

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 Gosse Christian Name Richard

TABLE I. GENERAL TABLE.

Birthplace ... Parish Dildo St. T. Bay County _____

Examined ... { on 30th day of April 1917
 at Headquarters

Declared Age ... 18 years 5 months — days.

Trade or Occupation ... Lumberman

Height ... 5 feet, 8 1/2 inches.

Weight ... 136 lbs.

Chest Measurement { Girth when fully Expanded. 37 inches.
 Range of Expansion 34 inches.

Physical Development ... _____

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

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 L.E.—V= _____

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

(b) Slight defects but not sufficient to cause rejection ... { Teeth too poor for Army

Approved by (Signature) Sgd W E Procuier
 (Rank) Lieut Medical Officer.

Enlisted ... { at St Johns
 on 30th day of April 1917.

Joined on Enlistment ...	Corps.	Regt. No.
	<u>W E Forestry Co.</u>	<u>8080</u>
Transferred to ...		

Became non-effective by _____
 on _____ day of _____ 1917
 (Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
Military Hospital Perth	7	1	18	16	1	18	Cardiac Irritability <u>No Valvular Lesion</u>	10	

List in the case of Warrant Officers treated in quarters.

marks 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

(Sgd) J. A. Meade
Captain RMC

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
	<p><i>Medical Officer's Report on men who have been Recommended Discharge.</i></p> <p><i>8080 Ste Grosse R.</i></p> <p><i>This man has <u>tachycardia</u> - not improved by rest and treatment</i></p> <p><i>(Sgd) J. Taylor M.D.</i> <i>Acting M.D.</i></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

C.R. 8880

Extract from Daily Orders part 11, from Unit The Rfid.
Forestry Companies, St. John's, dated April 17, 1918.

#8080 Pte. R. Gosse.

Having been found Medically Unfit is discharged with
effect from 11/4/18.

C.R. 8080

Extract from Nominal Roll of repatriation Draft
No. 57, received from Pay and Record Office,
February 25th., 1918.

#8080 Pte. R. Gosse.

FORESTERS

FROM DUNKELD

FOR DISCHARGE. B.S.

Embarked Liverpool 23/2/18.

C.R. 8080

Extract from Nominal Roll "Foresters" Embarked St. John's for
Overseas, per S.S. FLORIZEL, May 19, 1917.

8080 Pte. ~~A~~. Gosse.

C.R. 8080

Extract from Preliminary Report from the Director of
Medical Services. To Officer Commanding, Depot, March 30/18.

#8080 Pte. R. Gosse.

Recommended Discharge as Permanently Unfit.

Not require of

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Richard* 2. Surname *Goss*
3. Rank *Pte* 4. Regtl. No. *8080*

5. Address in full to which future payments of gratuity are to be forwarded. *Dildo, S. B.*

6. Date of enlistment in the Regiment. *apl 30/17*

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

8. Relationship of such dependents. *—*

9. Address in full of such dependents. *—*

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 field, if so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas. *from apl 30/17 to*

apl 15/19 date of temporary discharge
apl 11/18

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.

Clothing allowance & back pay \$70

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.

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 inefficiency?

19. Are you now serving in the Res.?
of discharge *Apr. 1918* (b) Reason for discharge?

Physical unfitness

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.

No

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.

Richard Gosse

Signature of Applicant:

Place of Residence:

Bildo, T. B.

Declared before me at:

N. John's, N.Y.C.

This

15th day of *April* 19*19*

John W. McCarthy
J.P.

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

POST DISCHARGE PAY:			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependant.		
.....	.....	.....	<i>nil</i>	<i>0</i>
.....		
.....		
Certified correct.				Registrar

Statement of Account

DUPLICATE MAIL BOOK
NO. 27 81 MAR 1918

No. 8180 Book Private
Company, etc. H. Mansfield
From 16 2 18 to _____ (Date)

Date	DEBITS		CREDITS	
	<u>Exp. acc. to</u>	<u>19 91</u>	<u>Pay Pay</u>	<u>8 800</u>
	<u>Miscellaneous</u>	<u>91</u>	<u>Subs. allow</u>	<u>10 10</u>
	<u>Case pay</u>	<u>15 81</u>		
				<u>8 800</u>
				<u>16 2</u>
			Debtor Balance	
			Total	<u>16 2</u>

This account is ^{closed} in accordance with information received at the Pay & Record Office to 22/7/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED
22/7/18
22218



Station Donkell
Date 22 7 18

Certified correct

J. Crozier
Paymaster

Statement of Accounts

No. 8080 Rank Private of Roase R.
 Company, etc. B. Newfoundland Forestry Co.
 From 16. 2. 18 to 23. 2. 18 (dates).

DEBITS		CREDITS	
Date		Date	
	<i>Exp allot to S. Co.</i>	<i>19 9</i>	<i>Pay Pay \$100, \$8.00</i>
	<i>Miscellaneous Stoppage</i>	<i>9</i>	<i>8. Allowance to 50</i>
	<i>Basial Pay</i>	<i>15 8</i>	<i>\$8.80</i>
			<i>16 2</i>
Creditor Balance		Debtor Balance	
Total £	<i>1 16 2</i>	Total £	<i>1 16 2</i>

CHECKED:
90/4 RAL
 22.2.18

Certified correct,

Station Dunkeld
 Date 20th Feb. 1918

J. B. Cross
 Paymaster.

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Richard Gosse
 Apparent age 19 years 5 months. Height 5 feet 8 1/2 inches
 Chest measurement { Girth when fully expanded 37 inches
 Range of expansion 34 inches
 Distinctive marks Teeth too poor for Army
Eyes Grey, Hair Light Brown.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Moses Gosse
Dildo Harbour | Relationship Father
Trinity Bay 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									
<u>Discharged St. John's Apr. 11/1918</u> ENLISTED N.E.C. 30.4.17 AWARDED OVERSEAS 19.5.17 DISCHARGED ST. JOHN'S 11.4.18									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 " " Pensions " [" "] " " "



Newfoundland Forestry Companies

ATTESTATION OF

No. 8080 Name Richard Gorse Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Richard Gorse</u> |
| 2. What is your full Address? | 2. <u>Dildo Harbour</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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. What is your Religion? | 9. <u>None</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Richard Gorse.....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.

Richard Gorse.....SIGNATURE OF RECRUIT.
Frank C. Ryan.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Richard Gorse.....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 serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Sound Falls on this 30th day of April.....1917

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.....191..... } Approving Officer.
 Place..... }

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

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



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Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station *Saint John's*
 Date *Mar. 27. 18*

1. Unit *1st. Newfoundland* 5. Age last birthday. *18*
 2. Regimental No. *8080* 6. Enlisted on *30 April 1917*
 3. Rank. *Pvt* at *Grand Falls*
 4. Name. *Gorse Richard* 7. Former trade or occupation *Lumberman*
 8. Disability

Cardiac Irritability.

9. History: *Was working with Forestry Co. Disrupted for periods of 4 months. When he states, he strained his back when in hospital 10 days for this trouble.*

10. What is his present condition?

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

No complaint of pain over cardiac region, also complaint of shortness of breath - His pulse is regular & action - no murmurs.

11. Was sanatorium operation advised and refused?

✓

12. Do you recommend discharge as permanently unfit?

Yes

Signature

W. Borden

Rank or Qualification

Act. M.D.

Remarks if any by Officer in Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

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

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

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

15. Through Disability Aggravated by or Due to *20%*
Military Service.
Through Disability neither Aggravated by nor
Due to Military Service.
Remarks if any:—

16. Is the disability permanent?

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

18. The refusal of operation is:— (a) Reasonable.
Sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital,
Naval and Military Con- *W*
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army *permanently unfit*
retention in
Remarks if any:—

Signatures.

[Signature]
President
[Signature]
[Signature]

Place *Sydney*

Date *March 28/18*

APPROVED

Station

Date



[Signature]
Administrative Medical Officer. *Major*
D. M. S. NEWFOUNDLAND.

Opinion of the Medical Board.

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

13. For pension purposes, the disability x *May* be considered as aggravated by:—
~~due to~~
 (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
 Remarks if any:—

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

ent his capacity for earning a full livelihood in the general labor market is lessened by:—
 (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

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

20. We recommend discharge from ~~retention in~~ the Army *permanently with*

Remarks if any:—

Signatures.

[Handwritten signatures]
 President

 *[Signature]*

Place *Sophus*

Date *March 28/18*

APPROVED

Station

Date



[Handwritten signature]
 Administrative Medical Officer. *Major*
 D. M. S. NEWFOUNDLAND.

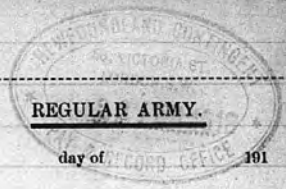
To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Gosse OF Christian Name Richard

Table I.—GENERAL TABLE.

Birthplace:—Parish Dildo St. J. Bay County _____



REGULAR ARMY.

SPECIAL RESERVE

Examined	on <u>30th</u> day of <u>April</u> 191 <u>7</u>	on	day of	191
	at <u>Headquarters</u>	at		
Declared Age	<u>18</u> years <u>5 months</u> <u>5</u> days		years	days
Trade or Occupation	<u>Lumberman</u>			
Height	<u>5</u> feet <u>8 1/2</u> inches		feet	inches
Weight	<u>136 lbs</u>		lbs.	lbs.
Chest Measurement	Grith when fully expanded <u>37</u>		inches	inches
	Range of Expansion <u>34</u>		inches	inches

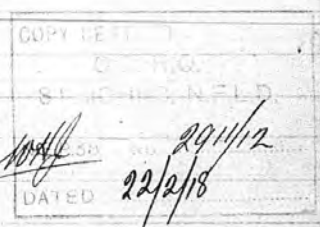
	Right	Left	Right	Left
Vaccination Marks { Arm				
{ Number				
When Vaccinated				
Vision	R.E.—V= L.E.—V=		R.E.—V= L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause rejection

(a)

(b) Teeth too poor for Army



Approved by (Signature) W.E. Proemier
(Rank) Lieut.

Medical Officer. Medical Officer.

Enlisted at St. John's on 30th day of April 1917

Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Regd. Force Co 8080</u>		

Transferred to

Became non-effective by

(Signature) _____ (Rank) _____

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

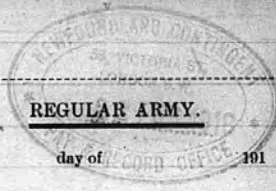
MEDICAL HISTORY

Surname Gosse

Christian Name Richard

Table I.—GENERAL TABLE.

Birthplace:—Parish Dildo Hr. S. Bay County



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>30th</u> day of <u>April</u> 191 <u>7</u>		on _____ day of _____ 191 <u>7</u>	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years <u>5 months</u> days		_____ years _____ days	
Trade or Occupation	<u>Lumberman</u>		_____	
Height	<u>5</u> feet	<u>8 1/2</u> inches	_____ feet	_____ inches
Weight	<u>136 lbs</u>		_____ lbs.	_____ lbs.
Chest Measurement	Grith when fully expanded ... <u>37</u> inches		_____ inches	
	Range of Expansion .. <u>34</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= _____		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) <u>Teeth too poor for Army</u>		(b) _____	
Approved by (Signature)	<u>W.E. Proemier</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>		at _____	
	on <u>30th</u> day of <u>April</u> 191 <u>7</u>		on _____ day of _____ 191 <u>7</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Regd. Forestry Co 8080</u>		_____	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>7</u>		on _____ day of _____ 191 <u>7</u>	
(Rank)	_____		_____	

Table II.—Only for admission to hospital or to the sick list

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Military Hospital Perth.	7.	1.	18.	16.	1.	18.	Cardiac irritability - no valvular lesions	10.	

st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

J. J. Meade
CAPTAIN, R.A.M.D.

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THIRD BOARD

Form Z479 N.M.D.

Report of Medical Board.

Station St. John's, Nfld. Date OCTOBER 25th., 1919.
 No. and Rank 8080 PRIVATE Age 21 Height 5'9 1/2"
 Name GOSSE RICHARD Complexion FAIR
 Unit Royal Newfoundland. Eyes BLUE Hair LIGHT
 Address 416 WATER ST. WEST
 Former Trade LUMBERMAN
 Enlisted at ST. JOHN'S On 30/4/17 (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original CARDIAC IRRITABILITY

Subsequent

Present Condition (Compare with previous Board)

*Pain in cardiac area at times.
 Pulse 100. States that has not been able
 to work lately*

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

20%

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 ?

10% last month

Recommendation of Medical Board

Members of Board

Clive Macpherson
Leut

[Signature]
[Signature]
[Signature]

Approving Medical Officer.





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

March 14th., 1919

From:- D. M. S.
To:- B. P. C.

8080, Pte. Gosse, R.

Please note that the marginally noted man has gone to sea, and is therefore not obtainable for boarding.

Cluny Macpherson

Major, D. M. S.

AMB.

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THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

476

Pension No. 476

Regtl. No. 8880 Rank Pte Name Richard Gosse

Corps served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board 16.4.19

Pensionable disability 20% for 6 months

Pension granted: \$1000 per month for 6 months

or Gratuity granted: payable in equal monthly insts.

Granted to:

Name Richard Gosse

Address 416 Water St. W.

Date case disposed of MAY 21 1919

Approved by:

Members of Board

[Signature] Chairman
[Signature]
[Signature]

Remarks:

NOTED
DATE 19
INITIALS TX

ON A FIRST BOARD THIS CASE WAS THOUGHT TO BE "AGGRAVATED",
WILL S.M.B. PLEASE STATE AMOUNT OF AGGRAVATION.

~~Must then be set~~

~~AGG~~

S E C O N D B O A R D

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	APRIL 16th., 1919
No. and Rank	8080 PRIVATE	Age	20 Height 5'9½"
Name	GOSSE RICHARD	Complexion	MIR
Unit	Royal Newfoundland	Eyes	BLUE Hair LIGHT
Address	416 WATER ST. WEST		
Former Trade	LUMBERMAN		
Enlisted at	ST. JOHN'S	On	30/4/17 (The Board will please note how the soldier's appearance corresponds with above description).
Disease or Disability	Original	CARDIAC IRRITABILITY	

Subsequent

Present Condition (Compare with previous Board)

No pain now, pulse 96 heart regular
A normal Systolic

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *30%*

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 that incurred during service? *30% aggravation*

Recommendation of Medical Board

Members of Board

Clay Macpherson
Major

W. A. ...
P. ...

Approving Medical Officer.



March 30/22.

The High Commissioner for Newfoundland,
58 Victoria Street,
Westminster, London, S W 1.


8080 R. Goss,
Newfoundland Forestry Corps.

Sir:-

I have the honour to acknowledge receipt of your communication of March 9th., with copy of letter attached from the Ministry of Pensions, London, No. M.V.Z. 1362, respecting the above noted.

I beg to inform you, for the information of the Ministry of Pensions, that this man was notified to appear for medical examination at the expiration of his pension period, but he could not be located, as he had left the country for parts unknown, hence the Medical Board is not in a position to state whether or not, the aggravation from which he is suffering has passed away.

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


Secretary.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 476

Regt. No. 8080 Rank Pvt. Name Richard Gosse

Corps served with NEWFOUNDLAND FORESTRY COMPANIES

Date of Medical Board 25/10/19

Pensionable Disability 1090 for Six months

Pension Granted:

\$ 5.00 per month for 6 months

Total Authorized amount \$ 30.00

or Gratuity Granted:

\$ Payable in equal monthly instalments

Granted to:

Name Richard Gosse
Address 116 Water St.

Date case disposed of

Approved by:

Members of Board

 Chairman

Handwritten notes and signatures:
Hoted
25/10/19
[Signature]

Remarks:

August 23th/21

The Secretary,
Ministry of Pensions,
Burton Court,
King's Road,
London, S. W. 3.

Richard Goese, 8080, Wfld.,
Forestry Company.....

Sir:-

With reference to your letter M.V.Z.1362 of the
27th July 1921 requesting an amended statement of
account.

I beg to enclose herewith copy of report of Medical
Board held on the above named 25-10-19 which shows his
pensionable disability as having been assessed at 10%.

Trusting this information is satisfactory.

I am, Sir,
Your obedient servant,
C. C. OZE,
Secretary

Per: 

WRM/EBD.

Medical Officer's Report on men who have been Recommended Discharge

Pte Gosse, R. Reg No 8080.

This man has tachycardia - not improved
by rest & treatment

J. Taylor M.D.
acting M.D.



COPY SENT TO	
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
FORM 33. No.	2911/12
DATED	22/2/18

Included on AF 13 178

REG'T No. 8080

RANK Pte.

H. Q. No.

SOLDIER'S NAME Gosse Richard
 DATE PENSION COMMENCES 1-7-19
 PENSIONER'S NAME Gosse Richard
 WIFE'S NAME
 CHILDREN'S NAMES

BLOCK No.

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$120.00	6	\$10.00	11-10-19	33.67	33.67	
\$ 80.00	6	5.00	11-4-20	30.00	30.00	
Discontinue pension.						

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DED.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE	
					SERIES	No.				MONTHLY PAYMENT
	JUL	1 JUL					10.00	10.00 s	33.67-	23.670
10.00	AUG	1 AUG					10.00	20.00 s	33.67-	13.670
20.00	SEP	1 SEP					10.00	30.00 s	33.67-	3.670
30.00	OCT	1 OCT					3.67	33.67 s	33.67-	.000
	NOV	1 NOV			75.53		8.17	8.17 s	30.00-	21.830
8.17	OCT	1 OCT					6.33	14.50 s	30.00-	15.500
14.50	NOV	1 NOV					10.00	24.50 s	30.00-	5.500
24.50	JAN	1 JAN					1.83	26.33 s	30.00-	3.670
26.33	FEB	1 FEB					5.00	31.33 s	30.00-	1.33*
31.33	MAR	1 MAR					5.00	36.33 s	30.00-	6.33*
36.33	APR	1 APR					5.00	41.33 s	30.00-	11.33*
41.33	MAY	1 MAY					5.00	46.33 s	30.00-	16.33*

C.R. 8080

Extract from Daily Orders part 11, from Unit The Nfld.
Forestry Companies, St., John's, dated March 26, 1918.

#8080 Pte. Gosse.

Reports at Depot on 25/3/18 from Overseas.

476

STATEMENT OF ACCOUNT FOR SERVICES RENDERED ALLIED EX-SERVICE MEN

Date Sept. 13, 1923.

MINISTRY OF PENSIONS.

To THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND
Dr.

For services rendered on account of
~~6030~~ GOSSE RICHARD. Newfoundland Forestry Corps.
as follows:

	Amount
16th April 1919. Medical Examination	\$3.00
24th October 1919. " "	3.00

Total \$6.00

I certify that the above charges are fair, reasonable, and not in excess of those payable in respect of members of the Newfoundland Forces in similar circumstances.

(SIGNED):

Secretary

22nd September 1922

Re-#5060 Richard GOSSE,
Newfoundland Forestry Corps.

Sir,

With reference to your letter of 31st August Ref.No.S.F.N.1613 regarding the above named. I beg to state the confirmation of awards has been noted, and payments have been made accordingly.

I am, Sir,
Your obedient servant,

SECRETARY.

Ministry of Pensions,
PENSION ISSUE OFFICE,
Bromyard Avenue,
Acton, London, W.3.
ENGLAND.

PENSION ISSUE OFFICE,
(Ministry of Pensions),
Bromyard Avenue,
Acton, London, W.3.

P.I.O. Ref.No. S.F.N.1813.
Transfers.

24th August, 1922.

476

Sir,

Re; Richard Gosse, late No.8080, Private,
Newfoundland Forestry Corps, of 416,
Water Street West, St. John, Newfoundland.

I am directed to forward the attached confirmation
of awards made in the case of the above named, and to
request you to kindly state whether payments have ~~now~~ been
made at the rates now confirmed.

I am, Sir,

Your obedient Servant,

O. H. Rice.
for the Controller.



The Secretary,
Board of Pension Commissioners,
St. John's,
Newfoundland.

E.M.

CONF.

Renewal & Awards - Soldier. S.B.2(H.Q)

MINISTRY OF PENSIONS 8 Mar. 1922. Regl.Ref.No.M.V.Z.1362.

Name.(Surname first) GOSSE Richard.
 Regiment or Corps Newfoundland Forestry Corps. Regt.No. 8080.
 Date of Discharge 11.4.18. Rank for Pension Class 5.
 Address:- 416 Water St. West. St. John. Newfoundland.

Disabilities.	Entitlement.	M.S. Code No. of Disability.
Cardial Irratability.	Aggrav.	29

Warrant or Article under which granted..... Newfoundland War Pension Act 1917/19.
 Nature of New Award. Conditional.
 Nature of Previous Award. -

Degree of Disablement.		Weekly Rate.		Date of commencement.	Date of Expiry.	REMARKS.
Previous.	New.	Man.	Allces for wife and/or children.			
20	20	£	8 per month.	12.12.18	31.12.18	plus 10% Bonus from 1.1.20 to 31.5.20. Awards confirmed.
	20	£	10 " "	1. 1.19 ✓	11.4.19	
	20	£	10 " "	12. 4.19	11.10.19 ✓	
	20	£	10 " "	12.10.19	30.11.19 ✓	
	10	£	5 " "	1.12.19	31. 5.20 ✓	

To Pension Issue Office,
 Above issued this day.

~~For Headquarters Statistical Branch.~~

To be attached to Payment Card.

STATEMENT OF ACCOUNT OF

8080 RICHARD GOSSE

FROM APRIL 13th 1918 To MAY 31st 1920.

PEN. NO. 476.

	DR.		CR.	
1.	April 1918 To Payment	\$8.00		1. (a) \$3.00 per month from 12 mos. from 12-4-18 to 11-4-19 \$96.00
	May	8.00		(b) Increased to \$10.00 from Jan. 1st/19 6.73
	June	8.00		
	July	8.00		
	August	8.00		
	Sept.	8.00		
	October	8.00		
	Nov.	8.00		
	Dec.	8.00		
	Jan. 1919	8.00		
	Feb.	9.07		
	March	10.00		
	April	<u>3.68</u>	102.73	<u>102.73</u> 102.73
2.	June	36.34		2. \$10.00 per month for six mos. from 12-4-19 to 11-10-19 60.00
	July	10.00		
	August	10.00		
	September	10.00		3. <u>60.00</u> 60.00
	October	<u>3.67</u>	60.01	
3.	October	6.33		3. \$10.00 per month until re-boarded from 12-10-19 to 30-1-19 <u>16.33</u> 16.33
	Nov.	<u>100.00</u>	16.33	
	Nov.	8.17		
	Jan. 1920	1.83		
	Feb.	5.00		4. \$5.00 per month for six mos. from 1-12-19 to 31-5-20 30.00
	March	5.00		
	April	5.00		
	May	<u>5.00</u>	30.00	<u>30.00</u> 30.00
	Carried Forward		<u>\$209.07</u>	Carried Forward <u>209.06</u>

P. No 476 #8080 Gasse Richard
 From 12-4-18 To 31-5-20

EXPENDITURE 19.....19.....

DATE	NO. OF CHEQUE	NAME	PARTICULARS OF SERVICE	ARMY	NAVY	
Apr. 1918		To Payment.				
May		8.00	1. \$8.00 per month for 12 mos (a) from 12-4-18 To 11-1-19 (b) Increased to \$10.00 from Jan 1st 1919	96.00		
June		8.00				
July		8.00				
Aug.		8.00				
Sept.		8.00				
Oct.		8.00				
Nov.		8.00				
Dec.		8.00				
Jan 1919		8.00				
Feb.		9.07				
Mar.		10.00				
Apr.		366		107.73	107.73	107.73
June		2634	2. \$10.00 per month for 6 mos from 12-1-19 to 11-1-19	60.00		
July		10.00				
Aug.		10.00				
Sept.		10.00				
Oct.		367		60.01	60.00	60.00
Oct.		633		3. \$10.00 per month until; re-boarded. from 10-1-19 To 30-1-19	16.33	
Nov.		10.00	16.33			16.33
Nov.		8.17	4. \$5.00 per month for 6 mos from 1-1-19 To 31-1-20			
Jan 1920		183				
Feb.		5.00				
Mar.		5.00				
Apr.		5.00				
May		5.00				
		30.00		30.00	30.00	
		709.07		709.07	709.07	

Dr Balance
 Carried forward

EXPENDITURE 19.....19.....

NO. OF
CHEQUE

NAME

PARTICULARS OF SERVICE

ARMY

NAVY

TOTAL

70907 Brought Forward

70906

Bonus of 10% granted on
payments made from
Jan 2, 1920 to May 31, 20.

May 1920 Payment
of 10% Bonus
Less 10% paid

7.19
\$ 711.86

780
\$ 711.86

THE BOARD OF PENSION COMMISSIONERS FOR N.F.L.D.

STATEMENT OF ACCOUNT OF

PEN. NO. 478. REGT. NO. 8080 RI CHARD GOSSE.

	DR.		CR.
Apr. 1918 To Payment	\$8.00	1. \$8.00 per month for 12	
May	8.00	mos. ending 11-4-19.....	\$96.00
June	8.00	2. Increased to \$10.00 per	
July	8.00	month from 1-1-19.....	6.27
Aug.	8.00	3. \$10.00 per month for 6	
Sept.	8.00	mos. ending 11-10-19.....	60.00
Oct.	8.00	3. \$10.00 per month until	
Nov.	8.00	re-boarded, from 10-12-	
Dec.	8.00	19 to 30-11-19.....	16.33
Jan. 1919	8.00	4. \$5.00 per month for 6	
Feb.	9.07	mos. ending 31-5-30....	30.00
Mar.	10.00	Dr. Balance	.47
Apr.	3.66		
June	36.34		
July	10.00		
Aug.	10.00		
Sept.	10.00		
Oct.	3.67		
do	6.33		
Nov.	10.00		
do	8.17		
Jan.	1.83		
Feb.	5.00		
Mar.	5.00		
Apr.	5.00		
May	5.00		
	\$209.07		\$209.07

DOMINION OF NEWFOUNDLAND



Pen No 476

HIGH COMMISSIONER'S OFFICES,

58, Victoria Street.

Westminster, S.W.1.

CABLE ADDRESS.
"RURALITY"
TELEPHONE.
VICTORIA 2302.

232/51

9th March, 1922.

8080 R. Gosse
Newfoundland Forestry Corps

Sir,

I have the honour to enclose herewith copy of a letter received from the Ministry of Pensions, confirming the awards made by you to the above named pensioner.

I would request that the next Medical Board state if the effect of the aggravation has passed away.

I have the honour to be,

Sir,

Your obedient Servant,

Edgar R. Bowring

High Commissioner for Newfoundland.

Encl.

The Secretary,
Board of Pension Commissioners,
St. John's,
Newfoundland.

H/T

*Noted
27.2.22*

(COPY)

Reference No. M.V.Z.1362

MINISTRY OF PENSIONS,

Burton Court,

King's Road,

London, S.W.3.

8th March, 1922.

Sir,

GOSSE, Richard late Private No.8080
Newfoundland Forestry Corps

With reference to the case of the above named man who was discharged from the service on account of Cardiac Irritability I am directed by the Minister of Pensions to state for the information of the High Commissioner for Newfoundland, that he has confirmed the following awards made to Mr. Gosse by the Board of Pension Commissioners, St. John's, Newfoundland:-

\$8 per month from 12th December 1918 to 31st
December then
\$10 " " from 1st January 1919 to 11th April 1919
then
\$10 " " from 12th April 1919 to 11th October 1919
then
\$10 " " from 12th October 1919 to 30th November
1919 then
\$5 " " from 1st December 1919 to 31st May 1920

plus 10% bonus from 1st January 1920 to 31st May, 1920 conditional under the Newfoundland War Pensions Act of 1917 - 1919. Will the next Medical Board kindly state if the effects of the aggravation have passed away.

I am, Sir,
Your obedient Servant,

(sd) T. CAIRNS.

for Director General of Awards.

The Secretary,
Office of the High Commissioner,
for the Dominion of Newfoundland,
58, Victoria Street, S.W.1.

T/A

70.80 Pte. Richard Gosse

Copy of Medical report
held on Oct. 25. 19.

476

M.P.A ¹⁷/_T

Reference No. MVZ/1362.....

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W. 3.

22 July, 1921.

Any further correspondence on this subject should be addressed to:—
THE DIRECTOR-GENERAL OF AWARDS,
and the above Number quoted.

Sir,

Re: Richard Gosse, No. 8080, Private,
Royal Newfoundland Forestry Corps.

With reference to the case of the above named man, I am directed by the Minister of Pensions to state that the Medical Report dated 25th October, 1919, assesses Mr. Gosse's disability at 20% for 6 months. The Statement of Account shows only 10% paid for that period. Will you please forward an amended Statement.

I am, Sir,
Your obedient servant,

for Director General of Awards.

The Secretary,
Board of Pension Commissioners,
St. John's,
Newfoundland.

228

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

HON. J. A. CLIFT, K.C., C.B.E.
MAJOR W. H. PARSONS, M.C.,
R.A.M.C.



In reply refer to

No. 476

St. John's,
May 7th., 1920.

To:- B. P. C.

8080, PTE. RICHARD GOSSE.

Please note that the marginally noted man is away
on a foreign voyage, and is therefore not obtainable
for re-boarding. Pension expires May 31st., 1920.

AMB.

A. M. Buckley

*Rec-
des-
discontinue*

*JAC
W.H.P.*

W.H.P.

Labo



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

October 14th., 1919.

H.H.K.

To:- B. P. C.

8080, Ex-Pte. R. Gosse.

Please note that the marginally noted man has
gone on a foreign voyage, and is therefore not
obtainable for Boarding.

A.M.B.

*Noted
Gosse*

10
19
1800
30
1800
100

(63218/20/19

*Continues till he
refuses*

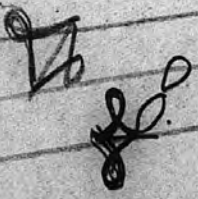
*P.M.
T.C.*

9080 Gasse Richard No. 476

Cr

1st	\$8.00	pa m.	for 12 mos ending 11 th 79	96.00
			Increased to 10.00 from 1 st 79	6.27
2nd	10.00		for 6 mos ending 11 th 79	60.00
3rd	5.00		6 " "	30.00
			34 5/20	
3rd	10.00		until ReBorrowed from 12 th 79 - 30 th 79	30.00
			<u>Dr Balance</u>	<u>\$197.27</u>
				<u>16.33</u>
				<u>198.60</u>
				<u>47</u>
				<u>\$209.07</u>

Apr. 1919	To Payment	8.00	
May		8.00	
June		8.00	
July		8.00	
Aug		8.00	
Sept		8.00	
Oct		8.00	
Nov		8.00	
Dec		8.00	
Jan 19		9.07	
Feb		10.00	
Mar		3.66	
Apr		26.34	
June		10.00	
July		10.00	
Aug		10.00	
Sept		3.67	
Oct		6.33	
do			
			<u>169.07</u>



~~9/10~~

Nov 1919

109.07

10.00

do

8.17

Jan

1.83

Feb

5.00

Mar

5.00

Apr

5.00

May

5.00

209.07



476

476
Oct. 23, 1919.

Richard Gosse, Esq.,
416 Water Street, W.,
City.

Dear Sir:-

I beg to advise you that the Board has agreed to continue your pension at the rate of \$10.00 per month until such time as you are re-boarded.

I herewith enclose cheque for \$6.33 being balance due you to October 31st.

Yours faithfully,

Asst. Secy.

TMR/GEC



CANADA

DEPARTMENT OF VETERANS AFFAIRS

IN YOUR REPLY REFER TO FILE NO.

DVA: 95-7-1/Vol. 20, WSR 5a.

RECORD OF SERVICE

ROYAL NEWFOUNDLAND REGIMENT
NEWFOUNDLAND FORESTRY CORPS

Service Rank and/or Number 8080 Name Richard COSSE

- 1. Age on Enlistment: 18 years 5 months
- 2. Date and Place of Appointment or Enlistment: 30th April, 1917. St. John's, Nfld.
- 3. Theatres of Service: Newfoundland
- 4. Date and Place of Discharge: 11th April, 1918. St. John's, Nfld.
- 5. Reason for Discharge: "Medically Unfit" (Honourably Discharged)
- 6. Rank on Discharge: Private

NOTE:

This record is not valid without the imprint of the official stamp of the Department.

Ottawa, Ontario, Canada.

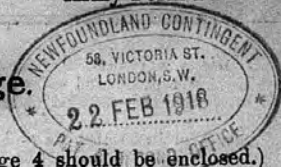
July 3rd, 1956

DEPARTMENT OF
VETERANS' AFFAIRS
JUL 3 1956
WAR SERVICE RECORDS
OTTAWA - CANADA

J. H. Linton
Director,
War Service Records.

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>8080</u>	Army Rank <u>Private</u>
Name <u>Gosse Richard</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Forestry Companies</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>April 11th 1918</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>18</u> years <u>5</u> months Height <u>5</u> feet <u>8 1/2</u> inches Chest measure- ment { girth when fully expanded <u>37</u> ins. range of expansion <u>3</u> ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>light</u> Trade <u>Lumberman</u> Intended place of residence <u>Dildo, N.B.</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.
<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>	
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— <u>Very good</u>	
4. Character awarded in accordance with King's Regulations:—	
<small>To be filled in on the soldier quitting the Colours.</small>	
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. 2083 has been issued to*	

Mr. H. Rule —

These docs
were removed
from D. O. file.

J.P.

24-3

N^o 51



Newfoundland Forestry Companies.

ALLOTMENTS

I, Richard Goss, Regl. No. 20

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins 7 May 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
99	Mother	Elizabeth Goss	Dildo Hemby Bay	6 Cents
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.) W.H.B. and
Officer Commanding
Company

(Sig.) Richard Goss
(Rank) Private

No. 8080

Name Loese R

23/2/18

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Feb 28	By Pay 5 days @ 11 ⁰⁰			5 50	5 50
Mar 31	.. .. 31 .. @ do			34 10	39 60
Apr 11	.. .. " .. @ do			12 10	51 70
	Bonus			13 70	65 40
	Clothing			25 00	90 40
Mar 28	To Pay	1001	15 00		75 40
Feb 28	To allotment 5 days @ 60 ⁰⁰		3 00		72 40
Mar 30	To Pay	1049	10 00		62 40
31	To allot		18 60		43 80
Apr 11	To Pay	1086	43 80		
	War Service Gratuity				
	3 Mos @ 70 ⁰⁰			210 00	210 00
	Bonus		13 70		196 30
			114 10		
				300 40	

Sis Alony com

PAY LEDGER
 Date 24/1/32 by J. H. [Signature]



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Gosse Richard*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *8080*
 Intended address *Dildo D.B.*
 Height on discharge *5* Feet *9 1/2*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eye: *Blue*
 Descriptive Marks *none*
 Figure on discharge *medium*
 Christian name of Father *Moses*
 Christian name of Mother *Elizabeth*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth. *Dildo D.B. Nov 26 1899*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

R Gosse
 Station *S. Johns* Date *March 27/18* *Pt* (Rank)

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. Burden
 Medical Officer i/c Hospital.
 Unit, or Command Depot.
 Station *S. Johns* Date *Mar. 27, 18*

April 11th., 1920.

THIRD BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station St. John's, Nfld. Date **OCTOBER 25th., 1919.**
No. and Rank **8080 PRIVATE** Age **31** Height **5'9 1/2"**
Name **GOSSE RICHARD** Complexion **FAIR**
Unit Royal Newfoundland Eyes **BLUE** Hair **LIGHT**
Address **416 WATER ST. WEST**
Former Trade **LUMBERMAN**
Enlisted at **ST. JOHN'S** On **30/4/17** (The Board will please note how the soldier's appearance corresponds with above description).
Disease or Disability Original **CARDIAC IRRITABILITY**

Subsequent

Present Condition (Compare with previous Board)

PAIN IN CARDIAC AREA AT TIMES. PULSE 100. STATES THAT HE HAS NOT BEEN ABLE TO WORL LATELY.

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ? **20%**

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 ?

20% SIX MONTHS.

Recommendation of Medical Board

Members of Board

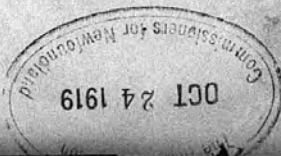
SGD. **N. S. FRASER**

J. B. O'REILLY CAPT

L. PATERSON. LT/COL.

Approving Medical Officer.

SGD. CLUNY MACPHERSON. LT-COL.



MAROR *28027; *1930
OCTOBER 11'1919.

SECOND BOARD

Form Z179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld. Date APRIL 16th., 1919
No. and Rank **8080 PRIVATE** Age **30** Height **5'9½"**
Name **GOSSE RICHARD** Complexion **FIR**
Unit Royal Newfoundland Eyes **BLUE** Hair **LIGHT**
Address **416 WATER ST. WEST**
Former Trade **LUMBERMAN**
Enlisted at **ST. JOHN'S** On **30/4/17** (The Board will please note how the soldier's appearance corresponds with above description).
Disease or Disability Original **CARDIAC IRRITABILITY**

Subsequent

Present Condition (Compare with previous Board)

No pain now. Pulse 96. Heart regular. A mitrol systolic.

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

20%.

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?

Recommendation of Medical Board

20% AGGRAVATION (N.S.F.)
6 months
Members of Board

N.S.FRASER.

(SGD) CLUNY MACPHERSON. MAJOR.

J.S.TAIT.

L.PATERSON. MAJOR.

Approving Medical Officer.

