. Name Richard Gleason

Enlisted (a) 27/3/15 Terms of Service (a) Year Service reckons from (a) _____

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLd.		30.4.15	<div style="border: 1px solid black; padding: 5px;"> <p>COPY SENT TO</p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p> <p>No. _____</p> <p>Dated <u>18/1/17</u></p> </div>
		Disembarked Gallipoli		1/8.15	
		Emb'k'd Port Suez		24.3.16	
		Disemb'k'd MARSEILLES		22.3.16	
		Unit <u>With Battalion</u>		4.4/16	
		14 C.S. Admitted D.A.H. 22/11/16 transf	Lance C.Cs.	25/11/16	213 6D. 6736.
		3 C.Cs. Admitted D.A.H. 22/11/16 transf	26 A 9	26/11/16	6D. 6712
		3 Stry Hoop Admitted D.A.H.	Lower.	27/11/16	HA 4658
		2 Con Stp Lower Admitted D.A.H. ex 3 rd Stry Hoop		29/11/16	HA 4621
		As Wandilla Invalided to England		6/12/16	W 3083

[Signature]

[Signature] CAPTAIN.
For Officer i/c Regular Infantry Section No. 1
General Headquarters, 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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. I.P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[583] W12871/024 400ms 2/15e-1 02 56

Forms
B. 121.
39.

Regiment of *West Newfoundland*

Number of Sheet *1*

Signature of O. C. Company *[Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<i>1250</i>	Age on	<i>19</i> years <i>10</i> months	<i>Miner</i>			
Joined	Date	Place and Date of Enlistment	<i>St John's 24.2.15</i>	Religion			<i>R.C.</i>
Joined	Date	Period of	<i>with Colours 254 years. with Reserve 365 years.</i>	Place of Birth			<i>Topsail CB</i>
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		<i>1st Lt</i>		<i>Medically Unfit</i>	<i>St John's</i>	<i>28-2-17</i>	<i>25/16</i>		
				<i>Reattested for Home defence</i>		<i>7-8-17</i>	} <i>29 days</i>		
				<i>Think off Strengths</i>		<i>12-3-18</i>			

COPY SENT TO *[Signature]*

St John's

EMPLOYMENT No. *18717*

DATED *18.7.17*

To be carried over

Army Form B. 121.