



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6079

Name Walter Head

Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Walter Head</u> |
| 2. What is your full Address? | 2. <u>Compton Cross</u>
<u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fireman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Walter Head 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.

Walter Head SIGNATURE OF RECRUIT.
Corp. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Walter Head do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 23 day of Aug 1918
Signature of Attesting Officer J. H. Snow

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the rank of Private.
If enlisted by special authority, such will be attached to the original attestation.
Date 23-8 1918
Place St. John's Approving Officer. [Signature]

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Walter Head
 Apparent age 19 years months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arnon Head
Comfat Coe Twigg Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

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



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No. 6079

Name Walter Head

Corps Infantry

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- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Walter Head</u> |
| 2. What is your full Address? | 2. <u>Compton Cove</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Postman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Walter Head 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.

Walter Head SIGNATURE OF RECRUIT.
Walter Head SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by the said recruit has made and signed the declaration and taken the oath before me at St John's on this 22 day of Aug 1918
 Signature of Attesting Officer J. A. Snow

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 23-8-1918
 Place St John's } Approving Officer. J. A. Snow

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DESCRIPTIVE REPORT ON ENLISTMENT

6079

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

Name Walter Head

Apparent age 19 years months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arno Head
Comfat Coe Zurichgate Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Discharged July 14 1919									

Total Service forfeited as above.....

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] _____ " _____

C.R. 6079

Extract from Daily Orders part 11 Depot St. John's dated September 30/1918

6

6079 Pte. W. Head.

Proceeded on Special Duty "Home Defence"
Petty Sr.

C.R. 6079

Extract from PRELIMINARY REPORT from the DIRECTOR of MEDICAL SERVICES to O.C. Depot, dated Dec. 7th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th. 1918, the following was a finding:-

6079 Pte. W. Head

Recommended Discharge - Unfit for General Service.

C.R. 6079

Extract of DAILY ORDERS, PART II, Depot St. John's, dated
Feb. 17th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/o Records on noted date.

14/2/19.

#6079 Pte. Walter Head.

C.R. 6079

Extract from Orders part 11, UNIT: The Royal Newfoundland Regt.,
dated Dec. 7th. ~~1918~~ 1918.

HOSPITAL.

6079 Pte. W. Head

Discharged from Escasen 5/12/18.

C.R. 6079

Extract from Daily orders, Part II, UNIT: The Royal Newfoundland
Regiment, dated Nov. 13rd. 1918.

Surgical.

6079 Pte. W. Head.

Transferred from M.I.D. to Mansoni 21/11/18.

C.R.

6079

Extract from Daily Orders part 11, Depot ST. J. Dated Jan. 17th.
1919.

The discharged of the undernoted on demobilization have been
approved by O. C. Discharge depot from noted date.

17-1-19.

#6079 Pte. Walter Head.

C.R. 6079
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Red	By	Sent	by	Check

Dated Oct. 28, 1918.

To Mr. Aron Head,
Comfort Cove, Twillingate.

Regret to inform you that your son #6079 Pte. W. Head is now dangerously ill at Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct.
29, 1918.

To Mr. Aron Head,
Comfort Cove,
Twillingate.

Beg to inform you that your son #6079 ~~Wm~~ Pte. W. Head, is now improved.

J.R. Bennett,
Minister of Militia.

C.R. 6079
Counter No. 79

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 4, 1918.

To Mr. Aron Head,
Comfort Cove,
Willingate.

Req to inform you that your son #6079 Pte. W. Head, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6079
Counter No.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated October 26th. 1918.

To Aaron Head, Esq.,
Campbellton,

REFRET TO INFORM YOU THAT # 6079 PTE. W. HEAD IS STILL DANGEROUSLY ILL.

J. R. Bennett,
Minister of Militia.

FOR TYPEWRITEN

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. _____ Sent by 16 Rec'd by _____ Sent _____

Place from Campbellton

To J R Bennett
M of A



How is my son 6079
 ple w Head any
 hope recovery reply
 immediately

Daron Head
 still dangerously ill

C.R. 6079
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's, Dept. of Militia.

Line Number	Recd	By	Sent	by	Check

Dated **Oct. 24, 1918.**
To **Mr. Aron Head,**
Comfort Cove,
Twillingate.

Regret to inform you that your son #6079 Pte. W. Head, is still dangerously ill.

J. R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6079

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.,
St. John's, Oct. 12/18.

The undernoted man returned from Special Duty, at Petty Hr.
11-10-18.

6079 Pte. W. Head.

C.R. 6079

Extract from Daily Orders Part 21 Unit The Royal Nfld.
Regt. St. John's, dated August 23, 1918.

6079 Pte. Walter Head.

Attested for general Service with the Royal Nfld Regt.
from 22-8-18.

C.R. 6079

Extract from Daily Orders Part 11. Unit The Royal Wfld.
Regt. St. John's Oct. 21, 1918.

6079 Pte. W. Head.

Admitted to M.I.D. Hospital 20-10-18.

C.R. 6079
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated

Oct. 23, 1918.

To

Mr. Aron Head,

Comfort Cove,

~~St. John's~~
Twillingate.

Regret to inform you that your son #6079 Pte. W. Head, was admitted to Military Hospital Oct. 20th, suffering from Influenza is now seriously ill.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6079
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

Line Number	Rcd	By	Sent by	Check

Dated Nov. 11, 1918.

To Mr. Aron Head,
Comfort Cove,
Twillingate.

Reg to inform you that your son, #6079 Pte. W. Head is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.N. 6079
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated , Nov. 13, 1918.

To
Mr. Abon Head,
Comfort Cove,
Twillingate.

Beg to inform you that your son # 6079 Pte. W. Head, is now ~~improving~~ convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6079

Extract from Daily Orders part 11, Depot St. John's
dated October 19th., 1918.

6079 Pte. W. ^{ad}ead.

TRANSFERRED TO GENERAL HOSPITAL FROM BARRACKS HOSPITAL
18-10-18.

BC.

BC.

Lead, W

6079

Ray Sept.

February 14th., 1919

#6079 Pte. Walter Head,

Comfort Cove,

Twillingate Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 867."

Yours truly,

Captain,
Paymaster & O.i/c Records

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6079 Rank Pvt Name W. Head
 Intended place of residence Comfort Cove, Nfld.

2. Occupation Guiderman
 Classification of soldier (3) Medical Category F

3. The above named man is discharged in consequence of.....
 DEMOBILIZATION

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

Place JAN 15 1919
 Date

W. Head Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St. John's 15-1-19
 Signature of soldier W. Head
 Signature of witness W. Boucks Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date Jan 15 1919
ST. JOHN'S.
 Signature of soldier W. Head
 Signature of witness W. Boucks Capt.

STATEMENT OF SERVICE

7. Enlisted for service 23. 5. 18 No of days on Military
 Discharged from service 17-1-19 plus 25 days Service 176 Days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S.
 Date JAN 17 1919
R. H. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld.
 Date February 14/1919
M. Dowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

10
30
31
30
31
31
14
17

2232079/867

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6079 Rank Pte Name Head, W
 Date of Enlistment 23.8.15 Address Comfort Cove District Twillingate
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Unfit general service Disability Rating Nil.
 Passed to Demobilization Officer with following documents:—

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

Date 14.1.19

W. Head Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am W Head in a position to resume civilian occupation.

W Head

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 15-1-19

Joseph H. Snow
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R491* to his home at *Comford Co. Co.* and Release Certificate No. *781* issued.

Date *15-1-19*

C. Brooks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *14-2-19*

Date *15-1-19*

Joseph H. Brownlie
Depot Paymaster.

Discharge approved for *19-1-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *15. 1. 19*

C. Brooks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 17 1919

Date

R.H. ... Capt
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname

Head

Christian Name

Walter

Table I.—GENERAL TABLE

Birthplace :—Parish *Comfort Cove* County *Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>23</i> day of <i>August</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>19</i> years — days	years	days	
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>6 1/2</i> inches	feet	inches	
Weight	<i>143</i> lbs.	lbs.	lbs.	
Chest Measurement	Girth when fully expanded	<i>37</i> inches	inches	
	Range of Expansion	<i>3</i> inches	inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <i>6/24</i>	R.E.—V=		
	L.E.—V= <i>6/19</i>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		
Approved by (Signature)	<i>Lammal Peterson</i>			
(Rank)	<i>Major</i>	Medical Officer		Medical Officer
Enlisted	at <i>St. John's</i>	at		
	on <i>22</i> day of <i>Aug.</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps <i>The Royal Nfld Regt.</i>	Corps		
	Regtl. No. <i>6079</i>	Regtl. No.		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature of treatment of the case likely to be of interest or of future use. In case of Syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. S. Hospital	20	10	18	21	11	18	Influenza.	32	Had severe fits every night for a week. ? Myelitis -	W. P. Parsons Major
Essexoni	21	11	18	5	12	18	Constitutional	15		W. P. Parsons Major

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Logging

M. Thead

Signature of Man.

Christie C. Hill

Signature of the Vocational Officer or his Representative.

Reg. No.

6079

Place

St. John

Date

Jan 10th.

191 9



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 *Walter Head*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6079*

Intended address *Comfort Cove Langle*

Height on discharge *5 Feet 7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Aaron*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Comfort Cove 1900*

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)

Station

Date

Walter Head *Witness*
W. J. C. Smith
mark (Rank) *Pte.*

Station *St John's* Date *14.1.19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

5th Dec 1918

Regimental No. *6079*

Name

Head Walter

Plk.

Address

Comfort Cove N. D. R.

Present Medical Category

~~A4~~ *E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

R. J. East Capt.
O.C. Discharge Depot.

H. Pearson
Senior Medical Officer

T. W. Curdell
M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- 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 *St John's Nfld.*

Date *5 Dec 1918*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>19 years</i> |
| 2. Regimental No. <i>6079</i> | 6. Enlisted on <i>22 July 1918</i> |
| 3. Rank <i>Pfc</i> | at <i>St John's</i> |
| 4. Name <i>HEAD WALTER</i> | 7. Former trade or occupation <i>Fisherman</i> |
| | 8. Disability <i>Influenza</i> |

9. History

*Admitted M.I.D. 11p. 20/10/18. Discharged to
Escalon 21/11/18. Discharged from there 5/12/18.*

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.)

Complains of Pain left side
left-shoulder.
Shortness of breath, muscles
legs weak when walking.
T-Normal P. 100.

Medical Report on an Injured

11. Was sanatorium advised and refused? NO
operation

12. Do you recommend discharge as permanently unfit? yes.

Signature

Archibald
in 110-Depot

Rank or Qualification

Remarks if any by Officer i/c 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} ~~cannot~~ 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 Subjective symptoms only.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *nil*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *nil*
(State in percentage.)

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,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army *unfit for general service*

Remarks if any:—

Signatures..... *[Signature]* President
..... *[Signature]*

Place..... *St. Johns*
Date..... *Dec 6/18*

APPROVED

Station.....
Date.....



Cluny Macpherson
Administrative Medical Officer *[Signature]*



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 **ST. JOHN'S, Nfld.**

Date **DEC. 5th 1918.**

- | | | |
|-----------------------------------|-------------------------------|------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 19 years |
| 2. Regimental No. 6079 | 6. Enlisted on | JULY 22nd 1918. |
| 3. Rank PTE | at | ST. JOHN'S |
| 4. Name HEAD, WALTER | 7. Former trade or occupation | FISHERMAN |
| 8. Disability | | |

INFLUENZA

9. History. **Admitted M.I.D. Hp. 20/10/18.
Discharged to Macasoni 21/11/18.
Discharged from there 5/12/18.**

10. What is his present condition? **Complains of pain left side and left shoulder.**

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.) **Shortness of breath on exertion. Legs weak when walking. T. Normal. Pulse 100.**

Medical Department

Medical Report on an Injured

11. Was sanatorium advised and refused? **NO**
operation

12. Do you recommend discharge as permanently unfit? **YES**

Signature **ARCH TAIT,**
for M.O. Depot.

Rank or Qualification

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} ~~cannot~~ be considered as ~~aggravated by~~ due to

(a) ~~State 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. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

NIL

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,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army **UNFIT FOR GENERAL SERVICE**

Remarks if any:—

..... **N. S. FRASER**
President

Signatures **J. S. TAIT**

..... **L. PATERSON, Major.**

Place **ST. JOHN'S**

Date **DECEMBER 6th 1918.**

APPROVED

Station

Date **DEC. 6. 1918.**

No.



(**SGD**) **CLUNY MACPHERSON, Major.**

Administrative Medical Officer



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 *Head Walter*

Regiment from which discharged *1st. Newfoundland*

Regimental number *6079*

Intended address *Comfort Cove B.D.V.*

Height on discharge *5'* Feet *6½"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Aaron*

Christian name of Mother *Mary Ann*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *Comfort Cove 16 July 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) *Walter Head*

(Rank) *Plt*

Station *St John's*

Date *5 Dec 1918*

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.

Archibald

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

Station *St John's*

Date *5 Dec 1918*

Rep'd Ser 770
ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *St. John's* on *Aug 22* 191*7*

1. Name *Walter Head* Age (a) Declared *19*
 (b) Apparent

2. Do you know of anything wrong with you? *Nothing, you say.*

What severe illnesses have you had? *None.*

Legs, Brown.
Scalp, Hair
Marks, Scar, Scales, Nose.

6079

3. Height *5-6 1/2* Weight *143*

4. Eyesight (a) Left *24* (b) Right *6/9*

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~
 Measurement (a) Expiration *34* (b) Inspiration *37*

7. Examination of Heart ~

8. Examination of Urine *(blank)*

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? *No.*

11. Name and address of next of kin *Father, Crown Comfort Cove.*

REMARKS—

A ii

W. L. Burden
Archibald
W. L. Burden

Medical Examiners.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6079 Rank Plt Name Head, W
 Date of Enlistment 23.8.18 Address Comfort Cove District Wellington
 Occupation Fisherman Classification for Discharge D Medical Category E
 Recommendation S.M.B. unfit general service Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 14.1.19

W. Head Capt
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment N.

I am..... in a position to resume civilian occupation.

W Head

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Snow

Date 15-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 491* to his home at *Comfort Co.* and Release Certificate No. *781* issued.

Date *15-1-19*

C. B. Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *14-2-19*

Date *15-1-19*

Joseph H. Snow
Depot Paymaster

Discharge approved for *17-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	11	N.F. Med.	D.F. 1	11
F 178	W 3494	B 122		Board 1st.	" 2	11
F 178a	D 400A	B 1915	21	do 2nd.	" 3	2
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	D 400C	Form K	15	do 4th.	" 5	
B 179b	B 103	ME 2	21		" 6	
B 179c	B 120	M 93	1			

Form B

Date *15-1-19*

C. B. Dicks Capt -
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

JAN 17 1919

Date

R. H. Salt Capt.
O. C. Discharge Depot.

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

Date *January 20th 1919*

Joseph H. Snow
Depot Paymaster



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

December 18th., 1918
-----STANDING MEDICAL BOARD.6079, Pte. W. Head.

The question in this case is not whether this man has any disability now or not. It is desired that question 13 be answered to the effect that the Influenza which he did have was due to the service as has been done in every other case. This does not carry any pension nor does it state that he has any disability now, but it does state that the disability which he did have was due to the service.

Major, D. M. S.

CM-AMB.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

December 13th., 1918

STANDING MEDICAL BOARD.

6079, Pte. W. Head.

Question 13 is not a question of the amount of disability. What it has to do with is whether the disability recorded under Section 8 was Due to or Aggravated by the service. In the other Boards quite irrespective of whether the man was assessed for a pension or not cases of epidemic disease contracted in the service, other than those due to a man's misconduct, have been marked by ^{you} "due to the service" This case should therefore be marked in the same way.

Question 15 shows by its answers that the disability does not now exist and therefore there can be no pension. On the other hand, if in six weeks time there is some complaint of illness from this man which is considered traceable to the Influenza the record is there in section 13 as to whether the original Influenza is a condition due to the service.

I hold this case should be marked "due to the service" as has been done with hundreds of other similar cases.

Clay Macpherson
Major, D. M. S.

Second answer on letter of December 10th.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

6079

ST. JOHN'S, NEWFOUNDLAND.

December 10th., 1918

STANDING MEDICAL BOARD.

6079, Pte. Head, Walter.

The Board states this man's disability cannot be considered as Due to or Aggravated by the Service. His only trouble is Influenza contracted in the Service. Please revise in accordance with other cases.

Clayton Macpherson

Major, D. M. S.

By examination the Board failed to find anything in this man that would justify a pension.

W.S.

This man has not got any disability.

W.S.

Reg. No. 6079 Rank Plt Name Heas Walter G. Lee
 Attested 27-1-18. Address Comport Lane Swellinggate
 Allotment 60 ♀ Allottee Arden Heas (Father)
 Date of Allotment 1-9-18. Returned from Overseas.....
 Embarked for Overseas..... Cause.....

	1st Inoc 27-9-18.	2nd 20 9-9-18.	3rd 14-9-18
	G. leave 15-9-18. To 24-9-18. Retd 22-9-18.		
18-10-18	Adm. to General Barracks Heas & transferred to General Heas		
20-10-18	Adm. to M. I. S. Hosp.		
30-9-18	Special duty Petty Harbour, to returned 11-10-18.		
21-11-18	Transferred from M. I. S. to Esseasoni.		
9-12-18	Discharged from Esseasoni		
10-12-18	Rec discharge unit for General Service.		
14-1-19.	PASSED TO DEMOBILIZATION OFFICER		

17-1-19.

DISCHARGE APPROVED ON DEMOBILISATION.