



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2916

Name Robert Stephen Martin

Corps Co. 8.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Stephen Martin
2. What is your full Address? 2. 74 King Street, St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. Seaman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. Yes - Navy
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

FOR THE DURATION OF THE WAR

I, Robert S. Martin 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.

Robert S. Martin SIGNATURE OF RECRUIT.
Robert S. Martin Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert S. Martin 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 19 day of June 1915.

Signature of Attesting Officer Charles A. [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 1st
If enlisted by special authority, such will be attached to the original attestation.

Date 1915 } 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)

2916



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2916

Name Robert S Martin

Corps Ceffs

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert Stephen Martin
2. What is your full Address? 2. 4 Kings Bridge Road
St Johns
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years 7 Months
5. What is your Trade or Calling? 5. seaman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. yes - navy -
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Robert S Martin do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

Robert S Martin SIGNATURE OF RECRUIT.

CC Nesher Signature of Witness.

June 29/16

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Robert S Martin 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 Johns on this 29 day of June 1916

Signature of Attesting Officer Chas. N. Aye Capt

†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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert Stephen Martin
 Apparent age 17 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Stephen Martin
1st Street, New York | Relationship Brother
 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 <u>29-6-16</u> | | | | | | | | | |
| Joined at <u>St John's</u> on <u>June 29th 16</u> | | | | | | | | | |

Enlisted at St John's Apr 19/1918
Embarked at St John's S.S. Station for U.K. 28th 16 Embarked for B.E.F. 20th 17
Went as driver 28th 16 Embarked on 10th 17 Admitted 13th 17 Sanitary Coy 10th 17
Suffered (S) mild 9th 17 Went to base Queen 12-11-17 Admitted from battery hospital
Voluntary Home Serv 17 Discharge of Army 19-11-17 Discharged from above hospital under
escort is detained in Wallasey Road West Barracks, Buckinghams Palace 7-1-18 Proceeded to
Apr under escort 9-1-18 Attaches 14th Depot Apr 10-1-18 P. M. for duty 19th 18
Arrives Kempston Camp 13-2-18
 Total Service forfeited as above... Discharged Medically 19-4-18

Total Service towards Engagement to 19-4-18 [date of discharge] 1 years 295 days
 " " " Pension " [" "] " " " "



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Robert S. Martin*

aged *15 Years* conducted at *C. R. B.*

Date: *June 29/16* Recruiting Officer:

NO OF TEST FINDING

| NO OF TEST | FINDING |
|------------|--|
| 1 | No |
| 2 | No |
| 3 | no |
| 4 | no |
| 5 | Yes ankle. OK. |
| 6 | No |
| 7 | Yes. |
| 8 | Yes. |
| 9 | no - NO - |
| 10 | n |
| 11 | n |
| 12 | n |
| 13 | n |
| 14 | n |
| 15 | n |
| 16 | n |
| 17 | n |
| 18 | n |
| 19 | n/c Bath |
| 20 | n |
| 21 | n |
| 22 | n |
| 23 | n |
| 24 | n |
| 25 | n |
| 26 | n |
| 27 | n |
| 28 | n |
| 29 | n |
| 30 | n |
| 31 | n |
| 32 | n |
| 33 | Yes 1 Scar Left arm 8 months ago |
| 34 | 5 8 1/2 |
| 35 | 121 |
| 36 | 33-36 |
| 37 | 850. no eye |
| 38 | mother Mrs Elizabeth Martin C. R. B. Adm |
| 39 | mother |

20/16

Y

Signature of Medical Examiner:

W. Burden
Lieut

Death Certificate

I hereby certify that Robert Martin (ex - Service)
of Hings Bridge, S^r Johns, Nfld aged _____ years,
sex Male, died on the 23rd day of August, 1924
at* The Sanatorium, S^r Johns, Nfld and that to the
best of my knowledge and belief the cause of death was as herein stated.

Primary Disease Pulmonary Tuberculosis
Complications _____

(Signed) J. H. Pendell
Registered Medical Practitioner.

Address S^r Johns, Nfld.

Date Sept 9th 1924

*Full address

BAPTISM CERTIFICATE.

Page. 11.

Baptism solemnized at *St. John's* in the Parish of *St. Thomas'* in the Diocese of Newfoundland, in the year *1897*

| Alleged date of Birth. | When Baptized. | Child's Christian Name. | Parents' Names. | | Abode. | Quality, Trade, or Profession. | By whom the Ceremony was performed. |
|--|----------------------|-------------------------|-----------------------------------|---------------|------------------------------|--------------------------------|-------------------------------------|
| | | | Christian. | Surname. | | | |
| <i>Sept. 25, 1897</i> 1897 | <i>Oct. 24, 1897</i> | <i>Robert Stephen</i> | <i>Robert</i> <i>Elizabeth</i> | <i>Martin</i> | <i>Forest Rd. St. John's</i> | <i>Labourer</i> | <i>H. Dunfield</i> |

I Certify that the foregoing is a true Copy of the entry of the Baptism of *Robert Stephen Martin* in the Register of Baptisms for the said Parish of *St. Thomas' - N.F.W.*
St. John's.

dated this *9th* day of *Sept.* 19 *24*

Signed, *John P. G. G. G.*
Rector

Certificate of Death in Accordance with Section 14, Chapter 28, Consolidated Statutes

Name of Deceased..... *Robert Martin*

Date of Death..... *July 17th 1915*

Place of Death and Burial..... *St. John's N.F. July 19th /15.*

Cause of Death.....

Age..... *79 years* Sex..... *male*

Residence..... *St. John's (King's Bridge Rd)*

Physician in attendance.....

Clergyman in attendance..... *Rev. C. Cracknell*

Religious Denomination..... *C/E.*

Trade or Occupation..... *' Gardener -*

Place of Birth.....

Dated this..... *15th* day of..... *September*..... 192*4*

Signatures { *John B. Elliott*
Rector - St. Thomas' Church

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

PENSION NO 498

REGT. NO 5911 RANK Plt NAME R. S. Martin

PARTICULARS OF APPLICANT:-

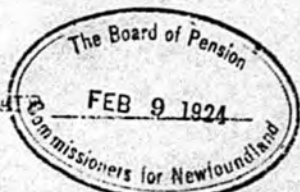
NAME _____

ADDRESS _____

PARTICULARS OF PENSION GRANTED:-

\$ _____ per month ending _____

CASE RE-CONSIDERED:-



DECISION OF BOARD:-

pay Mother, per month.
\$ Shears 3000 per month
during Martin's unparsonment.

APPROVED BY:-

Commdr [Signature] CHAIRMAN
[Signature]
[Signature]

[Signature]
12/1/24

[Signature]

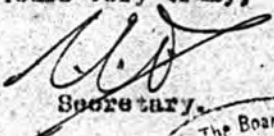
February 11, 1924.

Mrs. Martin,
c/o Mrs. G. D. Shears,
Victoria Street,
City.

Dear Madam:-

Your case has been before the Board for consideration, as under the Pensions Act, a pensioner's pension is not payable whilst he is serving a term of imprisonment of more than six months. The Board has agreed, however, to grant you an allowance of \$30.00 per month during your son's imprisonment. On release he will be examined for pensionable purposes. In the meantime a cheque for \$30.00 will be forwarded to you each month in care of Mrs. Shears payable from 1st Feb'y. 1924.

Yours very truly,


Secretary.

CCO/EBD.



THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

DR. W. H. PARSONS, M.C., M.D., C.M.,
CHAIRMAN
HON. H. M. MOSDELL, M.B., M.L.C.
CHAS. C. OKE, SECRETARY



In reply refer to

No. 498

St. John's

December 3rd 1923.

To : B.P.C.

2911 R. S. Martin.

Kindly note that the marginally named man
Left the SENATORIUM on OCTOBER 30th 1923.

E. Murphy.

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

Pension No 498

Regt. No 2916 Rank Pvt Name Martin Roll S.

Corps served with _____

Rank held when disability was incurred _____

Date of Medical Board 6/1/23 Disability 100 % 3 months

Pension for self: \$ 75.00 per month for 3 months 6/1/23

Allowance " wife: \$ _____ " " " " _____

Allowances for children:

1st. Child \$ _____ per month for _____ months

2nd. " \$ _____ " " " _____

_____ Children @ \$ _____ each \$ _____ for _____

Total monthly pension 75.00 for 3 months

Total authorized amount \$ 225.00

| |
|---|
| <p><i>[Signature]</i> Date <u>7/1/23</u></p> |
|---|

Pension granted to: Name Roll S. Martin

Address _____

Approved by: W. P. Bosans Chairman

_____ Commissioner

[Signature] Secretary.

Date of Marriage _____ Name of Wife _____

Particulars of children:

| Name | Sex | Date of birth | Date comes of age. |
|-------------------------|--------------------------|---------------------------|--------------------|
| 1. <u>Hearts</u> | <u>Under Sec. 16</u> | <u>Pay</u> | <u>_____</u> |
| 2. <u>6</u> | <u>Pensioner</u> | <u>\$ 10.00 per month</u> | <u>_____</u> |
| 3. <u>1</u> | <u>Balance to mother</u> | <u>per mth</u> | <u>_____</u> |
| 4. <u>G. D. Shears</u> | | | |
| 5. <u>W. P. Bosans</u> | | | |
| 6. <u>J. M. Mordell</u> | | | |
| 7. _____ | | | |

Report of Medical Board.

| | | | |
|-----------------------|------------------------|--------------------------|-----------------------|
| Station | St. John's, Nfld. | Date | NOVEMBER 6th 1923. |
| No. and Rank | 2916 PRIVATE | Age | 23 YEARS Height 5' 4" |
| Name | ROBERT S. MARTIN | Complexion | PALE |
| Unit | Royal Newfoundland | Eyes | BROWN Hair D. BROWN |
| Address | 74, KING'S BRIDGE ROAD | | |
| Former Trade | | | |
| Enlisted at | ST. JOHN'S | On | 29/6/16 |
| Disease or Disability | Original | <u>TUBERCLE OF LUNG.</u> | |

(The Board will please note how the soldier's appearance corresponds with above description).

Subsequent

Present Condition (Compare with previous Board)

Wt. 120 lbs. pulse 100 cough troublesome at night but very little expectoration. Accompaniment present. Both lungs. skin disease present.

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

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

Remain in Sanatorium

Members of Board

Clayton Macpherson
J. J. Jones

498

Nov. 10, 1923.

F. Smallwood,
Water Street,
City.

Dear Sirs:-

Kindly supply bearer,
ex-pte. Robert Martin, with one pair of boots and
rubbers, not to exceed \$8.00., and present certified
bill to this Department for payment.

Yours faithfully,

Secretary.

BT.



CENTRAL DISTRICT COURT
ST. JOHN'S, NEWFOUNDLAND

This is to certify that Robert Martin was sentenced to twelve months' imprisonment in H. M. Penitentiary by the above Court on November 30th. 1922 and released from said Penitentiary on October 30th. 1923.

Dated at St. John's this 1st. day of November A.D. 1923.

John McCarthy

Clerk of the Peace.

WATER STREET, ST. JOHN'S, NFLD.

Nov 10

1923

Messrs The Board of Pensions Commissioners Per Order
BOUGHT OF for Robert Martin Esq
F. SMALLWOOD,

Dealer in all kinds of Boots & Shoes.

Wholesale & Retail.

1 Pr. mens Tan Boots
1 " " " Rubbers

6 00

2 00

Paid Nov 10th 1923
Certified Correct Bill

F. SMALLWOOD

G. Peet
J. Butcher

Robert Martin Esq
Person

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld.

Pension No 498

Regt. No. 2916 Rank Pte Name Robert S Martin

Corps served with Royal Newfoundland Regiment

Rank held when disability was incurred _____

Date of Medical Board Oct 24/23 Disability 100% Total % Hospital 3 months whilst 100%

Pension for self \$ _____ per month for _____ months

Allowance for wife \$ _____ per month for _____ months

Allowance for children:

First child \$ _____ per month for _____ months

Second " \$ _____ per month for _____ months

Children @ \$ _____ each = \$ _____ for _____ months

Total monthly pension \$ _____ for _____ months

Total authorized amount \$ _____

Granted to:-

Name Robert S Martin

Address 74 King's Bridge Rd.

((NOTED))
W. Martin
Initials
19/11/22
Date.

Approved by:-

[Signature] Chairman

[Signature] Medical Advisor.

[Signature] Secretary.

20/11/22
80

Date of Marriage _____ Name of Wife _____

Particulars of children:

Name Sex Date of birth Expires.

1. _____
2. _____
3. Dr. Rendell refuses to admit this
4. man to the sanatorium. What pension
5. should he be paid - please? E.S.D
6. _____
7. _____

Report of Medical Board.

| | | | |
|--------------|------------------------|------------|----------------------------|
| Station | St. John's, Nfld. | Date | OCTOBER 24th 1922. |
| No. and Rank | 2916 PRIVATE | Age | 22 YEARS Height 5' 4" |
| Name | ROBERT S. MARTIN | Complexion | PALE |
| Unit | Royal Newfoundland | Eyes | BROWN Hair D. BROWN |
| Address | 74, KING'S BRIDGE ROAD | | |

Former Trade

Enlisted at ST. JOHN'S On 29.6.16

(The Board will please note how the soldier's appearance corresponds with above description).

Disease or Disability Original TUBERCLE OF LUNG.

Subsequent

Present Condition (Compare with previous Board)

*111 lbs. Pulse 108 temp 100°
Cavernous breathing left apex, crepitations at right apex.*

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

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

Admission to Sanatorium

Members of Board

M. H. Case

J. Peterson

Total while in Hoop.

Pension No. 498

The Royal Bank of Canada

INCORPORATED 1869

West End Branch St. John's, Nfld.

PLEASE ADDRESS
ALL COMMUNICATIONS
TO THE MANAGER

~~CABLE ADDRESS~~

CABLE ADDRESS "ROYALBANK"

ROYAL BANK

November 20th, 1923

C. C. Oke Esq.
Board of Pensions
Militia Building
C I T Y

Dear Sir:-

RE PENSION NUMBER 498 - R.S. MARTIN

I hereby request you to pay to the Royal Bank of Canada, West End Branch St. John's, Nfld. the sum of Ten Dollars (\$10.00) on the 30th, Day of November 1923, said amount to be deducted from my Pension Cheque for the above month.

Yours truly,

Robert S. Martin. 498.

J.K.

W.A.P.

Res. Clerk

498

Dec 8, 1930.

Mr. Robert Martin.
927 Putman Ave.,
BROOKLYN, N.Y.

Dear Sir:

I have been directed to advise you that as a result of your recent Medical Board it has been found that you are not at the present time suffering from any disability which can be said to be due to your war services. It is, therefore, regretted that you are not entitled to receive an allowance.

Yours very truly,

Secretary.

/s/s.

UNOFFICIAL



BRITISH & FOREIGN **SAILORS' SOCIETY,**

CHIEF OFFICERS:

WAKEFIELD HOUSE, 32, CHEAPSIDE, LONDON, E.C. 2.

HEADQUARTERS:

THE SAILORS' PALACE, COMMERCIAL ROAD, LONDON, E. 14.

TELEGRAMS:

"SAILORDOM-CENT" LONDON.

TELEPHONE:

CENTRAL, 2166, 2167.

General Secretary: REV. T. EYNON DAVIES.

Belfast Ireland
Jan 9-2-20

My Dear Mother,

Just a few lines to let you know that I am well & in good health. Hoping this will find you & John the same well I am leaving tonight for Liverpool to get the Dignia for St. John's. The Dignia is sailing on the thirteenth of this month for St. John's direct so I shall take my best to get that ship. By the way that cablegram which you received from me I hope you did not

UNOFFICIAL


BRITISH & FOREIGN SAILORS' SOCIETY,
CHIEF OFFICES:
WAKEFIELD HOUSE, 32, CHEAPSIDE, LONDON, E.C. 2.
HEADQUARTERS:
THE SAILORS' PALACE, COMMERCIAL ROAD, LONDON, E. 14.
TELEGRAMS: "SAILORDOM-CENT" LONDON. (??)
TELEPHONE: CENTRAL, 2146, 2147.

General Secretary: REV. T. EYNON DAVIES.

pay any attention to it. of
 course I know too well you are
 unable to do anything like it
 at present & leaving that
 subject for now until I go
 home I want to say about
 the pension, did you get it
 alright since I left & if
 you are not getting go at
 once & see Mr. Charlie Stee
 & show him this letter as soon
 as I get home I shall have
 a medical board & get it
 again for years this time.

UNOFFICIAL



BRITISH & FOREIGN **SAILORS' SOCIETY,**

CHIEF OFFICES:

WAKEFIELD HOUSE, 32, CHEAPSIDE, LONDON, E.C. 2.

HEADQUARTERS:

THE SAILORS' PALACE, COMMERCIAL ROAD, LONDON, E. 14.

TELEGRAMS:

"SAILORDOM-CENT" LONDON.

TELEPHONE:

CENTRAL, 2146, 2147.

General Secretary: REV. T. EYNON DAVIES.

instead of months so I hope
Jack is still at home with
you so as time is drawing
& I want to go down the
locks before the ship sails
I shall come to a close
now by wishing you good
by & God bless you from
your loving son Robert

P.S. have been to a
lot of ports since
I wrote last Nov.

The Royal Bank of Canada

INCORPORATED 1869

We st End Branch, St. John's, Nfld.

PLEASE ADDRESS
ALL COMMUNICATIONS
TO THE MANAGER

CABLE ADDRESS "ROYALBANK"

November 20, 1923.

C. C. Oke, Esq.,
c/o Militia Department,
Board of Pensions.
C I T Y.

Dear Mr. Oke:-

Referring to our telephone conversation
of today, I enclose herewith order on the Pensions
Board for ten dollars (\$10.00) signed by Robert S. Martin
(No. 498).

Your attention in this matter will be
greatly appreciated.

Yours truly,

F. G. Balfour

Pro. Manager.

OK
10-21-23
Per:
[Signature]

FGB/NF

Enc.

498

Nov. 17th 1922.

Messrs. Royal Stores, Ltd.,
City.

2916 Robert Martin.

Dear Sir:-

Kindly supply bumper, the marginally noted man,
with one pair of boots, price not to exceed \$6.00-
(Eight dollars), and present properly certified bill
to this Department for payment.

Yours faithfully,

Secretary.

Per _____

EED.

Pension, No. 498

PENSION ACCOUNT.

Hospital Period

Name Martin R. S. Regt. No. 2916 Rank _____ Hospital Santa Anna

Remarks _____

| Date of Admission | Date of Discharge | Number of Days | Rate of Pension | Total Cr. | Previous Pension | | | Payments | | | Total Dr. |
|---------------------------------|---------------------------------|---------------------------------------|----------------------------------|-------------------|------------------|----------------------------------|--------|----------|---------------------------------|---------|-------------------|
| | | | | | Rate | Date Paid to | Amount | Amount | Date | Ch. No. | |
| 9 ¹⁴ / ₂₁ | 17 ⁶ / ₂₁ | 2 ¹¹⁰⁰ / _{9 days} | 50 ⁰⁰ / _{xx} | 115 00 | 15 00 | 30 ¹⁴ / ₂₁ | | | | | 11 00 |
| | | | | | | | | 40 00 | 14 ⁵ / ₂₁ | 18554 | |
| | | | | | | | | 40 00 | 1 ⁶ / ₂₁ | 19869 | |
| | | | | 115 00 | | | | 24 00 | 20 ⁴ / ₂₁ | 20175 | 104 00 |
| | | | | 115 00 | | | | | | | 115 00 |

March 31st/22.

Mr. Robert S. Martin,
The Sanatorium,
Topsail Road.

Dear Sir:-

Having reference to your communication of March 13th addressed to Major Parsons respecting your pension. I would quote for your information section 17 of the War Pensions Act:-

"When a pensioner has been sentenced to imprisonment for a period of six months or more, the payment of his pension shall be discontinued and no pension shall be paid to him or in respect of the period of his imprisonment, provided, however, that the Commission shall have discretion to pay the pension or part of it to any person to any person was being, or was entitled to be supported by the pensioner at the time of his arrest."

I would point out that the Board had your case before them in view of this section, and agreed to pay your mother \$15.00 per month during your term of imprisonment, at the expiration of which your case will be further considered.

Yours faithfully,

Secretary,

To Major W. A. Parsons Sanatorium
M. C. P. a. m. c.
498

Dear Sir

I am writing to you to find out why
I do not receive hospital pension as I
was sent home from France & England &
discharged here in town after leaving
Jenson Camp from T. B. & lung trouble.
which I think is the same & as I
was sent in to this institution this
time from the Penitentiary I suppose
that is the reason why my mother
do not get more than fifteen
dollars per month & Sir as I am
the only support to my mother &
as she is not very young now &
unable to work for herself.
I would ask you if you will
please let me know if I am
entitled to get hospital pension

March 13-3-22.

498

CO
Census
Post Section
act

the same as the other soldiers
who are down with the same & in
the same hospital. so as I have
been in this hospital since Jan-
6th this year. & have already wrote
to Mr Oke without a reply of
any kind from him or his dept.
So hoping Sir that you will
let me know or my mother
as soon as you can do it
regarding my Pension I will
thank you so much.

2916 E. R. R. M. S. Martin.

Pension No. 498.

home address

46 Kings Bridge Road
City

THE BOARD OF PENSION & BENEFITS
FOR NEWFOUNDLAND.

Pension No. 498

Regt. No. 2918 Rank PTE Name R S MARTIN

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board DECEMBER 10/22

Pensionable disability 20% for 12 months

Pension Granted: \$15.00 per month for 12 months

Total Authorized amount \$180.00

or Gratuity Granted:

0 Payable in 0 equal monthly instalments.

Granted to:-

Name R S MARTIN

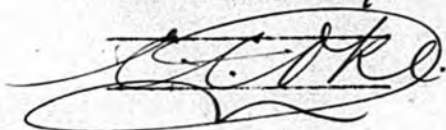
Address _____

Date case disposed of _____

Approved by:

Members of Board

W. S. Lucas of Chairman



Noted

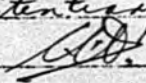

13/1/22



15/1/22
BD

Remarks:

Pay Pension to mother while
he is in the Penitentiary.



THE BOARD OF PENSION & RETIREMENTS
FOR NEWFOUNDLAND.

Pension No. 498

Regt. No. 2918 Rank PTE Name R S MARTIN

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board DECEMBER 10/22

Pensionable disability 20% for 12 months

Pension Granted: \$15.00 per month for 12 months

Total Authorized amount \$180.00

or Gratuity Granted:

 Payable in equal monthly instalments.

Granted to:-

Name R S MARTIN

Address

Date case disposed of

Approved by:

Members of Board

W. A. Lucas of Chairman

[Signature]

Noted

13/1/22

[Signature]

15/1/22

[Signature]

Remarks:

Pay Pension to mother while
he is in the Penitentiary.
[Signature]

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.**

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland,

Date DEC. 10, 1921.AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2916 Rank PRIVATE
Name ROBERT S. MARTIN ADDRESS: H. M. PENITENTIARY.
Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 22 YEARS Height 5' 4" Colour of Eyes BROWN
Complexion PALE Colour of Hair DARK BROWN Weight

Marks of Identification:

JANUARY 3, 1919: WEIGHT 118 LBS. PULSE 72. IMPROVED IN GENERAL
CONDITION. LUNGS IMPROVED.

JULY 14, 1919: WEIGHT 118½ LBS. PULSE 100. TEMPERATURE NORMAL.
HAS HAD A SEA VOYAGE SINCE LAST BOARD. COUGH OCCASIONALLY. LUNGS
ABOUT SAME.

APRIL 6, 1920: WEIGHT 123 LBS. NO ACCOMPANIMENTS IN LUNGS. NORMAL
BREATHING EXCEPT AT RIGHT APEX. AN ARRESTED CASE.

JANUARY 27, 1921: WEIGHT 116 LBS. (SHIRT AND TROUSERS) PULSE 80.
ARYTHMIA. TEMPERATURE 97.6, SUBLINGUAL 10 A. M. INDICATIONS OF DISEASE
IN RIGHT APEX.

ADMITTED TO GENERAL HOSPITAL NOVEMBER 10TH., 1920, WITH "ACUTE
SUPPURATIVE APPENDICITIS" OPERATED ON.

JUNE 28, 1921: WEIGHT 115 LBS. PULSE 80. TEMPERATURE 98.6.
COMPLAINS OF COUGH. HARSH VESICULAR BREATHING RIGHT APEX POSTERIORLY,
AND WHISPERING PECTORILOQUY. NO PHYSICAL SIGNS OF DISEASE.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

TUBERCLE OF LUNG

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

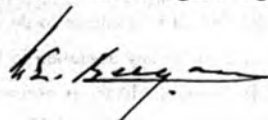
2916, Pte. Robert S. Martin,
H. M. Penitentiary.....

Examined December 13th, 1921.

Weight 125 Lbs.

Pulse 108. Slight cough & some consolidation of
right apex.

Radiograph shows patches of consolidation in right apex.



Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature _____

Pensioner's signature _____

of Witness _____

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

*2070 - under his
has applied for
Members of Board
under his name
WTT*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

Medical Examiner.

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers)

9 (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

(b) If so, is he receiving the additional allowance for a child?

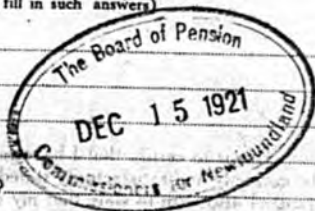
11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place

Date

Head of District Office, (or Medical Practitioner.)



To Mr. G. B. Oke.

Sanatorium.

Jan 25-1-22.

Dear Sir

I am writing to ask you if you will please let me know if I come in for a pension now that I am in hospital again with this G. B. as I thought I was a cure long ago & as my mother is depending on me for support I don't know what to do if I do not get a pension as I should

P.S. I was sent in
to the Sanatorium on
the 6th of Jan 1922.

Thanking you much
for all you have done
for me

Ray.

get it as I was discharged⁽²⁾
with or through lung trouble
so please do what you
can in regard to my pension
and I shall wait a reply
from you

I am yours.

Robert S. Martin.

Pension No 498

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

Form to be completed when a Pensioner is admitted for treatment.

Pension No 1498

Regt No 2916 Rank Pte Name Robt L. Martin

Admitted to:- Sanatorium Hospital or Sanatorium
Date Jan 14/22 from N.M. Penitentiary

PARTICULARS OF REPORT:-

Disability for which man is receiving treatment

Date _____ Signed by _____

PARTICULARS OF AWARD:-

Rate of disability ^{dependent member} ~~man~~ is to receive whilst under treatment: \$15.00
~~7 months of leave~~

Rate of Pension \$ _____ per month

APPROVED BY:-

_____ MEDICAL ADVISOR

Noted:-

_____ Initials

_____ Date

28/2/22
allow \$15.00 (under Sec. 7. Canada Pension act) in corp
Mr. Shann from 6/15/22
1500
WHP
for Board WHP

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K. C., C. B. E., CHAIRMAN
MAJOR W. H. PARSONS, M. C.
R. A. M. C., MEDICAL ADVISER
LIEUT. C. C. OKE, SECRETARY



In reply refer to

No. 198

St. John's,
January 14, 1922.

To:- B. P. C.

2916, PTE. ROBERT S. MARTIN.

Please note that the marginally named Pensioner was
TRANSFERRED from the Penitentiary to the Sanatorium
JANUARY 6TH., 1922.

A. W. Buckley

AMB.

The Board of Pension Commissioners for Newfoundland.

DISABILITY

Pension No. 498

CLAIM FOR PENSION.

I hereby make claim for pension and solemnly declare that the answers given by me to the following questions are true.

1. What is your full name? Robert S. Martin Regt. No. 2916
2. What is your address? H.M. Penitentiary
3. (a) Are you married? No. On what date? _____
(b) What is your wife's maiden name? _____
(c) When was she born? _____
(d) Is she living with you? _____
(e) Is she supported by you? _____
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you? _____
(b) Are they living with you? _____
(c) Are they being supported by you? _____
(d) Have any of them contracted marriage? _____
(e) Give full particulars of children hereunder:— _____

PARTICULARS OF CHILDREN

| (Name in Full) | (Sex) | Date of Birth (Day, Month, Year.) |
|----------------|-------|--------------------------------------|
|----------------|-------|--------------------------------------|

Robert S. Martin

Signature of Pensioner.

IMPORTANT

This claim form must be signed in the presence of either a representative of the Board of Pension Commissioners, a Barrister, Solicitor, Notary Public, Justice of the Peace, or any person authorized to administer an oath, who will make the following declaration:

I solemnly declare that I was present and saw the claimant (described above) sign this claim for pension form and to the best of my knowledge and belief he is the claimant he represents himself to be.

Date _____

Robert S. Martin Signature

H.M. Penitentiary Address

Seaman. Occupation

NEWFOUNDLAND

CLAIM FOR PENSION EUROPEAN WAR

No. 498

NOTICE—This certificate to be returned not later than the 15th of EACH month or payment of your pension will be delayed.

I HEREBY SOLEMNLY DECLARE that my present name is
 Present name in full Elizabeth Martin and that

Name in full, Rank and Force (Royal Nfld. Reg) or (R.N.R.) I am entitled to a pension from the Dominion of Newfoundland as the widow of Frank Robert S. Martin, No 2916

and that I have NOT contracted marriage since my pension was first granted.

I am now residing at (place) St Johns
 (Street and number) 74 Kings Bridge Rd.

The following are true particulars of my children now alive, boys under 16 years and girls under 17 years of age.

| NAME IN FULL | DATE OF BIRTH | | NAME IN FULL | DATE OF BIRTH | |
|--------------|---------------|------|--------------|---------------|------|
| | Day and Month | Year | | Day and Month | Year |
| | | | | | |

Signature or mark of Recipient. Elizabeth Martin
 Witness [Signature]

During the months of January and July the following Certificate MUST be completed.

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

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this 25 day of June 1917, and

I believe her to be the person she represents herself to be and that her children above named are alive.

[Signature] Signature.
[Signature] Rank or Position.
[Signature] Postal Address.

ADD ANY REMARKS ON OTHER SIDE OF FORM

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

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



498

In reply refer to

No.

St. John's,
June 21, 1921.

To:- B. P. C.

2916, PTE. R. S. MARTIN.

Please note that the marginally named Pensioner was
DISCHARGED from Sanatorium JUNE 18TH., 1921.

AMB.

A. M. Buckley.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Pension No. 498

Regt. No. 2918 Rank Pte Name Robert S Martin

Corps. served with Royal Newfoundland Regiment

Date of Medical Board June 28/21

Pensionable Disability 20% for 6 months.

Pension granted: \$10.00 per month for 5 months.

Total authorized amount \$50.00

or Gratuity granted: \$ _____ payable in _____ equal monthly installments.

Granted to:-

Name Robert S Martin

Address 74 Kings Bridge Rd.

NOTED
DATE 4-7-21
INITIALS BJ

Date case disposed of: _____

Approved by:

Members of Board

Chairman.

NOTED
DATE 4/7/21
INITIALS [Signature]

Remarks:

Report of Medical Board.

| | | | |
|-----------------------|------------------------|---|----------------------------|
| Station | St. John's, Nfld. | Date | JUNE 28, 1921. |
| No. and Rank | 2916 PRIVATE | Age | 22 YEARS Height 5' 4" |
| Name | ROBERT S. MARTIN | Complexion | PALE |
| Unit | Royal Newfoundland | Eyes | BROWN Hair DARK BROWN |
| Address | 74, KING'S BRIDGE ROAD | | |
| Former Trade | NIL | | |
| Enlisted at | ST. JOHN'S On 29.6.16 | (The Board will please note how the soldier's appearance corresponds with above description). | |
| Disease or Disability | Original | <u>TUBERCLE OF LUNG</u> | |

Subsequent

Present Condition (Compare with previous Board)

wt. 115 lbs. Pulse. 80 Temp. 98.6. Complain of cough. Harsh, vesicular breathing Rt apex posteriorly & wheezing pulmonary. No physical signs of disease.

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% 6 mos.

Recommendation of Medical Board

Members of Board

J. Peterson M.D.
J. J. Jones



EAST END BRANCH

195 WATER STREET EAST,

St. John's, Nfld.,

July 5 1921

Pension Commission

Bought of

Parker & Monroe, Ltd.

Manufacturers of BOOTS and SHOES

WHOLESALE AND RETAIL

Accounts Collected Quarterly.

Prompt settlement of this Account will be appreciated.

July 4 To Mr Mens Boots. 7⁰⁰

Per order

Paid July 5/21

ch. 1390

Per F Galway

*PK
6/21*

Amount of Transaction

Sale Number

Date

PARKER & MONROE, Ltd.

Manufacturers of BOOTS and SHOES

Wholesale and Retail

195 Water Street, East

East End Branch

ACCOUNTS COLLECTED QUARTERLY

Clerk..... St. John's, Nfld. 192...

Name *Pension Commission*

Address *per order* Am't Rec' *Chgd*

| | |
|------------------------|-------------------|
| <i>1 P. Must Boots</i> | <i>9.00</i> |
| <i>Order</i> | |
| <i>4.98</i> | <i>R.S. Marks</i> |

Printed figures at top of slip show amount PARKER charged.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

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



In reply refer to

No. 498

St. John's,

July 4th/21

2916 -

Messrs. Parker & Monroe,
City.

Dear Sirs:-

Please supply bearer, Robert S. Martin, with one pair of boots, price not to exceed \$8.00 (Eight Dollars) and present properly certified bill to this Department for payment.

Yours faithfully,

Asst. Secy.

WVW/EBD.

498

July 4th/21

Messrs. Parker & Monros,
City.

Dear Sirs:-

Please supply bearer, Robert S. Martin, with one pair of boots, price not to exceed \$8.00 (Eight Dollars) and present properly certified bill to this Department for payment.

Yours faithfully,

Asst. Secy.

WVW/EBD.

PENSION NO. 498

PENSION NO. _____

PENSIONER'S NAME Martin R.S.

| PARTICULARS | DR | | CR. | |
|---------------------------------------|----|----|-----|----|
| | \$ | C. | \$ | C. |
| Pen @ \$ 40.00 June 1-1-20 to 19-3-20 | 10 | 53 | | |
| " " 25.00 " 20-3-20 to 19-12-20 | 22 | 50 | | |
| " " 15.00 " 20-12-20 to 31-12-20 | 5 | 50 | 33 | 53 |
| 10% increase | 33 | 58 | 33 | 58 |

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

Form to be completed when a pensioner is admitted for treatment.

Pension No 498

Regt No 2916 Rank PTE. Name Martin, R. S.

Admitted to: Sanatorium Hospital or Sanatorium

Date 9/4/21

PARTICULARS OF REPORT:-

Disability for which man is receiving treatment

Tubercle of Lung.

Date _____ Signed by _____

PARTICULARS OF AWARD:-

Rate of disability man is to receive whilst under treatment:

100 %

Rate of Pension \$ _____ per month

APPROVED BY:-

W. J. Corcoran MEDICAL ADVISOR

Noted:-

MM Initials

12/4/21 Date

B. S.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

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



In reply refer to

No. 4198

St. John's,
April 9, 1921.

Tel- B. P. C.

2916, PTE. R. S. MARTIN.

Please note that the marginally named man was
TRANSFERRED from the Penitentiary to the
Sanatarium APRIL 9TH., 1921.

DISABILITY: TUBERCLE OF LUNG.

A. M. Buckley

AMB.

THE BOARD OF PENSIONERS AND STIPENDIARIES
FOR NEWFOUNDLAND.

Pension No. 498

Regt. No. 2916 Rank Pte Name Robert S Martin

Corps Served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board January 27/21

Pensionable disability 30% for 6 months

Pension Granted: \$15.00 per month for 6 months

Total Authorized amount \$90.00

or Gratuity Granted: Payable in equal monthly instalments.

Granted to:-

Name Robert S Martin,

Address H.M. Penitentiary

Date case disposed of

Approved by:

Members of Board

[Signature] Chairman

[Signature] *[Signature]*

Remarks:

Noted
[Signature]
[Signature]

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date Jan. 22, 1921.

AS SOON AS POSSIBLE

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per _____

Regimental No. 2916 Rank PRIVATE
Name ROBERT S. MARTIN ADDRESS: H. M. PENITENTIARY.
Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTINON OF PENSIONER:

Apparent Age 22 YEARS Height 5' 4" Colour of Eyes BROWN
Complexion PALE Colour of Hair DARK BROWN Weight

Marks of Identification:

FEBRUARY 19TH., 1918:

PULSE 112. ACTIVE DISEASE BOTH APICES, MORE MARKED IN LEFT. TEMPERATURE
99.4. WEIGHT 125 LBS. SCABIES OVER ARMS. SLIGHT COUGH.

APRIL 5TH., 1918:

CONDITION SAME AS AT LAST BOARD.

SEPTEMBER 28TH., 1918:

WEIGHT 116 LBS. PULSE 72. WHISPERING PECTORILOQUY OVER RIGHT APEX. NO
ACCOMPANIMENTS.

JANUARY 3RD., 1919:

WEIGHT 118 LBS. PULSE 72. IMPROVED IN GENERAL CONDITION. LUNGS IMPROVED
HAS BEEN TAKING TREATMENT AT HOME AS ADVISED AT SANATORIUM AND IS MAKING
GOOD.

JULY 14TH., 1919:

WEIGHT 118½ LBS. PULSE 100. TEMPERATURE NORMAL. HAS HAD A SEA VOYAGE
SINCE LAST BOARD. COUGH OCCASIONALLY. LUNGS ABOUT SAME.

APRIL 6TH., 1920:

WEIGHT 123 LBS. PULSE 64. NO ACCOMPANIMENTS IN LUNGS. NORMAL BREATHING
EXCEPT AT RIGHT APEX. AN ARRESTED CASE.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? Yes.

(2) Give a definite detailed description of the present condition.

NAME. ROBERT S. MARTIN, ADDRESS H. J. PENITENTIARY

WEIGHT. 116 LBS. (Shirt & trousers.)

Pulse 80. Ayrthmia. Temperature 97.6 Sublingual. 10 a.m.

indications of disease in right apex.

Admitted to St. John's, General Hospital, Nov. 10th, 1920.

Admitted to General Hospital, St. John's, Nov. 10th, 1920.

With "Acute Suppurative Appendicitis", Operated on.

Discharged cured Dec. 20th, 1920.

H. E. Keegan M.D.
27.1.21

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature _____

Pensioner's signature _____

of Witness _____

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.—)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

*Approved 30th
L. L. Lewis
M.D.*

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature

Signature

Medical Examiner.

Place

Date 27-1-21

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

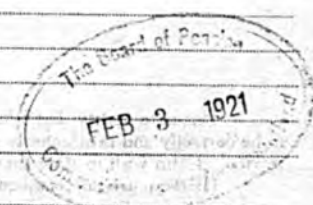
11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)

Place

Date

Head of District Office.
(or Medical Practitioner.)



498

Jany. 27th/21

Mrs. Shears,
8 Victoria Street,
City.

Dear Madam:-

Enclosed please find cheque for \$10.00 on account
of Mr. E. Martin's pension, pending result of re-examination.

I would be glad if you would forward this Mrs. Martin,
and oblige.

Yours faithfully,

Asst. Secy.

EBD.

April 30, 1920

Registry Department,
General Post Office,
City.

Dear Sir³¹

Kindly deliver to bearer, registered letter
which was mailed from this Department yesterday,
addressed to R.S. Martin, 74 Kings Bridge Road,
City, and oblige,

Yours faithfully.



Asst. Secy.

BT

498

JAN 1 - 1920

Dear Sir:-

I beg to advise you that the enclosed cheque for $\$25 \frac{33}{4}$ is the balance due you to Jan 19th the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,

C. C. Oke
Asst. Secy.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 498

Regt. No. 2916 Rank Pte. Name R.S. Martin
ROYAL NEWFOUNDLAND REGIMENT

Corps served with _____

Date of Medical Board APR 6 1920

Pensionable Disability 50% for 6 months

Pension Granted:

\$ 25.00 per month for 6 months

Total Authorized amount \$ 150.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments.

Granted to:

Name R.S. Martin,

Address 74 King's Bridge Road,

City. _____

Date case disposed of _____

Approved by:

Members of Board

[Signature] Chairman

[Signature]

Remarks:

*in the
Main*

*Let's
Don
ell*

L

HAMMER
BOND

MILL

HAMMER
BO

Report of Medical Board

Station St. John's, Nfld. Date APRIL 6TH, 1920
 No. and Rank 2916 PRIVATE Age 20 Height 5'4"
 Name MARTIN, R. S. Complexion PALE
 Unit Royal Newfoundland Eyes BROWN Hair DARK BROWN
 Address 74 KING'S BRIDGE ROAD.
 Former Trade NIL
 Enlisted at ST JOHN'S On 26-6-15 (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original TUBERCLE OF LUNG

Subsequent

Present Condition (Compare with previous Board)

*Height 123. pulse 64.
 No accompaniments in lungs. Normal breathing except
 at right apex - an arrested case*

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

50%

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?

50% Six months

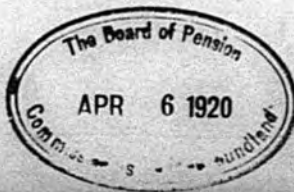
Recommendation of Medical Board

Members of Board

*Chas. Macpherson
 Lt. Col.*

*J. H. Case
 J. H. Case
 J. H. Case*

Approving Medical Officer.



St. Patrick M'Grath G. O. B. E.
Chairman Pension Board.

Sir

I am interested in
old Mr. Martin at Kings
Bridge, whose son a re-
turned disabled Soldier
& at present in the
Penitentiary, has not

Received Mrs Pender's
Letter November, last; -
she has no means of
support - what ever, so
you will readily un-
derstand what cir-
-cumstances she is in
Will it be asking you
too much, to have Mrs
Case brought before the
Board, & notify Mrs

Pender's Contentment. There is no
doubt - his will be Reverend
"Benefit" for not only in the
gathering from Subscribers from
- all, but believe undoubtedly
a silver opportunity for op-
-portunity

Thanking you for Contribution

Hoping this is paid to you

8 West 11 St.

9 Ave St

Nov 12/64

Geo. J. P. Fuller

May 3. Shreve

Received Mr Funder's
Letter November last; -
She has no means of
support - what ever, so
you will readily un-
derstand what cir-
-cumstances she is in
Will it be asking you
too much, to have Mr
Case brought before the
Board, of Health Mr

Reverend continued. There is no
doubt - he will be pronounced
"useful" for not only is he
suffering from Tubercular
-dis, but lately underwent
a severe operation for ap-
-pendicitis

Thanking you in anticipation
of helping this urgent case
I am Sir
Yours faithfully Mary E. Sheers

8 Victoria St.
Jan 7 26th

119

498

Board of Pension Commissioners
Star 513

I do acknowledge
Receipt of your letter of
27th inst enclosing cheque
for \$10.00, on behalf of
Robert Martin's pension
which said I am paid -
- say on to his Mother for
which I thank you.

Faithfully
Yours

S. Victoria St -
Jan 7 28th

Mary E. Stearns

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. 498

St. Johns,
September 10th., 1920.

To:- B. P. C.

2916, Pte. R. S. Martin.

Please note that the marginally noted man is away on
a foreign voyage, and is therefore not obtainable for
re-boarding. Pension expires September 19th., 1920.

A. M. Buckley

AMB.

Carry on for 3 months -

*Person -
Labeled,
G.L.B.*

W. C. M. M. M.

*9/10/20
forwarded
G.M.C.*

St. Johns
July 28/19.

To ~~Mr. [unclear]~~ Hussey
Pension Office

would you please
send the pension check
to Mrs. K. Martin my
mother as I don't
expect to be able
to call. you will
oblige yours truly

R. S. Martin 498

498

F I F T H B O A R D

Form Z179 N. M. D.

Report of Medical Board.

| | | | |
|-----------------------|---------------------------|---|-----------------------|
| Station | St. John's, Nfld. | Date | JULY 14th., 1919. |
| No. and Rank | 2916 PRIVATE | Age | 19 Height 5'4" |
| Name | MARTIN. R. S. | Complexion | PALE |
| Unit | Royal Newfoundland | Eyes | BROWN Hair DARK BROWN |
| Address | 74 KING'S BRIDGE ROAD | | |
| Former Trade | NIL | | |
| Enlisted at | ST. JOHN'S On 26/6/16 | (The Board will please note how the soldier's appearance corresponds with above description). | |
| Disease or Disability | Original TUBERCLE OF LUNG | | |

Subsequent

Present Condition (Compare with previous Board)

temp normal
 Weight 118 1/2 lbs. Pulse 100. Has had sea voyage since last board. Coughs occasionally. Lungs about same.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *80%*

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 *80% Six months*

Members of Board

Cluny Macpherson,
Major

Approving Medical Officer

H. H. H. H.
P. H. H. H.
H. H. H. H.





Mrs. Robert Martin

74 Kings Bridge Rd

St John's

Newfoundland

Mrs Shears
8 Victoria St

this letter up to Mr Charlie
oke & tell him that I
told him about getting
the pension money made
out in your name & he
told me to write a
letter to the committee
but the next morning
the boat sailed & I
did not have time to
write so please show
him this he will remember
then so with best wishes
for the best of health
& good luck from your
Loving Son Robert
Watson

do not answer as Boathbridge
I may be in Canada Mr. Glasgow
by this time you get it
Scotland
My Dear Mother
Apr. 3-4-19

just a few lines to let you
know that I am on this
side of the water once again
after a very long passage
from Halifax. my foot is
giving me a lot of trouble
now I have had it opened
again the day before yesterday
in Glasgow & it don't seem
to me as it is going to

Glasgow that ⁽³⁾ time so you
can tell Mrs Doran if you
see her that they got
a bad shock when I
told them Jack was
killed. My friend Mr
Hall who I stayed with
in Glasgow when I was
in the regiment is dead
quite awhile now so
I shall be coming home
from London the first
boat coming direct. did
you get the pension money
alright if not bring

(2)
get any better. well I suppose
John is on the Canadian
shores again by now as
I learnt from some of
the Canadian soldiers that
all the 35th were away home
so I hope you shall see
him in short. well I am
going to London as soon
as my foot is a bit better
well the people I am with
just now are the good
people who looked after
me & Jack Doran when
we misted the train to

FOURTH BOARD

Form Z179 N. M. D.

Report of Medical Board.

| | | | | |
|-----------------------|-----------------------|---|--------------------|-----------------|
| Station | St. John's, Nfld | Date | January 3rd., 1919 | |
| No. and Rank | 2916 - Private | Age | 19 | Height 5'4" |
| Name | MARTIN, R. S. | Complexion | Pale | |
| Unit | Royal Newfoundland | Eyes | Brown | Hair Dark Brown |
| Address | 74 King's Bridge Road | | | |
| Former Trade | Nil | | | |
| Enlisted at | St. John's On 26/6/16 | (The Board will please note how the soldier's appearance corresponds with above description.) | | |
| Disease or Disability | Original | TUBERCLE OF LUNG 44 | | |

Subsequent

Present Condition (Compare with previous Board)

*Weight 118 lbs. Improved in general condition
Lungs improved. Has been taking treatment
at home as advised at Sanatorium and
is now making good*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *80%*

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 *80% Sub wounds*

Members of Board

Cluny Macpherson
Major

R. S. [Signature]
Quelan [Signature]
Watson [Signature]

Approving Medical Officer.



THIRD BOARD

Form Z179 N.M.D.

Report of Medical Board.

| | | | | | |
|-----------------------|-----------------------|----------------------|-----------------------|---|------------|
| Station | St. John's, Nfld. | Date | September 28th., 1918 | | |
| No. and Rank | 2916 - Pte. | Age | 19 | Height | 5' 4" |
| Name | MARTIN, R. S. | Complexion | Pale | | |
| Unit | Royal Nfld. | Eyes | Brown | Hair | Dark Brown |
| Address | 74 King's Bridge Road | | | | |
| Former Trade | Nil | | | | |
| Enlisted at | St. John's | On | 26/6/16 | (The Board will please note how the soldier's appearance corresponds with above description.) | |
| Disease or Disability | Original | TUBERCLE OF LUNG. 44 | | | |

Subsequent

Present Condition (Compare with previous Board)

Height 116 lbs Pulse 72 Whispering pectoriloquy over right apex, no accompaniments

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *80% 3 months*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *80%*

Recommendation of Medical Board

Members of Board

Clay Macpherson
Major
 D. M. S. NEWFOUNDLAND.

W. H. ...
John Edmundo
...

Approving Medical Officer.



THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 498

Regt. No. 2916 Rank Pte. Name R. S. Martin

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board SEP 28 1918

Pensionable disability 80 % for 3 months

Pension granted:

\$ 32 per month for 3 months

or Gratuity granted:

~~\$ _____ payable in _____ equal monthly instalments~~

Granted to:

Name Robert S. Martin

Address 74 K B Road.

Date case disposed of 7.10.18

Approved by:

Members of Board

McClay pr. Chairman

W. P. Ross

Remarks:

*OK
C.M.H.*



April 25th.

8

2916

Robert S. Martin, Esq.,
74 King's Bridge Road,
C i t y.

Dear Sir:

The Medical Board that examined you recommended you for further hospital treatment. At refusal of this treatment your pension, which was at \$40.00 per month for six months, has been reduced by one-third, which means that you will be paid \$26.67 per month for six months.

Not later than ten days prior to the close of this period you will be advised to submit yourself for re-examination to determine the continuance or otherwise of your allowance.

I enclose payment in advance for month ending May 19th. 1918.

Yours truly,

Secretary.

498

August 2/19.

Mrs. Robert Martin,
74 King's Bridge Road,
City.

Dear Madam:-

I herewith enclose cheque for \$40.00 being
balance due yiu on account of your ~~son's~~ Pension
to August 31st.

Yours faithfully,

Asst. Secy.

THI/CBC.

June 30/19.

Registry Department,
General Post Office,
City.

Dear Sirs:-

Kindly deliver to bearer letter registered
from this department on June 27th., addressed to
R.S. Martin, King's Bridge Road, City, and oblige.

Yours faithfully,

Asst. Secy.

498

TMH/CFC

2916

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Form to be signed by pensioner on receipt of pension and returned to the Secretary
of the Board

Received of *The Board of Pension Commissioners for Newfoundland*

the sum of Thirty-two _____ Dollars,
100

being payment of pension ~~or gratuity~~ to Nov. 19/18 \$ 32.⁰⁰/₁₀₀

Date Oct 7/18 _____

Robert Martin _____ Signature of Pensioner

C.R. Howell _____ Signature of Witness

N.B.—This form must be signed, and returned immediately on receipt, otherwise your next payment may be delayed.

Form B P.C. 4

PENSION No. 498 _____

2916
~~1998~~

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

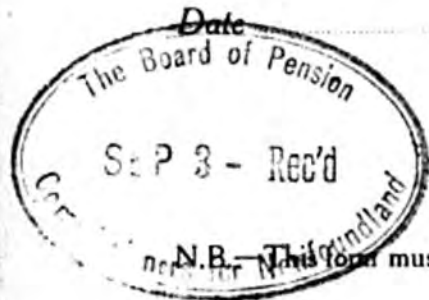
Form to be signed by pensioner on receipt of pension and returned to the Secretary
of the Board

Received of *The Board of Pension Commissioners for Newfoundland*

the sum of *Twenty six* _____ *67* Dollars,
₁₀₀

being payment of pension ~~or gratuity~~ to *Oct. 19/18* _____ \$ *26.*^{*67*}/_{*100*}

Date _____



R. M. Arthur _____
Signature of Pensioner

Signature of Witness

N.B. - This form must be signed, and returned immediately on receipt, otherwise your next payment may be delayed.

Form B.P.C. 4

PENSION No. *498*

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 Martin Christian Name Robert



TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 29th day of June 1916
 at St Johns Hld

Declared Age ... 18 years 7mos days.

Trade or Occupation ... Seaman

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

Weight ... 121 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.

{ Range of Expansion 3 inches.

Physical Development ... _____

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

When Vaccinated ... 8 months ago

Vision ... { R.E.—V= 4/6
 { L.E.—V= 4/6

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

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

| | |
|---------------------|-------|
| COPY SENT TO | |
| G.C. H.Q. | |
| ST. JOHNS, N.F.L.D. | |
| N.F.P.38, NO. | |
| DATED | |

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

Enlisted ... { at St Johns
 { on 29th day of June 1916

| | | |
|--------------------------|-------------------------------------|------------------------|
| Joined on Enlistment ... | Corps. <u>1st Newfoundland Regt</u> | Regtl. No. <u>2916</u> |
| Transferred to ... | _____ | _____ |

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

(Signature) _____
 (Rank) _____

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

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|--|----------------------|-------|------|--------------------------|-------|------|----------------------------|----------------------------|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| 4th Scottish Genl Hospital Stobhill Glasgow | 27 | 2 | 17 | 8 | 3 | 17 | N.S.D. | 9 | Complained of Headaches & unfitnes for duty Ordinary naso-purulent rhinitis present. otherwise nose throat & ears normal | J. A. Kelly Capt |
| 4th Scottish Genl Hospital Stobhill Glasgow | 31 | 3 | 17 | 10 | 4 | 17 | Gonorrhoea (20) | 11 | | J. Hutchison Mje C.A.R.O. |
| 4th Scottish Genl Hospital Stobhill Glasgow | 11 | 4 | 17 | 21 | 4 | 17 | Aphakia | 11 | Glasses fixed | Henry L. G. Liast |
| 1st S. G. H. Aberdeen | 9 | 7 | 17 | 17 | 7 | 17 | Gonorrhoea (20) | 9 | Discharge cleared up. Gonococcus negative since 10-7-17 | W. H. Kuser Capt R.A.M.C. |
| 1st Scottish Genl Hosp. Aberdeen | 6 | 8 | 17 | 6 | 9 | 17 | Gonorrhoea Orchitis 757 | 31 | 6-9-17 Condy's irrigation 1-3000-1-1500 Gonococcus Negative since 16-8-17 Gonococcus Vaccine stock 75 millions Bougies passed up to size 13. | A. B. Duncan Capt |
| Lyons Mil Hospital Lothing Grove S.W. | 14 | 11 | 17 | To be Discharged 9 | 1 | 18 | Tubercle of Lung | 51 | Contracted severe cold in France Nov/17 Cough TB present. Inactive P.T. discharged perm. unfit | W. A. Coish Major R.A.M.C. Registrar Lyons Mil Hospital Lothing Grove S.W. |

Copy Duplicate

Medical Report on an Invalid

Station

Date



- 1. Unit *1st Newfoundland.*
- 2. Regimental No. *2916*
- 3. Rank *Plt.*
- 4. Name *Martin, Robert Stephen.*
- 5. Age last birthday *18*
- 6. Enlisted { on *29-6-16.*
at *St Johns, Newfoundland.*

7. Former ~~Army~~ *hil.* (or Occupation)

7A. If with previous service in Army, state—

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge
- (d) Cause of Discharge



8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

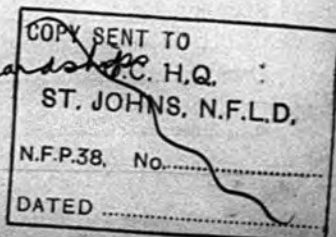
Tubercle of Lung H.H.



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. 1914.*
- 10. Place of origin of disability. *France*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *To France. October 1914. No previous illness. No family history P.T. Beginning Nov. 1914 fell into shell hole full of water. Contracted severe cold, cough + expectoration and haemoptysis. Sent to H.P., + to England as ? P.T.*
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *Attributable to service during present war.*
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. *Exposure & landscape*



13. What is his present condition?

*Fair. rather than. Weight 82 1/2 lbs
improving. Cough & expectoration
T.B. present. dyspnoea*

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

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

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

*Right upper eye inactive P.T.
Temperature normal*

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

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

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

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

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

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

20. Do you recommend—

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

Yes.

Frederic W. Abbott C.M.D.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except † *that it should be stated the man served in the Royal Navy for one year before enlisting in the Army; this is what he states. Before that he went school.*

Station _____
Date *19-12-14*



E. G. Fordall. M.D. R.N.M.S.
Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

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

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

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

(i.) Service during the present war ;

Yes.

(ii.) Climate ;

no

(iii.) Ordinary military service ;

no

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

no

(v.) Whether it is constitutional or hereditary.

no

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

exposure hardships.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

no

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

—

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

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

100%

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

not applicable.

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

The Board opposes discharge as permanently unfit.

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

(a) Sanatorium; _____

Yes. Inpatient 6 mths.

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

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

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

no

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

no.

Signatures:—

E. G. Arnold - Old Naval

President.

Station _____

OC of the HMRC 119

No. _____

Date _____

Date *19-12-17*

J. M. G. ...

Members.

Approved _____

Station _____

Administrative Medical Officer.

Date _____



Report of Medical Board.

Station **St. John's, Nfld.** Date **April 5th., 1918**
 No. and Rank **2916 - Private** Age **18** Height **5'4"**
 Name **Martah, R. S.** Complexion **Pale**
 Unit **Royal Nfld.** Eyes **Brown** Hair **Dark Brown**
 Address **74 King's Bridge Road**
 Former Trade **Nil**
 Enlisted at **St. John's** On **26/6/16** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **TUBERCLE OF LUNG 44**

Subsequent

Present Condition (Compare with previous Board)

*Same as at last Board
 Refuses treatment in Jansen Camp
 Refusal unreasonable*

Has he been employed, and by whom?

Average Weekly Earnings

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

Total six months

Recommendation of Medical Board

*Discharge from Jansen Camp
 Discharge as permanently unfit*

Members of Board

*H. H. H. H.**W. H. H. H.*

Approving Medical Officer

Chas. H. H. H.
Major.

D. N. S. NEWFOUNDLAND.



THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

J. A. CLIFT, K.C., C.B.E., CHAIRMAN
MAJOR W. H. PARSONS, M.C.,
R.A.M.C., MEDICAL ADVISER
LIEUT. C. C. OKE, SECRETARY



In reply refer to

No.

St. John's

498

August 31st 1922

To : B.P.C.

2916 R. S. Martin.

Kindly note that the marginally named man LEFT
the Sanatorium on Monday, August 28th 1922.

E. B. Drumphell

498

Keep this Bill to
Check Statement

137-145 Water St.



THE ROYAL STORES LTD.

Newfoundland's Great Shopping Centre

Dry Goods, Wall Papers, Groceries, Crockery, Furniture

CUSTOM TAILORS

St. John's N.F.

Nov. 17/19

Sold to

Board of Pension Dept
per Order

Sold by

Got by

Checked by

COPELAND-CHATTERSON SYSTEMS BRAMPTON ONT.

WBE

2916 Rob. Martin

~~\$1 per 1900 8.00~~

~~THE ROYAL STORES LTD
1101~~

Received

Robert L. Martin

84

Pension No. 1498
R. S. Martin

Pension @ 15⁰⁰ per year 1¹/₂ to 8⁴/₂₁
" " 10⁰⁰ " 18⁶/₂₁ to 31¹²/₂₁

\$ 49.00
64.33

\$ 113.33

498

FOURTH BOARD

Form Z179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld Date **January 3rd., 1919**
 No. and Rank **2916 - Private** Age **19** Height **5'4"**
 Name **MARTIN, R. S.** Complexion **Pale**
 Unit **Royal Newfoundland** Eyes **Brown** Hair **Dark Brown**
 Address **74 King's Bridge Road**
 Former Trade **Nil**
 Enlisted at **St. John's** On **26/6/16** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **TUBERCLE OF LUNG 44**

Subsequent

Present Condition (Compare with previous Board)

WEIGHT 118. PULSE 72. IMPROVED IN GENERAL CONDITION. LUNGS IMPROVED. HAS BEEN TAKING TREATMENT AT HOME AS ADVISED AT SANATORIUM AND IS MAKING GOOD

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? **80%**

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 **80% for 6 months**

Members of Board

(SGD) CLUNY MACPHERSON,

Major

(Sgd) N. S. FRASER

J. SINCLAIR TAIT

L. PATERSON, Major

Approving Medical Officer.



April 20th., 1936.

Memo for the Honourable,
The Commissioner for Pensions.

Re - Mrs Elizabeth Martin(deceased)
mother of #2916, R.S. Martin,
late of the Royal Nfld Regt:
Date of death - April 10th., 1936.

At a recent meeting of the Board it was recommended that an amount of \$8.80, pension unexpended at the date of death in the case of the marginally named, be paid to Mrs M.E. Shears, who has been administrating the pension for the deceased, towards the expenses in connection with her last illness.

For your approval, please.

J.A. MCGRATH,
Clerk, Dept., of WAR PENSIONS.

DEPENDANTS

19

Sheet No. _____

Pension No. 26213

Name of Pensioner Elizabeth Martin

Address Box No 6 Sheeps 199 Lower St

Pension awarded on account of:

Regt. No. 5946 Rank _____

Name Martin R. S

M

34031

PARTICULARS OF CHILDREN

| NAME | Date of Birth | Date Pension Expires | NAME | Date of Birth | Date Pension Expires | |
|-----------------|-----------------|--|-----------------|---------------|----------------------|--------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| | | | | | | |
| Period of Award | Monthly Payment | REMARKS | Date of Payment | Cheque Number | Amount | Total |
| From | To | | | | | |
| 1.7.34 | | 2d. 00d. 30 ⁰⁰ less 20% 26 1st. 10% band | 31 July 35 | 1141 | 26 1/2d | |
| | | | 31 Aug | 2658 | 26 1/2d | |
| | | | 30 Sept | 4173 | 26 1/2d | |
| | | | 31 Oct | 5708 | 26 1/2d | |
| | | | 30 Nov | 7227 | 26 1/2d | |
| | | | Dec | 8753 | 26 1/2d | |
| | | | 31 Jan 35 | 10295 | 26 1/2d | |
| | | | 28 Feb | 11818 | 26 1/2d | |
| | | | 30 Mar | 13341 | 26 1/2d | |
| | | | 30 Apr. | 14873 | 26 1/2d | |
| | | | 31 May | 16382 | 26 1/2d | |
| | | | 30 June | 17384 | 26 1/2d | 316 80 |
| | | | 31 July | 1165 | 26 1/2d | |
| | | | 31 Aug | 2655 | 26 1/2d | |
| | | | 30 Sept | 4144 | 26 1/2d | |
| | | | 31 Oct | 5626 | 26 1/2d | |
| | | | 30 Nov | 7121 | 26 1/2d | |
| | | | Dec | 8628 | 26 1/2d | |
| | | | 31 Jan 36 | 10124 | 26 1/2d | |
| | | | 29 Feb | 11618 | 26 1/2d | |
| | | | 31 Mar | 13092 | 26 1/2d | P. 50 |

FORM RECEIVED

27/3/36 award confirmed

1/2 8-1-36

Sheet No. _____

Name of Pensioner

*Elizabeth Martin*Pension No. *2643*

Address

Per Mrs. M. E. Shears 199 Grove St

Period of Award

Monthly
Payment

REMARKS

Date of
PaymentCheque
Number

Amount

Total

From

To

*Seed 10/1/36**210 April 36 B-613 8801*

In reply please quote
Date and Initials

2643

COMMISSION OF GOVERNMENT



NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

April 20th., 1936.

Memo for the Honourable,
The Commissioner for Pensions.

Re - Mrs Elizabeth Martin(deceased)
mother of #2916, R.S. Martin,
late of the Royal Nfld Regt:
Date of death - April 10th., 1936.

At a recent meeting of the Board it was recommended that an amount of \$8.80, pension unexpended at the date of death in the case of the marginally named, be paid to Mrs M.E. Shears, who has been administrating the pension for the deceased, towards the expenses in connection with her last illness.

For your approval, please.

APPROVED

Dept. P.H. & W.

M. Mann
21/4/36

J.A. McGrath
J.A. MCGRATH,
Clerk, Dept., of WAR PENSIONS.

OFFICE HOURS:
9 A.M. - 10 A.M.
2 P.M. - 3 P.M.
7 P.M. - 8 P.M.
NIGHT BELL:
65 RENNIE'S MILL RD.

Rawlins Cross,

St. Johns, Newfoundland,

April 1936

Mrs. Shears,

.....
TO DR. CLUNY MACPHERSON

To Professional Attendance upon
Mrs. Robert Martin.

from

to

\$

12.00 .

In reply please quote
Date and Initials

COMMISSION OF GOVERNMENT



NEWFOUNDLAND

Pension Nos 2643

Department of Public Health & Welfare and War Pensions

ST. JOHN'S April 16, 1936.

STATEMENT OF ACCOUNT OF

MRS. ELIZABETH MARTIN

Pension @ \$26.40 per month

from 1.4.36

to 10.4.36 \$8.80

*By Mrs Sheas
towards Doctor's
as she has been acting
as administrator of pension
for deceased*

*L. Reid
No. 2643
E. J. H.*

16/4/36

Pension No: 2643

April 16, 1936.

STATEMENT OF ACCOUNT OF
MRS. ELIZABETH MARTIN

Pension @ \$26.40 per month

from 1.4.36

to 10.4.36 \$8.80

DEPT. OF WAR PENSIONS

FILE NO 2643

PARTICULARS OF DECEASED:

Regt. No 2916 Rank _____ Name Marken Rd :

PARTICULARS OF APPLICANT:

Name Elizabeth Marken Address Da M E Shears
199 Gower St

PREVIOUS AWARD:

\$ 30⁰⁰ per month ending up

NEW AWARD:

Award Continued @ 30%

Date: 27/3/36.

APPROVED BY:

| | |
|--------------------|---------------------|
| <u>Chas. A. C.</u> | Chairman |
| <u>W. O. Grady</u> | Commissioner |
| <u>E. J. He</u> | Commissioner |
| _____ | Commissioner |
| _____ | Clerk to the Board. |

Noted by M. A. M.

Date 20/3/36

DEPARTMENT OF WAR PENSIONS FOR NPLD.

Report of Investigation.

File No: 2643
 Name: Elizabeth Martin 29/11/35 Date.
 Address: 199 Gower St.
 Age 87 Relationship to deceased mother
 Environment _____

With whom is pensioner living? A. A. Anthonje Cook at
since Sept 11/35

Pensioner's health invalid

Ability to work unable

Real Estate none

Amount of War Pension \$ 26 ⁴⁰/₁₀₀

Income from all sources none



Particulars of family:
 Name: _____ Age: _____ If married, if any con-
 give date, tribution made,
 give particulars.
John 45 whereabouts unknown

Remarks:

Cheque payable to Elizabeth Martin per Mrs. M. E.
 please paying \$25⁰⁰ monthly for board.

Elizabeth Martin
 per. M. E. Shears
 199 Gower Street -

Elizabeth

Sept 3, 1929.

Received from the Board of Pension Commissioners
cheque for Thirty Dollars (\$30.00) paying to Elizabeth
Martin Per Mrs. G.D. Shears, pension for August. 1929.

Betha Hawley

2643

May 14th., 1923.

Mrs G.D. Shears,
Victoria Street,

Dear Mrs Shears:-

I have to advise you that at a recent meeting of the Board the case of Mrs Martin was re-considered and it was agreed to continue her award at \$30.00 per month, under the same arrangement.

I should like to express the Board's appreciation of your interest in this case and for your kindness in handling the pension for Mrs Martin.

Yours very truly,



Secretary.

CCO/BT:

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

File No. 2643

PARTICULARS OF DECEASED:

Regt. No. 2917 Rank _____ Name Martin R.

Date of Death 23 Aug. 24 Cause of Death _____

PARTICULARS OF APPLICANT:

Name Elizabeth Martin Address Victoria St

the Mutual Shares

PREVIOUS DECISION OF THE BOARD:

\$ 20⁰⁰ per month, ending _____

DECISION ON CASE BEING RE-CONSIDERED:

award confirmed



Date _____

APPROVED BY:

Carleton Chairman.
Chal Commissioner.
Blanshard Commissioner.
Secretary.

Noted by M. W. [Signature]

Date 12/5/28

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

REPORT OF INVESTIGATION.

NAME Elizabeth Martin 7643 FILE NO:

ADDRESS Box No. 9 D. Shears, St. John's INVESTIGATOR..

Victoria St. - Ferry

DATE May 7/8. EXAMINED.

IDENTIFICATION.

1. Age 76 About 75. An.
invalid

ADMINISTRATION.

2. No.

ENVIROMENT.

3. Lives by her self on
King's Bridge paper 5x2
for rent.

FOSTER PARENTS.

4. /

EARNING CAPACITY.

5. None

REAL ESTATE.

6. None

ESTATES.

7. None

SOURCE OF INCOME.

8. only from Pension
\$3.00 per month.

CHILDRENS' CONTRIBUTION.

(9) None

DECEASED'S EARNINGE.

10. _____

DECEASED'S CONTRIBUTION.

11. fully supported
his mother.

DECEASED'S ESTATE.

12. None

PARTICULARS OF FAMILY

| Name. | Age. | Married or Single. | Date of Marriage. |
|-------------|----------------|---|----------------------|
| <u>Jack</u> | <u>over 30</u> | <u>?</u> | <u>/</u> |
| _____ | _____ | <u>Does not contribute he is a sailor & is away all the time.</u> | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

REMARKS:

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

PENSION NO. 2643

REGT. NO. 29th RANK Plt NAME H. J. Martin

PARTICULARS OF APPLICANT:-

NAME Elizabeth Martin

ADDRESS King's Bridge

PARTICULARS OF PENSION GRANTED:-

per month ending _____

CASE RE-CONSIDERED:-

DATE



DECISION OF BOARD:-

Awarded \$30⁰⁰ per month from
date of son's death

APPROVED BY:-

W. Parsons CHAIRMAN

R. Howley

J. Hall

M. Mann
10/10/24

[Signature]

[Signature]

2643

Tuberculosis Public Service
MEDICAL OFFICER
DR. H. RENDELL

THE SANATORIUM

Telephone 2100

P. O. Box 25, Water Street West,
ST. JOHN'S, NEWFOUNDLAND

August 28th 1924

The Secretary,
Board of Pension Commissioners.

Dear Sir:-

I beg to inform you that ex-private
Robert Martin died to-day at the Sanatorium.

Yours very truly.

H. RENDELL.
per. *CA*


The Board of Pension
SEP 2 1924
Commissioners for Newfoundland

October 13th 1924.

Mrs. Shears,
Victoria Street,
City.

Dear Madam:-

At a meeting of the Board last evening a claim from Mrs. Elizabeth Martin was considered and it was agreed to allow her a pension of \$30.00 per month, and the Board would be glad if you would consent to handle this money as in the past and cheques will be sent to you monthly as usual.

I wish to express on behalf of the Board their appreciation of their interest you have taken in this case and to thank you for your continued interest.

Yours very truly,



Secretary.

EED.

2643

Dear Mr. Wks

At last I have
succeeded in finish-
ing all the necessaries
of Pensions for Mrs
Elizabeth Martin King
Bridge. I would
like to thank you

I All the gentlemen on
the Board for the
many acts of kindness
to me in getting her
helped along.

Believe me

Very Truly Yrs

M. E. Shears

8 Victoria St -

Sept 25 - 1924

2643

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Application for pension of the parent, grand-parent or foster-parent of a deceased or insane member of the Forces

1. What is the full name, age, and address of the applicant?

Elizabeth Martin
(Full name) (Age)
King's Bridge, St. John's 70 years
(Address)

2. What was or is the number, rating, or rank full name, ship or unit of the member of the forces in respect of whom application for pension is made?

2916 Private
(Number) (Rating or Rank)
Robert Stephen Martin
(Full name)

If deceased, where and when did he die, and at what age?

First Newfoundland Regt.
(Ship or Unit)
He died at The Sanatorium St. John's
on the 23rd day of August 1924

If insane, where and by whom is he being cared for? Give address

Age 27 years.

Cared for by _____

3. What relation is applicant to the member of the forces?

Address _____

Mother
(Attach marriage certificate of applicant and birth certificate of member of the forces.)

4. How long has applicant been dependent on the member of the forces?

I have been dependent on the member of the forces for 9 years.

(a) How much did deceased contribute per month to applicant's support previous to enlistment?

\$ all his per earnings

(b) Was separation allowance paid to applicant, and if so, how much?

\$ _____ per _____

(c) Was assigned pay paid to applicant, and if so how much?

\$ 50¢ per day

(d) Was patriotic Fund allowance paid to applicant and if so how much?

\$ 25.00 one payment

5. Has applicant any occupation or calling? If so what? If applicant is not working or employed, why not?

None
(Occupation)
Incapable at Old age

(2)

6. Has applicant's husband or wife any occupation or calling? If so, what? If not, why not?

Widow

(Occupation)

7. Has applicant any income from the following, and if so, how much?

(a) Earnings or salary

None

(b) Annuities, interest, stocks, bonds, mortgages, property of any kind, rent or any investments.

None

(c) Bequests, estates, trust moneys.

None

9. If applicant is the father why can he not support himself? (Attach Medical Certificate)

10. If applicant is a widow give date of husband's death. (Annex husband's death certificate)

July 17th 1915.

11. Was the applicant the beneficiary of any estate left by husband or wife of applicant or by the member of the forces, or by any deceased children of applicant? If so how much?

None

\$-----

12. The following are the true particulars of applicants adult children now living. (Be careful to give fully all the information asked for below.) (See question 13 for children under age limit.)

| Names | Sex | Age | Occupation | Married or Single Date of Marriage | State whether contributing towards maintenance of parent, and if so, how much? If not, why not |
|--------------------|-------------|------------|---------------|------------------------------------|--|
| <i>Jack Martin</i> | <i>Male</i> | <i>29.</i> | <i>Sailor</i> | <i>Single</i> | <i>No contribution kept country 12 years. Does not communicate</i> |

12. The following are true particulars of applicant's children, boys under sixteen and girls under seventeen years of age, now living. (Be careful to give fully all the information asked for, below.)

| Names | Sex | Age | Date of Birth | Occupation if any, and amount of earnings or income. | By whom maintained and place of residence. |
|-------|-----|-----|---------------|--|--|
| / | | | | | |

13. Were the children mentioned in question 12 maintained by the member of the forces, and if so, for how long and to what extent?

I, Elizabeth Martin the above named applicant, being duly sworn, depose and say that the answers which I have given to the above questions, contain the truth, the whole truth and nothing but the truth.

Signed and sworn before me

at St. John's Newfoundland

this 25th

day of Sept A.D. 1924

John McCarthy

AND I HAVE SIGNED:-

Elizabeth X Martin
Mark

(A Commissioner, Notary Public,
Justice of the Peace)

NOTE:- The Marriage, Birth and Death Certificates and other Documents referred to in this Form will be returned to the Applicant after perusal.

495

2643

September 6th 1924.

Mrs. Shears,
Victoria Street,
City.

Dear Mrs. Shears:-

I am forwarding you herewith an application form and would be glad if you would have it completed on behalf of Mrs. Martin, mother of Robert Martin, deceased.

This is necessary before the case can be considered and I would be glad if you would have this attended to as soon as possible, please.

Thanking you for your interest in this case.

Yours very truly,



Secretary.

GCO/EBD.

2643

March 7th 1924.

498

Mrs. M. E. Shears,
Victoria Street,
City.

Dear Mrs. Shears:-

I have received your note with cheques enclosed and have noted your remarks.


I have had the cheque made per you so that all is necessary is for you to endorse the cheque Mrs. M. E. Shears.

In future the cheques will be made out per you so that you will not be put to any inconvenience.

Yours very truly,


Secretary.

REC.

W. W. W.
have cheque Shears
payable per Mrs
in future please


Friday
March 4th

Dear Mr. Gho

I am awfully sorry to bother you
but I didn't enclose two cheques
right - & they won't cash it. I'll
order to see old Mr. Martin's
- today to get her to get her
share - & took her to lunch on
L.A. - Will you kindly give her
a new cheque & I'll enclose ex-
actly as you make out.

Yours very truly
M. E. Stearns

The Board of Pensioners for Newfoundland

Life Certificate

DEPENDANTS

Pension No 7643

I hereby declare that my full name is Her name Elizabeth X Martin
 that my address is: Triggs Bridge
St. Johns

that I am the Mother of No. 2916 Name Robert Stephen Martin
 deceased member of The Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,

(if husband dead give date of death July 14th 1915)

M. E. Stears (Witness) Elizabeth X Martin Signature of Pensioner
Her name

(The following applies to male pensioner only)

If wife dead give date of death _____

 (Witness)

 Signature of Pensioner



DECLARATION OF A DISINTERESTED PERSON

I M. E. Stears of St. Johns Rd
 (Name) (Address)

Hereby solemnly declare that: I have known the person who signed the foregoing Life certificate for Twenty years, and I verily believe that ~~he or she~~ is the pensioner ~~he or she~~ represents ~~himself or herself~~ to be: that I have read the foregoing Life Certificate, that the facts stated therein are true.

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.

Declared and subscribed
 before me at Triggs Bridge
 this 24th day of Feb 1928
 Signature M. E. Stears

Signature _____
 Address _____
 Occupation _____

The Board of Pensioners for Newfoundland

Life Certificate.

DEPENDANTS

Pension No. 2643

I hereby declare that my full name is

that my address is:

that I am the

of No

Name

deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,

(if husband dead give date of death

M. E. Shears
(Witness)

Elizabeth X Martin
Signature of Pensioner

(The following applies to male pensioner only)

If wife dead give date of death

(Witness)

Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

M. E. Shears of St Johns
(Name)

85 Military Ave
(Address)

Hereby solemnly declare that: I have known the person who signed the foregoing Life Certificate for twenty five years, and I verily believe that ~~he~~ she) is the pensioner (he or she) represents (himself or herself) to be: that I have read the foregoing Life Certificate, that the facts stated therein are true.

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.



Declared and subscribed

before me at

this

6

day of

October 1928

Signature

M. E. Shears

Signature

Address

Occupation

N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

The old woman Mrs Elizabeth Martin
that I have looked after for so many
years, is now ill and in Cook's Street
Hospital, quite unable to make her
mark, and so, feels at present to do
anything for herself. I am paying a
dollar a day for her, which she has
to thank the Pension Board for.

Very Truly & Es
M. E. Shears
85 Military Road

May 4th /29

The Board of Pensioners for Newfoundland

Life Certificate.

DEPENDANTS

Pension No. 2643

I hereby declare that my full name is Elizabeth Martin
that my address is:

that I am the of No Name
deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,
(if husband dead give date of death))

.....
(Witness) Signature of Pensioner

(The following applies to male pensioner only)

If wife dead give date of death

.....
(Witness) Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

I of
(Name) (Address)

Hereby solemnly declare that: I have known the person who signed
the foregoing Life Certificate for years, and I verily
believe that (he or she) is the pensioner (he or she) represents (him-
self or herself) to be: that I have read the foregoing Life Certificate,
that the facts stated therein are true.

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.

Declared and subscribed

before me at

this day of 19

Signature

Signature

Address

Occupation

N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

The Board of Pensioners for Newfoundland

Life Certificate.

DEPENDANTS

Pension No. 2643

I hereby declare that my full name is Elizabeth Martine
that my address is: 16 Bond Street
St. Johns

that I am the Mother of No 2916 Name Robert S Martine
deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me, No
(if husband dead give date of death July 1915)

M. E. Shears Elizabeth Martine
(Witness) Signature of Pensioner
her X mark

(The following applies to male pensioner only)

If wife dead give date of death.....

(Witness)

Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

I M. E. Shears of 26 Balsam Street
(Name) (Address)

Hereby solemnly declare that: I have known the person who signed
the foregoing Life Certificate for over 25 1/2 years, and I verily
believe that (he or she) is the pensioner (he or she) represents (him-
self or herself) to be: that I have read the foregoing Life Certificate,
that the facts stated therein are true.

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.



Declared and subscribed

before me at 16 Bond St
this I day of June 1934
Signature M. E. Shears

Signature Elizabeth X Martine
Address 16 Bond Street
Occupation too old well over 80 yrs

N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

The Board of Pensioners for Newfoundland

Life Certificate.

DEPENDANTS

Pension No. 2643

I hereby declare that my full name is Elizabeth Martine
that my address is: Curtis Street Hospital

that I am the Mother of No. 2916 Name Robert S Martine
deceased member of the Royal Newfoundland Regiment.

(the following applies to female pensioner only)

That I have not remarried since pension was first awarded me,

(if husband dead give date of death 1915 Feb)

M. E. Stears (Witness) Elizabeth Martine Signature of Pensioner
mart

(The following applies to male pensioner only)

If wife dead give date of death.....

..... (Witness) Signature of Pensioner

DECLARATION OF A DISINTERESTED PERSON

I M. E. Stears of 199 Gower Street
(Name) (Address)

Hereby solemnly declare that: I have known the person who signed the foregoing Life Certificate for 36 years, and I verily believe that (he or she) is the pensioner (he or she) represents (himself or herself) to be: that I have read the foregoing Life Certificate, that the facts stated therein are true.

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.

Declared and subscribed

before me at St Johns
this 8 day of July 1936

Signature

Signature M. E. Stears
Address 199 Gower St
Occupation

* N.B.—This Form must be completed and returned to this office immediately, otherwise future cheques may be held.

* Please note

21st May, 1919.

Dear Sir,

I confirm my conversation of Monday with you with regard to the man, Robert S. Martin, and for your information attach a statement of his case.

Whilst I am very dubious about certain parts of this man's story being true, he certainly has served in the Newfoundland Regiment and although I do not think he has any claim on this or your office, still I deem it very inadvisable that there should be a Newfoundlander knocking about London in a destitute condition. Besides, the man is in momentary danger of being arrested for wearing uniform without authority.

I have therefore suggested to you that you might use your best endeavours to get this man to Newfoundland by the "Corsican" possibly in the guise of an Officer's servant or in such-like capacity in order to relieve a more or less delicate situation.

The man, Martin, states he has a certain amount lying to his credit at the Ministry of Pensions, St. John's. As to whether the

Major H. A. Timewell,

(1)

Major H. A. Timewell.

Government will make any claim on this for his passage, I cannot offer an opinion.

Yours faithfully,

Encl.

High Commissioner for Newfoundland

Major H. A. Timewell,
Chief Staff Officer,
Newfoundland Contingent,
58, Victoria Street,
S.W.1.

A STATEMENT

made by ROBERT S. MARTIN of KINGSBRIDGE ROAD, ST. JOHN'S.

Served two years in Royal Naval Reserve. Served in Newfoundland Regiment 29/6/16 to 19/4/18. Regimental No. 2916. Served in France. Discharged as medically unfit in St. John's 19th April, 1918. States he afterwards sailed in the "Kyle," reached Halifax and then worked passage across to England on steamer "War Erie" 25 days to Barrow-in-Furness. He was paid off there, went to Glasgow to see friends and there was robbed of all clothes and money being left with a khaki suit in exchange for his civilian suit which at present is the only clothing he has.

Now wants help to get back to St. John's. Impossible to ship as a Seaman as he is not a Member of the Union.

Has in his possession his discharge certificate from the Newfoundland Regiment, his Silver Badge and paying off slip from the "War Erie."

States he was arrested in Glasgow for wearing uniform without authority, but discharged because he had already reported being the subject of the theft to the police.

There has been no time nor opportunity to confirm the story in regard to the robbery in Glasgow.

C.R. 2916

Extract from Daily Orders part II, Unit
Royal Newfoundland Regiment C.R.C.
Srd. Colonel dated 30/11/17.

2916 Pte. H.S. Martin.

Draft transferred to England 18/II/17.

C.R. 2916

July 12th 1919.

From: Chief Staff Officer,
Department of Militia.

To: No. 2916 Pte. R.S. Martin,
King's Bridge Road,
City.

In connection with your passage to this country from the United Kingdom by S.S. "Corsican", I shall be glad if you will arrange a re-fund to this Department in the way most convenient to you, the cost of your passage which cannot be charged against Military funds. The charge against you is \$45.00. I shall be glad if you will give this your early attention.

Lieut. Col.
Chief Staff Officer.

CR. 2916

June 13th 1919.

f2916, Ex. Pte. P.S. Martin,
King's Bridge.

Dear Sir:-

Certain correspondence has been received from the High Commissioner, London to the Pay & Record Office, London in connection with your passage by the "CORSIKAN" from the United Kingdom to this Country. I should be glad if you will inform me how you intend to refund to this Department the cost of your passage. Please give this your earliest attention.

Yours faithfully,

Lt. Col.

CHIEF STAFF OFFICER.

WFR/AW.

Copy to O.C. Hagers

W.C.S.

31.5.17

C.R. 2916

Deputy Paymaster.

For necessary action.

31 May, 1917.

Governor.

No. 1215.

Code Telegram from Major Timewell.

(read. 30 May, 1917)

2916 Martin absentee. Stop allotment.

March 11, 1918.

Officer Commanding Depot,
Headquarters.

#2916 Pte. Robert S. Martin.

#2956 Pte. R. B. Martin.

Will you send me the papers of the above
named soldiers please.

Major.
District Officer Commanding.
Newfoundland.

C.R. 2916

Extract from Nominal Roll of draft No. 51, 52 Other Ranks
from 3/1st. Newfoundland Regiment, Ayr, to 1/1st.

Newfoundland Regiment, B. E. F.:

Embarked Southampton, 20/10/18.

#2916 Pte. R. S. Martin, ✓

BC.

C.R. 2916

Extract from Daily Order part 11, from Unit The Royal
Nfld. Regt. St. John's, dated April 23, 1918.

#2916 Pte. R.S. Martin.

Having been found Medically Unfit is discharge from
19/4/18.

C.R. 2916

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

2916 Pte. R. S. Martin

Discharged 19 - 4 - 18, Medically unfit

C.R. 2916

Extract of Preliminary Report from Director of Medical Services, to Officer Commanding Depot, dated April 6th, 1918.

#2916 Pte. R. S. Martin.

2nd Board. Recommended Discharge from Jensen Camp and discharged from the Army as Permanently Unfit.

C.R. 2916

Extract of Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, Headquarters, dated February
15, 1918.

The following man returned from Overseas and is
attached to Headquarters with effect from February
15, 1918.

2916, Private R.S. Martin

C.R. 2916

Extract from Casualties received from pay and Record Office
dated 9 January, 1918.

FOR DISCHARGE

2916 PTE. R. S. MARTIN proceeded to Ayr
under escort 9/1/18.

C.R. 2916

Extract of Casualties received from Pay & Record
Office, London, dated January ~~10~~⁹, 1918.

#2916 Pte. R.S. Martin. ✓

Proceeded to Ayr, under escort 9/1/18.
Record Branch.

C.R. 2916.

Extract of Casualties received from Pay & Record Office,
London, dated January 8, 1918.

FOR DISCHARGE.

#2916 Pte. R.S. Martin. ex Grove Military Hospital,
Tooting Grove, S.W., 7/1/18, under escort, is de-
tained in Wallace Yard Detention Barracks, Buckingham
Palace Road, 7/1/18, on the authority of the A.P.M.,
London District and Medical Officer, Grove Military
Hospital, pending the arrival of an escort from the
Depot. To be repatriated at first opportunity.

C.R. 2916

Extract from Casualties received from Pay & Record Office
London, dated Jan. 6th., 1918.

2916 #te. R.S.MARTIN, ex Grove Military Hospital
Tooting Grove, S.W., 7/1/18 under escort, is detained
in Wallace Ward Detention Barracks, Buckingham
Palace Road 7 1/18 on the authority of the A.P.M
BC. London District and Medical Officer, Grove Military
Hospital, pending the arrival of an escort from
the Depot. To be repatriated at first opportunity

BC.

November 23, 1917.

Madam,

191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that ~~_____~~
No. 2916, Private Robert S. Martin, has been admitted to ~~_____~~
~~Grove Military Hospital, Tooting, suffering from~~
~~tubercle of lung.~~

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mrs. Elizabeth Martin,
74 King's Bridge Rd.

Colonial Secretary

C.R. 2916

No. 2916 Pte. Robert S. Martin.

Extract of casualty list received from the Pay and Record
Office, London, dated Nov. 23, 1917.

"Admitted Grove Military Hospital, Tooting - Tubercle
of Lung."

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

O.C. 2nd Bn.,
Nfld Regt.,
Ayr.

Officer Commanding,
2/1st Newfoundland R.,
Ayr, N.B.

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

Pay & Record Office,

4th October, 7

6th Oct., 1917.

2916, Martin.

Following extract of
telegram received from Hon.
Minister of Militia:

2916 Pte. R.S.Martin
rejoined Unit from Hospital,
12/9/17.

"Has 2916 Martin rejoined
"regiment if so telegraph
"date of-"

Will you please say?

(Sgd) C. Karn, Capt.,

for Lt.-Col.,
Commanding 2nd Bn,
Newfoundland Regiment.

Major,

Chief Paymaster & O.i/c Records.

C.R. 2916
K (25)

O. F. Hagers.

To with.

Deputy Paymaster.

Another Despatch.

For information.

W. E. Davidson

25.7.17

Gogonor.

25 July, 1917.

No. 1349.

Code Telegram from Major Timewell.

(recd. 25 July 1917)

Following for Howley:

Cancel allotment 2916 Martin absent from

July 19th.

C.R. 2916

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

2916 Pte. R.S. Martin.

Δ2916

APRIL 6TH. 1918.

From Officer Commanding,
Depot.

To Paymaster and Officer i/c Records,
Department of Militia.

2916 Private Martin, R. S.

Above mentioned man was recommended for Discharge from
Jensen Camp and Discharge from the Army as permanently unfit
by Medical Board held on April 5th. 1918.

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

March 11th. 8.

From Officer Commanding,
Depot.

To District Officer Commanding,
Dept. of Militia.

Sir,-

Herewith papers on file at Depot in connection
with 2916 Private Robert S. Martin.

2936 Private R.B. Martin is not on Depot
Strength and we have no Documents referring to him.

I have the honour to be,

Sir

Your obedient Servant,



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

2916

ST. JOHN'S, NEWFOUNDLAND,

March 11, 1918.

Officer Commanding Depot,
Headquarters.

#2916 Pte. Robert S. Martin.

#2936 Pte. R.B. Martin. —

lost on Syth.

Will you send me the papers of the above
named soldiers please.

Amontgomerie

Major.

District Officer Commanding.

Newfoundland.

C.R. 2916

Robert S. Martin was attested for General Service
with the NEWFOUNDLAND REGIMENT on ... June 29th 1916
Regimental No. 2916 was allotted to Pte R.S. Martin

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

Cables and Telegrams:
"SYNOPTICAL," London.

Telephone:
VICTORIA 147.

Chief Staff Officer (London)
and the following No. quoted:

N. F. P/38A.

DUPLICATE.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 7857/331/0. C.R. 2916

From
PAY AND RECORD OFFICE,
58, VICTORIA STREET,
LONDON, S.W.

To
The Hon. The Minister of Militia
St John's.
Newfoundland.

May 21st 1919.

SUBJECT:

REPLY

No. 2916. ex PTE. R. S. MARTIN.

Dated **July 12th** 1919

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

Annexed copy of letter 1519.21/5/19 (3810) from the High Commissioner, will doubtless sufficiently explain reason for inclusion of this man with the "Corsican" draft, and which has been done at the special request of the High Commissioner.

Any instructions you may desire to make with regard to collection of his fare, will doubtless be advanced in due course, please.

It has been considered advisable to get the re-fund from Pte. Martin for his passage by "Corsican" and the necessary steps are being taken with this in view.

A. C. Sturman

Minister of Militia.

A. C. Sturman
Major.
Chief Staff Officer (London).

HT/MJ.

Cables and Telegrams :
"SYNOPTICAL," London.

Telephone :
VICTORIA 147.

Chief Staff Officer (London)
COMMUNICATIONS SECTION
SHEPHERD-BUS-STOP OFFICE-149 000000
and the following No. quoted :

N. F. P/88.

ORIGINAL.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 7857/331/C.

C.R. 2916

From
PAY AND RECORD OFFICE,
58, VICTORIA STREET,
LONDON, S.W.

To
The Hon. The Minister of Militia,
St John's,
Newfoundland.

May 21st 1919. *OK*

SUBJECT :

Na. 2916. ex PTE:R.S.MARTIN.

Reference Nos.

REPLY

Dated July 12th 1919

Please return **ORIGINAL** and retain **DUPLICATE.**

Annexed copy of letter 1319.21/5/19 (3810) from the High Commissioner, will doubtless sufficiently explain reason for inclusion of this man with the "Corsican" draft, and which has been done at the special request of the High Commissioner.

Any instructions you may desire to make with regard to collection of his fare, will doubtless be advanced in due course, please.

A. C. Guinness

Major.
Chief Staff Officer (London).

HT/MJ.

[Large handwritten mark]

It has been considered advisable to get the re-fund from Pte. Martin for his passage by "Corsican", and the necessary steps are being taken with this in view.

A. E. Huleman

Minister of Militia.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
4929
RECEIVED
STAFF
[Signature]

R. S. Martin

CR. 2916

1882

Originals

Proceedings on Discharge.

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

No. 2916 Army Rank Private
 Name Martin Robert Stephen
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
 Corps 1st Newfoundland Regiment
 Battalion, Battery, Company, Depôt, &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>18</u> years <u>7</u> months Height <u>5</u> feet <u>5 1/2</u> inches Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>3</u> ins. Complexion <u>Pale</u> Eyes <u>Brown</u> Hair <u>Dark Brown</u> Trade <u>Seaman</u> Intended place of residence <u>74 Kingsbridge Rd</u> (To be given as fully as practicable) <u>St Johns</u> <u>Newfoundland</u> | Descriptive marks. <u>Nil.</u> |
|---|-----------------------------------|

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P. 38, No. 7
 DATED 18 JAN 1918

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

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

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case

Initials of Commanding Officer

Army Form B. 2088 has been issued to*

Medical Report on an Invalid.

Station GROVE MILITARY HOSPITAL
 Date 19-12-17
 1. Unit Newfoundland R.
 2. Regimental No. 2916.
 3. Rank Plt.
 4. Name Martin Robert Stephen
 5. Age last birthday 18.
 6. Enlisted { on 29 June 1916.
 at St Johns, Newfoundland.
 7. Former Unit or Occupation nil.
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.



8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Injury of lung 44.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in 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 general disease.

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38, No. 2587
 DATED 18 JAN 1918

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

*Nov. 1917.
 France*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*25 France Oct 1917.
 Popsev. illness. No fam hist of P.T.
 Beginning of Nov 1917 fell into shell hole full of water
 Contract severe Cereb. Congl. & peptic ulcer &
 haemoptysis. Sent to P, & to England as ? P.T.*

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

*Attributable to service during present war
 Exposure & hardships*

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.

Laird Rather than
Weight 88.13 - improving
Cough, + pleurisy, T.D. present

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

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

dyspnoea.
Ryht appo lobe in active P.T.
Temp normal —

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

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

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

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

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

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

20. Do you recommend—

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

Yes
y

W. A. Abbott
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except † *It should be noted that the man served in the Royal Navy for one year in the Army; this is what he states. Before that he was at school.*

Station No. _____
Date 19-12-14
LOOTING GROVE, S.W. 17

E. J. Fordell
Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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

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

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

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

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

(v.) Whether it is constitutional or hereditary.

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

Yes
no
no
no
no

4 years & 6 months

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

no

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

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

100%

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

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

not applicable.

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

the Board appear discharge as permanently unfit.

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

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

Yes - unfit - 6 months.

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

no

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

no.



Station

Date

W. Fordell. 10th Regt. - President.
CC. Foster - MRCVS
W. H. Oulton - CMO.
Members.

Approved.

Station

Date

Administrative Medical Officer.



2 1ST. NEWFOUNDLAND REGIMENT //

ALLOTMENTS

I, Robert S. Martin, Regl. No. 2916

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 Sept 1st 1916

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--|---|------------------------------------|---------------------------------|----------------------|
| | Mother | <u>Mrs (Robt) Elizabeth Martin</u> | <u>74 Kings Bldg Rd St John</u> | <u>60</u> |
| Cancelled. <u>19/11/16</u> <u>Abandoned</u> <u>Commencing 1/9/16</u> | | | | |
| Total Allotment, \$ | | | | |

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

(Sig.) Chas H. Ayre, Capt
 Officer Commanding
St John's Co. Company
Aug 26th 1916

(Sig.) Robert S. Martin
 (Rank) Private

No.
659

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM



| | | | | | | | |
|--|--|-------------------|--|-------------------|--|-------------------|--|
| <i>Prefix</i> _____ | | <i>Code</i> _____ | | <i>At</i> _____ | | <i>FOR STAMPS</i> | |
| WORDS | | CHARGE | | <i>To</i> _____ | | <i>By</i> _____ | |
| | | | | VIA ANGLO. | | | |
| THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS. | | | | | | | |

24/7/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

On Newfoundland Government Service.

To GOVERNOR

STJOHNS (NEWFOUNDLAND)

STAGMA HOWLEY CANCEL ALLOTMENT 2916 MARTIN ABALLO JEOPARDY

SYNOPTICAL

Translation:-

Please decode the following telegram and transmit the same to
the person named - Howley - cancel - allotment - 2916 - Martin -
absentee from - July 19th.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western
Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W. I.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE
LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

7206/435 1

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT
23, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

Officer Commanding,
2/1st. Newfoundland Regt.
Barry, N. B.

HE/WF

Pay & Record Office,

19th, July 7

No. 2916, Pte. R.S.Martin.

Reference attached
^{J&D}
letter from No. 1042866, Pte.
John Martin, 38th. Batt. C.E.F.,
passed by the W.O. to this
Office: Kindly furnish information
to form reply.

Major,
Paymaster & O I/c Records.

No. 7687

NEWFOUNDLAND CONTINGENT

N.F.P./55.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

1917.

Officer Commanding
H. Newfoundland Reg
Barry Camp

Herewith N.F.P. 127 for completion and
return.

Please acknowledge receipt hereon.

(Sig.) J. S. [Signature]

(Date) 1.8.17

H. A. Maxwell Major,
Paymaster & Officer i/c Records.

No. 2916 Rank Private Name A.S. Martin

| | | | |
|-----------------|-----|-----|-------|
| Pay | F.A | Wkg | Total |
| 1.00 | .10 | | 1.10 |
| Less: Allotment | | | .60 |
| Net Rate | | | .50 |

M.R.P/33.

| DEBITS | Date | £ | s | d | CREDITS | Period | | Days | Rate | £ | s | d |
|--|---------------|----|----|----|-----------------------------|---------------|---------------|-----------|------------|-----------|-----------|---------------|
| | | | | | | From | To | | | | | |
| Balance <i>C Coy</i> | <i>6-7-17</i> | 9 | 12 | 5 | Balance | | | | | | | |
| Acquittance Bills | | | | | Pay @ Net Rate | <i>7-7-17</i> | <i>8-8-17</i> | <i>28</i> | <i>.50</i> | <i>14</i> | <i>00</i> | <i>2 17 6</i> |
| Hospital Advances | | | | | | | | | | | | |
| A.B. 64 | | | | | | | | | | | | |
| P. & R.O. Payments | | | | | | | | | | | | |
| <i>7-7-17 12 Days detention, Dependent</i> | | | | | | | | | | | | |
| <i>7-12 Day Pay, for full 12 Day</i> | | | | | | | | | | | | |
| <i>Pay by Q.W. 30 Day @ 1.10</i> | | | | | | | | | | | | |
| <i>159.60</i> | | 8 | 0 | 85 | | | | | | | | |
| <i>28-7-17 awarded 168 hrs detention, for full</i> | | | | | | | | | | | | |
| <i>7 Day Pay by Q.W.</i> | | | | | | | | | | | | |
| <i>14 Day @ 1.10 15.40</i> | | 3 | 3 | 35 | | | | | | | | |
| | | 20 | 16 | 4 | <i>Debit balance 2/8/17</i> | | | | | | | |
| | | | | | <i>£ 17.18.10.</i> | | | | | | | |

CHECKED.
R.R.B.
 1/8/17

No.
659

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM



SENT

FOR STAMPS

Prefix _____ Code _____
WORDS CHARGE

At _____
To _____ By _____

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

24/7/17

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

On Newfoundland Government Service.

TO GOVERNOR

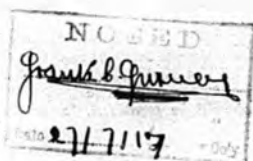
STJOHNS (NEWFOUNDLAND)

STAGMA HOWLEY CANCEL ALLOTMENT 2916 MARTIN ABALLO JEOPARDY

SYNOPTICAL

Translation:-

Please decode the following telegram and transmit the same to
the person named - Howley - cancel - allotment - 2916 - Martin -
absentee from - July 19th.



2916 Martin.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western
Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W. I.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE
LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Missay to be sent to N. Q.
H. E. Govt.

Stagnon & Howley

Cancel Allotment 2916 Martin.
Absentee from 19 July

7206/435

Forms
C. 245

PAYMASTER & OFFICER I/C MEMORANDUM
NEWFOUNDLAND CONTINGENT,

From, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From ✓

To Officer Commanding,
2/1st. Newfoundland Regt.
Barry, N. B.

To ✓

ANSWER

HE/WF

Pay & Record Office,

19th, July 1917

*Barry
1917*

No. 2916, Pte. R.S.Martin.

*This soldier is an
absenter since July 19th
1917.*

Reference attached
letter from No. 1042866, Pte.
John Martin, 38th. Batt. C.E.F.,
passed by the W.O. to this
Office: Kindly furnish information
to form reply.

*J.E.T. Fry
Captain
for*

COMMANDING, 2nd Det. R.F.L.D. REGT.
NEWTON-ON-AVN. N.B.

H.A. Minwell
Major,
Paymaster & O i/c Records.

*When he returns you
will be notified.*

| | |
|----------|-------------|
| Ref. No. | 3943 |
| Rec'd. | JUL 24 1917 |
| Rec'd. | |
| Rec'd. | |
| File No. | |

J.E.T. Fry

No. 2916 Pte R. S. Martin

C. Comp. Delit balance period ended 6.7.17
£ 9.12.5.

Ref: D.O. 125. 25.5.17

A Court of enquiry detail as below will assemble
at 10 AM tomorrow to enquire into the illegal absence &
loss of kit (if any) of No. 2916 Pte R. S. Martin. All necessary
witnesses to attend.

President. Capt J. W. M. M. M.

Members. Lt S. G. G.

2/Lt G. G.

D.O. 132. 1.6.17

2916 Pte R. S. Martin, awarded 28 days detention, forfeits
26 days pay by R.W.

(This has been changed to 2 Coy period ended 6.6.17)

D.O. 167. 7.7.17

2916 Pte R. S. Martin, awarded 12 days detention, forfeits
4 12 days pay, forfeits 12 days pay by R.W.

This has not been changed against his account up to
the present.

No reference is made on P.D.s as being a duplicate

N & W of Scotland Forces

RAILWAY WARRANT for Journeys in Great Britain and Ireland, and also between Great Britain and Ireland

This Warrant must be presented to the Booking Clerk at the Station where the holder is authorised to commence the journey, and a railway ticket will be issued in exchange.



The Directors of the G. & S. W.
Railway Company are hereby requested to provide conveyance as shown hereon.

Date May 31st 1917
Station from Glasgow
Station to Ayr
Route via Not Direct
Single or Return Single

No. of Warrant 56

This Warrant is NOT chargeable against the Public.

499512

Initials of Issuing Office

* If the cost is chargeable to the Public, strike out "NOT" and initial.

Duty. (If not under route, state below whether for a RECRUIT, for a man on DISCHARGE, or for what other service.)

ON REPAYMENT.

(Signature) E. J. Selby
(Rank, &c.) RAILWAY TRANSPORT OFFICER,

The particulars on the back of this Warrant should be fully completed.

When a party travelling in Ireland for the purpose of training, drill, musketry, &c., exceeds 20, the Warrant should clearly show whether the troops will be returning within three months.

- Officers, 1st Class
Warrant Officers, 2nd Class when available, otherwise 3rd Class
Women and Children 12 years of age and upwards, at fares for adults, as above
Children between 3 and 12 years of age, half fares for adults, as above
Soldiers, 3rd Class
Women and Children, 12 years of age and upwards, at fares for adults, 3rd Class
Children between 3 and 12 years of age, half fares for adults, 3rd Class

- Guns and Limbers
4-Wheeled Vehicles
2-Wheeled Vehicles
Total Weight of Guns, &c.
Horses or Mules { In horse boxes
 In cattle trucks
Bicycles

CENTRAL STATION, GLASGOW.
To be filled in by Railway Company.
Distance to be shown when mileage rate applies.

| Number to be conveyed, (To be filled in by the issuer.) | Ordinary Fare. | Military Fare. | Amount payable at Military Rate. |
|--|----------------|----------------|----------------------------------|
| | <u>ONE</u> | | |

CHARGED
PAY BOOK
Date 17/12/17 by CH

| No. | Weight, including Contents. | | | Mileage. | Rate. |
|--------------|-----------------------------|------|------|----------|---|
| | Tons. | cwt. | qrs. | | |
| | | | | | G. & S. W. RY. NOV. 1917 COACHING AUDIT |
| TOTAL | | | | | <u>26</u> |

To be filled in by Booking Clerk. { No. of ticket issued _____ Date 30 MAY 1917
Route via _____
(Signature) _____ Station NEWTON-ON-AYR

Counter-Signature of Official representing Railway Company _____

Any alteration in the Warrant which may be absolutely necessary must be verified by the signature of the person who makes the alteration. If a steamship journey is included, the class to which the passengers are entitled should be stated, if it differs from that by Railway. The weight of baggage and stores not packed in Army Vehicles must be enclosed, separate forms to be used for traffic not so packed.

Forms
C. 248

MEMORANDUM.

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
35 VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

From

From O-C 2nd Bn. Nfld Regt.
a/r

To

Officer Commanding,
2/1st Newfoundland R.,
Ayr, N.B.

To Chief Paymaster,
London S.W.

ANSWER.

Pay & Record Office,

4th October, 1917

6th Oct. 1917

2916, Martin.

Following extract of
telegram received from Hon.
Minister of Militia:

2916 Pte R. S. Martin
rejoined Unit from Hospital
12-9-17.

"Has 2916 Martin rejoined
"regiment if so telegraph
"date of-"

Will you please say?

E. Kam
Lieut. Colonel

J. J. Anderson
Major
Chief Paymaster & O.I/c Records.

LIEUT. COLONE

| | |
|--------------------------------------|------------|
| COMMANDING 2nd Bn, NEWFOUNDLAND REGT | |
| PAY & RECORD OFFICE | |
| Ref. No. | 5750 |
| REC'D | 8 OCT 1917 |
| ACK'D | |
| FILED | ✓ |
| FILE NO. | |

See Cable 939/48
to Min Militia.

REQUEST FOR REMITTANCE.

Please remit to... Pte. Martin R. S. 2916.
at... The Grove Military Hosp.: Tooting, London S.W. 17.
the sum of £..2..0..0.

~~By Active Service Pay Book Forwarded herewith.~~

Signature of O.C.

Martin

Signature.....

R. S. Martin

Regt. No.....

2916

Unit.....

1st NFLD.

MAJOR R. A. H. O.
REGIMENTAL GROVE MILITARY HOSPITAL
TOOTING GROVE, S.W.

ok £ 2 = 0 = 0

AW. 24-12-17

Receipt No 4882

No. 5A

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to Pte Martin R.S. 2916

at the Grove Military Hospital

the sum of four pounds shillings, on
account of any balance that may be due to me.

Receipt 4955
(£ 4 . . .).
OK AC
£4 = 0 = 0
29/12/17

Regtl No. 2916 Rank Private

Name R.S. Martin

Approved M. Cook
Officer i/c.,

Dated at Grove Military Hospital

Dec - 28 - 17 1917

Hospital.
MAJOR P.A.M.C. (T)
REGISTRAR, GROVE MILITARY HOSPITAL,
TOOTING GROVE, S.W.

A.P.M.L.D.7380/S.

Assistant Provost Marshal,
Headquarters, London District,
11, Carlton House Terrace,
S.W.1.

8th January, 1918.

Chief Paymaster &
Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street, S.W.1.

Re No.2916, PTE MARTIN, R.S.

Receipt of your memo, 298/1/C dated 7-1-18, concern-
ing the above-named man, is acknowledged; thank you.

Action as desired will be taken.

Kirk Trevor

Captain,
for Lieut.-Colonel,
Asst.Provost Marshal,
London District.

✓ 302
-9 JAN 1918

7 *[Signature]*

"A" Form
MESSAGES AND SIGNALS.

Army Form C. 2121
(in Pads of 100).

No. of Message.....

| | | | | |
|---|----------------|------------------|--|---|
| Prefix..... Office of Origin and Service Instructions | Words | Charge. | This message is on a/c of: (Signature of "Franking Officer") | Recd. at..... m. Date..... From..... By..... |
| | | Sent | | |
| | | At..... m. | | |
| | | To..... | | |
| | | By..... | | |

| | | | | | |
|----|-----------|------|--|--|--|
| TO | Newfound, | | | | |
| | | AYR. | | | |

| | | | |
|-------------------------|-------------------------|---------------------|-------|
| Sender's Number. * 7 | Day of Month. 7/1/18 | In reply to Number. | A A A |
|-------------------------|-------------------------|---------------------|-------|

| | | | | |
|-----------|-----------|----------|------------|---------|
| 2916 | Private | Martin | tubercular | case |
| for | discharge | and | fit | to |
| travel | overseas | detained | Wallace | Yard |
| detention | barracks | under | charge | APM |
| directs | that | escort | be | sent |
| by | you | pending | transport | aaa |
| telegraph | when | escort | due | London. |

Synoptical.

| | | |
|-------|--|--|
| From | | |
| Place | | |
| Time | | |

The above may be forwarded as now corrected.

(Z)

Censor. Signature of Addressee or person authorised to telegraph in his name.

* This line should be erased if not required.

298/0/0

7th January, 8.

The Asst. Provost Marshal,
London District,
11, Carlton House Terrace, S.W.

Sir,

2916, Pte. R. S. Martin,
1st Newfoundland Regiment.

With reference to telephone communication this date: according to your advice, above named man has been sent to Wallace Yard Detention Barracks, Buckingham Palace Road, pending the arrival of an escort from Scotland. Martin has been recommended for discharge on account of T.B., and he will be repatriated at the earliest opportunity.

The M.O., Grove Military Hospital, Tooting states that he is fit to travel and for detention.

I am, Sir,
Your obedient servant,

Major,

HA/NWV

Chief Paymaster & O. 1/c Records.

POST OFFICE



TELEGRAPHS.

Office Stamp



Handed in at

Office of Origin and Service Instructions

Words

Charges to pay

A 300 5H45 TAMSBRIG AYR OHMS 14 =

THIS TELEGRAM ACCOMPANY ANY ENQUIRY RESPECTING THIS TELEGRAM *DLAND COI* Received here at

SYNOPTICAL LDN

TO

PAY & RECORD OFFICE

3078
9 JAN 1918

Ref. Nos. 001

= 1503. 8TH AAA ESCORT FOR 2916 MARTIN ARRIVES

WEDNESDAY MORNING = NEWFOUND AYR

| | |
|-----|--|
| Com | |
| P&R | |
| H&C | |
| D&F | |
| S. | |

354/30/R. & C.

PAYMENT & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
25, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Officer Commanding,
2/1st Newfoundland R.,
Ayr, Scotland.

HA/JC

Pay & Record Office,
& 9th January, 8

2916, Pte. R.S. MARTIN.

I confirm exchange of
telegrams:

"Newfound- Ayr-
"7- 7/1/18- aaa-
"2916- Private- Martin-
"tubercular- case- for-
"discharge- and- fit- to-
"travel- overseas- detained-
"Wallace- Yard- Detention-
"Barracks- under- charge-
"APM- directs- that- escort-
"be- sent- by- you- pending-
"transport- aaa- telegraph-
"when- escort- due- London-
-Synoptical-

"Synoptical- London-
"1503- 8th- aaa- escort- for-
"2916- Martin- arrives-
"Wednesday- morning-
-Newfound- Ayr-

(over

A.F. B.121 and original charge documents are enclosed herewith, together with copy of my letter No. 298/1/C. to Asst. Provost Marshal, London District.

If you include Martin on next draft to Newfoundland please return documents as early as possible to this Office. A.F. B.179 and Med. History Sheet are retained here, please. Martin is recommended for discharge from the service on medical grounds, and tentative arrangements have been made for his repatriation.

Major,

Chief Paymaster & O.1/c Records.



CABLEGRAM

8/10/17

Line No.

No. of M. 939/48



| | | | |
|------------------------------|------|---|--|
| Prefix. | Code | (Office of Origin and Service Instructions) | For Postage Stamps. |
| Words. | | | This form will be accepted at any Post Office. |
| | | | |
| £ | s. | d. | |
| Sent At..... To..... By..... | | | |

MILITARY**ON NEWFOUNDLAND GOVERNMENT SERVICE.****STJOHNS (Newfoundland)**

UNRIVET 2916 MARTIN REJOINED AVIARIES SAGULA 8262 HILL WAR
 HOSPITAL PERTH VARICOSE VEINS INMANLENT WRITING RELATIVES

SYNOPTICAL**Translation:-**

With reference your telegram 2nd October- 2916- Martin- rejoined-
 2nd Battalion- September 12- 8262- Hill- War- Hospital- Perth- varicose-
 veins- gave instructions as to- writing- relatives-

**NOT TO BE
TELEGRAPHED.**

Having read the Conditions printed upon the back of this form, I request that the above telegram may be forwarded according to the said Conditions, by which I agree to abide.

58 Victoria St. S.W. I.

Signature.....

Address.....

CABLE ADDRESSES, REGISTERED IN ANY PART OF THE WORLD (OR WITH ANY COMPANY),
 ARE AVAILABLE OVER THE COMMERCIAL CABLES.

[For List of Stations v.v.o.]

DOMINION OF NEWFOUNDLAND


 PAY
 3810
 21 MAY 1919

HIGH COMMISSIONER'S OFFICES.

 CABLE ADDRESS.
 "RURALITY"
 TELEPHONE.
 VICTORIA 2302.

 58. Victoria Street.
 Westminster, S.W.1.

21st May, 1919.

Dear Sir,

I confirm my conversation of Monday with you with regard to the man, Robert S. Martin, and for your information attach a statement of his case.

Whilst I am very dubious about certain parts of this man's story being true, he certainly has served in the Newfoundland Regiment and although I do not think he has any claim on this or your office, still I deem it very inadvisable that there should be a Newfoundlander knocking about London in a destitute condition. Besides the man is in momentary danger of being arrested for wearing uniform without authority.

I have therefore suggested to you that you might use your best endeavours to get this man to Newfoundland by the "Corsican" possibly in the guise of an Officer's servant or in such-like capacity in order to relieve a more or less delicate situation.

The man, Martin, states he has a certain amount lying to his credit at the Ministry of Pensions, St. John's. As to whether the

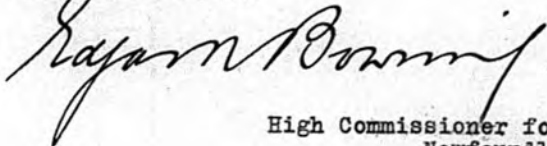
Major H. A. Timewell.

(1)

Major H. A. Timewell.

Government will make any claim on this for his passage, I cannot offer an opinion.

Yours faithfully,



High Commissioner for
Newfoundland.

Encl.

Major H. A. Timewell,
Chief Staff Officer,
Newfoundland Contingent,
58, Victoria Street,
S.W.1.

A STATEMENT

made by ROBERT S. MARTIN of KINGSBRIDGE ROAD, ST. JOHN'S.

Served two years in Royal Naval Reserve. Served in Newfoundland Regiment 29/6/16 to 19/4/18. Regimental No.2916. Served in France. Discharged as medically unfit in St. John's 19th April, 1918. States he afterwards sailed in the "Kyle," reached Halifax and then worked passage across to England on steamer "War Erie" 25 days to Barrow-in-Furness. He was paid off there, went to Glasgow to see friends and there was robbed of all clothes and money being left with a khaki suit in exchange for his civilian suit which at present is the only clothing he has.

Now wants help to get back to St. John's. Impossible to ship as a Seaman as he is not a Member of the Union.

Has in his possession his discharge certificate from the Newfoundland Regiment, his Silver Badge and paying off slip from the "War Erie."

States he was arrested in Glasgow for wearing uniform without authority, but discharged because he had already reported being the subject of the theft to the police.

There has been no time nor opportunity to confirm the story in regard to the robbery in Glasgow.

38 Johnson St.
Westminster S.W.1.

Ray Master
M. F. Ltd.
58 Victoria St

P. D. A. 100160
7-6-19

2916 Pt Martin

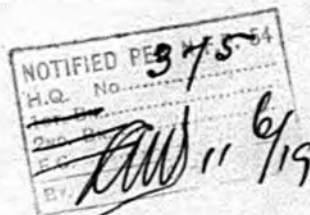
The sum due to me for board,
lodgings and attendance is
~~£25~~ (Twenty five Shillings Stg.)
please

Your obedient servant
Marguerite ^{her} Goodenham
mark

witness

#2182311 K.W. O'Callaghan, CAPL.

2139 Jm Thomson
R. Ufld



Payment authorized by Major Finewood.
on the High Commissioner
Y.C.
22/5/19

May 21st 1919.

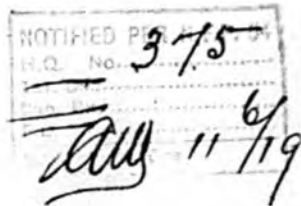
Pay to Mrs Gooderham the sum of
£1-17-6) (One Pound Seventeen Shillings and
Six pence Sterling) being my board and
lodgings together with my indebtedness
to her till date

Witness, :-

- w of Callaghan
182211 case.

A. 100160
1

W. Green



No. _____

NEWFOUNDLAND CONTINGENT

NOTIFIED PEN. F. P. / 55.

To: Mrs. W. Gooderham

Pay & Record Office,
58, Victoria Street,
London, S.W. 1, Eng.

| |
|---------------|
| H.O. No. |
| 1st. EN. |
| 2nd. EN. |
| 3rd. EN. |

308 Johnson St
S.W.

~~8-7-19~~
7-6- 1919

100160

Reference: Your letter 2-6-19 also Bills 21-5-19

Herewith Postal draft value £3-2-6 (Three pounds
two shillings and six pence) in settlement of above

Please acknowledge receipt hereon.

(Sig.) W Gooderham

(Date) 7/6/19

R. A. [Signature]
for Chief Paymaster & O. i/c Records.

Casualty Form—Active Service.

Regiment or Corps 21 Newfoundland

Rank Pte Surname Martin Christian Name P. S ✓

Religion C of E Age on Enlistment 18 years 7 months.

Enlisted (a) 29.6.16 Terms of Service (a) Duration, Service reckons from (a) 29.6.16

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

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

Occupation Seaman Signature of Officer. C. J. [Signature]



| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 26, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents |
|----------------|--------------------|---|---------------------------------|--------------------|---|
| Date | From whom received | | | | |
| | | | Embarked ... <u>Southampton</u> | <u>8 OCT 1917</u> | |
| | | | Disembarked... <u>Spore</u> | <u>23 OCT 1917</u> | |
| <u>10/1/17</u> | <u>1357 A</u> | <u>James Base Depot</u> | <u>Keeweenaw</u> | <u>23 OCT 1917</u> | |
| | <u>Can. Steer</u> | <u>ad Phthisis</u> | | <u>9-11-17</u> | <u>E.D. 3273</u> |
| | <u>" "</u> | <u>" "</u> | <u>Doullens</u> | <u>9/1/17</u> | <u>HA 16183</u> |
| | <u>" "</u> | <u>" "</u> | <u>" "</u> | <u>18/1/17</u> | <u>W 3083</u> |

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 225
DATED 18 JAN 1918

J. [Signature] 2nd Lt
S.E.C. Section

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

D 1000-10-10

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

MEDICAL HISTORY

OF

Surname Wartie

Christian Name John



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY | |
|---|---|------------|---|------------|
| | Right | Left | Right | Left |
| Examined | on 29. day of June 1917 at St Johns N.S. | | COPY SENT TO 191 O.C. H.Q. ST. JOHNS, N.F.L.D. days | |
| Declared Age | 18 years 7 mos days | | N.F.P.38. No. 7387 | |
| Trade or Occupation | Seaman | | DATED 18 JAN 1918 | |
| Height | 5 feet 5 1/2 inches | | feet 18 inches | |
| Weight | 121 lbs. | | feet inches | |
| Chest Measurement | Girth when fully expanded... 36 inches | | feet inches | |
| | Range of expansion... 3 inches | | feet inches | |
| Physical Development | | | | |
| Vaccination Marks | Arm | | | |
| | Number | 1 | | |
| When Vaccinated | 8 months ago | | | |
| Vision | R.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/6 | 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) | Amint Peterson | | | |
| (Rank) | Major Medical Officer. | | Medical Officer. | |
| Enlisted | at St Johns on 29 day of June 1917 | | at _____ on _____ day of _____ 1917 | |
| Joined on Enlistment | Corps. | Regtl. No. | Corps. | Regtl. No. |
| Transferred to | 10 Newfd. Regiment NEWFOUNDLAND | | | |
| Became non-effective by | on _____ day of _____ 1917 | | on _____ day of _____ 1917 | |
| (Signature) | UK new 1917 189 | | | |
| (Rank) | | | | |



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

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further 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, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|--|----------------------|-------|------|--------------------------|-------|------|--------------------------------|-------------------------|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| 4th SCOTTISH GENERAL HOSPITAL, STOBHILL, GLASGOW. | 27 | 12 | 17 | 8 | 3 | 17 | M.V.D. | 9 | Complained of head aches and inability for duty Ordinary naso-fundular chink is present, otherwise nose throat and ears ^{normal} | D. W. Kelly Capt. |
| 4th SCOTTISH GENERAL HOSPITAL, STOBHILL, GLASGOW. | 31 | 3 | 17 | 10 | 4 | 17 | Gonorrhoea (20) | 11 | | James H. B. B. B. B. |
| 4th SCOTTISH GENERAL HOSPITAL, STOBHILL, GLASGOW Aberdeen. | 9 | 7 | 17 | 31 | 4 | 17 | Hypemiosis Gonorrhoea. (20) | 11 9 | - glasses fitted Discharge cleared up. Gonococcus negative since 10-7-17. | Henry J. Sigok. Althaus Capt. R. R. R. |
| 4th SCOTTISH GENERAL HOSPITAL, ABERDEEN. | 6 | 8 | 17 | 6 | 9 | 17 | Gonorrhoeal Otitis TST | 31 | 6-9-17 bandage irrigation 1-3000-1-1500 since 16-8-17 Gonococcus Yaccini stock 75 millions Bovies passed up to size 12 | C. B. B. B. B. B. B. |
| REGIMENTAL MILITARY HOSPITAL, FOOTING GROVE, S.W. 11 | 19 | 11 | 17 | 9 | 1 | 18 | Tubercular lung | 51 | Contractor known to be in danger Nov/17 compl. T.B. present, fracture P.T. of upper limb discharged from hospital 17/17 | W. L. L. L. L. L. L. L. REGISTRAR, GROVE MILITARY HOSPITAL, FOOTING GROVE, S.W. |



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. 2916 Rank Private
Name (surname first) Martin, Robert Stephen
Regiment 1 Newfoundland

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

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 2587
DATED 18 JAN 1918

lit



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?

*At schools here in Newfoundland. Naval Reserve before enlisting in Army.
St John's N.F.L.D.*

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

~~Engineer~~ Newfoundland

4. What is the name of your Approved Society?

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

no

Date 26-11-17 Signature Robt S Martin

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.

Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS.—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge of 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.

A Name in full Martin Robert Stephen
 Regiment from which discharged 1st Newfoundland Regt.
 Regimental Number 2916.
 Where born (Parish, Town and County), and when St. Johns, Newfoundland, 25. Sept. 1899
 Intended address 74. Kingsbridge Rd., St. Johns, Newfoundland.
 Height on discharge 5 Feet 4 Inches
 Colour of Hair on discharge Dark Brown Colour of Eyes Brown.
 Descriptive marks Small Scar. Complexion Pale.
 Figure on discharge
 Christian name of Father Robert.
 Christian name of Mother Elizabeth.
 Wife's Maiden name in full }
 Date and Place of Marriage } not married.
 Christian names of Children }
 Nature and locality of civil employment desired Engineer 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) Robert Stephen Martin (Rank) Private
 Station Grove Military Hospital Date 18. 12. 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.

W. Abbott Medical Officer in Charge
 Station Grove Military Hospital. Date 18. 12. 17.

| B Period of Service and in what Corps ... | Regiment | Years | Days | All Service Abroad with Stations | Years | Days |
|---|---|-------|------|----------------------------------|--------------------|------|
| | Disallowed | | | | India S. Africa | |
| Service towards Pension | | | | | | |
| Date inclusive to which pay has been issued | COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.38, No. <u>2537</u> DATED <u>18 JAN 1918</u> | | | | | |
| 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.O. 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.

Hartin, J. S.

2914

Jay & Co.

Proceedings on Discharge.

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

| | | | |
|--|--|---|--|
| No. <u>2916</u> | Army Rank <u>Private</u> | | |
| Name <u>Martin Robert Stephen</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small> | | | |
| Corps <u>1st Newfoundland Regiment</u> | | | |
| Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small> | | | |
| Date of discharge <u>April 19th 1918</u> | | | |
| Place of discharge <u>St John's, Nfld.</u> | | | |
| <p>1. Description at the time of discharge.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 10px;"> <p>Age <u>18</u> years <u>7</u> months</p> <p>Height <u>5</u> feet <u>5 1/2</u> inches</p> <p>Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>3</u> ins.</p> <p>Complexion <u>Pale</u></p> <p>Eyes <u>Brown</u></p> <p>Hair <u>Dark Brown</u></p> <p>Trade <u>Seaman</u></p> <p>Intended place of residence { <u>74 Kingsbridge Rd.</u> <u>St John's</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> </td> <td style="width: 50%; padding-left: 10px;"> <p>Descriptive marks.</p> <p><u>Nil</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>COPY SENT TO O.C. H.Q. ST. JOHN'S, N.F.L.D. 4/19/18. No. DATED</p> </div> </td> </tr> </table> | | <p>Age <u>18</u> years <u>7</u> months</p> <p>Height <u>5</u> feet <u>5 1/2</u> inches</p> <p>Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>3</u> ins.</p> <p>Complexion <u>Pale</u></p> <p>Eyes <u>Brown</u></p> <p>Hair <u>Dark Brown</u></p> <p>Trade <u>Seaman</u></p> <p>Intended place of residence { <u>74 Kingsbridge Rd.</u> <u>St John's</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>Descriptive marks.</p> <p><u>Nil</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>COPY SENT TO O.C. H.Q. ST. JOHN'S, N.F.L.D. 4/19/18. No. DATED</p> </div> |
| <p>Age <u>18</u> years <u>7</u> months</p> <p>Height <u>5</u> feet <u>5 1/2</u> inches</p> <p>Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>3</u> ins.</p> <p>Complexion <u>Pale</u></p> <p>Eyes <u>Brown</u></p> <p>Hair <u>Dark Brown</u></p> <p>Trade <u>Seaman</u></p> <p>Intended place of residence { <u>74 Kingsbridge Rd.</u> <u>St John's</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>Descriptive marks.</p> <p><u>Nil</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>COPY SENT TO O.C. H.Q. ST. JOHN'S, N.F.L.D. 4/19/18. No. DATED</p> </div> | | |
| <p>2. The above-named man is discharged in consequence of <u>Tubercle of Lung</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 style="font-size: small; margin-top: 20px;">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; margin-top: 10px;">Initials of Commanding Officer</p> | | | |

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

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

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

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Bttn. _____ Regiment.

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

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

(Place) St John's Yld Robert S Martin (Signature of Soldier.)
(Date) 19/11/18 C.C. Cole S.S.M. (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharges.

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

(Place) _____ Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservations!-

L. Martin

A. C. Mc. SSM

ORIGINAL.

No. 11729

NEWFOUNDLAND CONTINGENT

N.F.P./54.

No. 261

To:

*Minister Militia
St. John's Newfoundland.*

" " Company.

MEMORANDUM of STOPPAGES/CREDITS on Account of

Paymaster's Advances

NOTE:- Charge under
Credit

Pt. R. O. London S.W. 1

Column

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & O. i/c Records,
Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.
DUPLICATE to accompany PAY BOOK as VOUCHER.

| Regtl No. | Rank & Name | Particulars and Authority | AMOUNT | | | | |
|--------------|----------------------|--|--------|----|----|----|-----------|
| | | | £ | s. | d. | u. | e. |
| <i>2916</i> | <i>Pte S. Martin</i> | <i>Amount Drawn whilst at P.R.O. London as per No. 4027594</i> | | | | | <i>26</i> |
| | | <i>Total</i> | | | | | <i>26</i> |

CHECKED
[Signature]
19/7/18

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,
19 JUL 1918 191

A. A. Minnoway Maj.
Chief Paymaster & Officer i/c Records.

CERTIFIED that the above stoppages/credits have been made in
the Pay Book " " Company for period / / to / /

Dated at _____

191

O.C. " " Company,
_____ Battalion.

No. 261
 " " Company.

To: *Private Martin*
St. John's Newfoundland.

MEMORANDUM of ~~STOPPAGES~~/CREDITS on Account of
Paymaster - Advances

NOTE:- Charge under Credit *P.R.O London S.W. 1* Column

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & O. I/c Records,
 Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.
 DUPLICATE to accompany PAY BOOK as VOUCHER.

| Regtl No. | Rank & Name | Particulars and Authority | AMOUNT | | | | | | |
|-----------|---------------------|---|--------|---|---|---|---|---|---|
| | | | £ | s | d | c | e | | |
| 2916 | <i>Pte S Martin</i> | <i>Amount drawn while at P.R.O London as per Voucher 027574</i> | | | | | | 2 | 6 |
| | | = | | | | | | 2 | 6 |

CHECKED
[Signature]
 19/7/18

Discharged April 14/18

[Signature]
 Total

Pay & Record Office,
 58, Victoria Street,
 London, S.W. 1,
 19 JUL 1918 191

[Signature]
 Chief Paymaster & Officer i/c Records.

CERTIFIED that the above stoppages/~~credits~~ have been made in the Pay Book " " Company for period / / to / /

Dated at _____ 191_____
 O.C. " " Company, _____ Battalion.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2916. Pte Martin, R.S.

(Substituting A.F. J. 1625). N.F.P./38.

2 Company. From 10/1/18 To 18/1/18 (Dates inclusive).

Embarked per S.S.

From Liverpool Date 19/1/18

DR. Classification (See Procedure).

Draft No. m56 CR.

| Date | Pay Book Col. | PARTICULARS | Rate | Days | £ | s | d | Date | Pay Book Col. | PARTICULARS | Date | Days | £ | s | d |
|-------|---------------|---------------------------|------|------|----|----|----|------|---------------|----------------------------|------|------|----|----|---|
| | 8 | Forfeited Pay | | | 63 | 80 | 1 | | 1 | Pay | 1-00 | | 9 | 00 | |
| | 9 | Allotments | | | | | | | 2 | Field Allowance | 1-10 | 9 | 90 | | |
| | 10 | | | | | | | | 3 | Other " " | | | | | |
| 11/12 | | Total Stoppages | | | 63 | 80 | 13 | 2 | 4/5 | Total @ 4.86 2/3 | | | 9 | 90 | 2 |
| 13 | | Fines | | | | | | | 6 | Balance Credit Last Period | | | | | 0 |
| 14 | | Clothing & Necessaries | | | | | | | 6a | <u>OTHER CREDITS:</u> | | | | | |
| 15 | | Arms & Accoutrements | | | | | | | | Ration Allice, / / - / / | | | | | |
| 16 | | Barrack Damages | | | | | | | | = days @ / | | | | | |
| 17 | | Hospital Stoppages | | | | | | | | | | | | | |
| 17a | | Miscellaneous Stoppages | | | | | | | | | | | | | |
| 19 | | Casual Payments | | | | | | | | | | | | | |
| 20 | | 1st Payment | | | | | | | | | | | | | |
| 21 | | 2nd " | | | | | | | | | | | | | |
| 22 | | 3rd " | | | | | | 2 | | | | | | | |
| 23 | | Final " | | | | | | 2 | | | | | | | |
| 24 | | Balance Debit Last Period | | | | | | 13 | | | | | | | |
| 28 | | " Due by Paymaster | | | | | | 6 | | | | | | | |
| | | | | | 13 | 19 | 8 | | 27 | Balance Due to Paymaster | | | 11 | 19 | 0 |
| | | | | | | | | | | | | | 13 | 19 | 8 |



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

CHECKED
M.H. PRO
18.1.18

Hazelby Camp
Jan 18 1918

CERTIFIED CORRECT.

E. J. ...
O.C. "2" Company.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

APRIL 6TH. 1918. *191*

From Officer Commanding,
Depot.

To Paymaster and Officer i/c Records,
Department of Militia.

2916 Private Martin, R. S.

Above mentioned man was recommended for Discharge from
Jensen Camp and Discharge from the Army as permanently unfit
by Medical Board held on April 5th. 1918.

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

W. H. H. H.
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.



Casualty Form - Active Service.

CERTIFIED TRUE COPY

Regiment or Corps 2^d Newfoundland

Regimental No. 2916 Rank Pte Name Martin R.P.

Enlisted (a) 29/6/16 Terms of Service (a) Duration Service reckons from (a) 29.6.16

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

Extended Re-engaged Occupation Seaman Qualification (b) Sgd. OS First Lieut

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, 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. 35, or other official documents. | |
|----------|--------------------------|--|----------|---------------------------|--|----------|
| Date | From whom received | | | | | |
| | | Embarked Southampton | | 18 th Oct 1917 | COPY SENT TO ST. JOHNS, N.F.L.D. N.F.P.35. No. DATED | |
| | | Disembarked Havre | | 20 th Oct 1917 | | |
| | | Joined Base Depot | Rouen | 23 rd Oct 1917 | | |
| 10/11/17 | 135 Fd 3 Can Stat. H. | as Phthisis | | 9-11-17 | | ED 3273 |
| | " | " | Doullens | 9-11-17 | | HA 16183 |
| | A.S. "Western Australia" | Inv. to England | | 18/11/17 | W 3083 | |

Sgd.
 L. Heary 2^d Lt for Major
 O/c No 1 Infantry Section
 G.H.Q. 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. [P.T.O.]

COPY.

NEWFOUNDLAND CONTINGENT

I.

From: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent.

354/30/R.&C.

To: O.C., 2/1st Newfoundland Regiment.

9/1/18.

2916, PTE. R.S. MARTIN.

I confirm exchange of telegrams:

"Newfound- Ayr- 7- 7/1/18- AAA-

"2916- Private- Martin- tubercular- case- for- discharge-

"and- fit- to- travel- overseas- detained- Wallace- Yard-

"Detention- Barracks- under- charge- APM- directs- that-

"escort- be- sent- by- you- pending- transport- aaa- telegraph

"- when- escort- due- London- -Synoptical-"

"Synoptical- London- 1503- 8th- aaa-

"escort- for- 2916- Martin- arrives- Wednesday- morning-

"Newfound- Ayr-"

A.F.B.121 and original charge documents are enclosed herewith, together with copy of my letter No. 298/1/C. to Asst. Provost Marshall, London District.

If you include Martin on next draft to Newfoundland please return documents as early as possible to this Office. A.F. B.179 and Medical History Sheet are retained here, please. Martin is recommended for discharge from the service on Medical grounds, and tentative arrangements have been made for his repatriation.

(Sgd) H. A. Timewell, Major,

Chief Paymaster & Officer i/c Records.

II.

From: O.C., 2/1st Nfld Regt.

To: Paymaster.

11/1/18.

This man has been dealt with, please.

(Sgd) J.E.J. Fox, Capt. for

Lt.Col. Comdg., 2nd Bn.
Newfoundland Regt.



REPORT OF THE MEDICAL BOARD

STATION St. John's, Nfld. DATE February 19th., 1918
 NO. 2916 AGE 18 HEIGHT 5'4"
 RANK Private COMPLEXION Pale
 UNIT 1st. Newfoundland EYES Brown HAIR Dark Brown
 NAME Martih, R. S.
 ADDRESS 74 King's Bridge Road FORMER TRADE Nil
 ENLISTED AT St. John's, Nfld. ON June 29th., 1916
 DISEASE OR DISABILITY TUBERCLE OF LUNG 44

PRESENT CONDITION *Palpebrae 1/2 Action disease both eyes
 more marked on left. Temp 99.4 Weight 125 lbs
 Scabies over arms. Slight cough*

HAS HE BEEN EMPLOYED AND BY WHOM?

AVERAGE WEEKLY EARNINGS

ESTIMATED DISABILITY *total at present*

RECOMMENDATION OF MEDICAL BOARD

Subj. fitness Camp

MEMBERS OF BOARD

*H. A. ...
 ...
 ...*



APPROVING MEDICAL OFFICER

*Clay Macpherson,
 Major,*

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. The form 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 completing this declaration. The "Rank," "Station," and "Date" should be in his own handwriting. This 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.

A Name in full *Martin Robert Stephen*
 Regiment from which discharged *1st Newfoundland Regt*
 Regimental Number *2916*
 Where born (Parish, Town and County), and when *St Johns Newfoundland 25th Sept 1899*
 Intended address *74 Kingsbridge Rd. St Johns Newfoundland*
 Height on discharge *5* Feet *4* Inches
 Colour of Hair on discharge *Dark Brown* Colour of Eyes *Brown*
 Descriptive marks *Nil* Complexion *Pale*
 Figure on discharge *Spare*
 Christian name of Father *Robert*
 Christian name of Mother *Elizabeth*
 Wife's Maiden name in full } *not married*
 Date and Place of Marriage }
 Christian names of Children }
 Nature and locality of civil employment desired *Engineer 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) *Robert Stephen Martin* (Rank) *Private*
 Station *Grove Military Hospital* Date *18-12-17*

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.

Fred W Abbott C.M.D. Medical Officer i/c Hospital.

Station *Grove Military Hospital* Date *18.12.17*

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

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

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... Robert Stephen 2. Surname... Martin
3. Rank... Private 4. Regt. No... 2916
5. Address in full to which future payments of gratuity are to be forwarded, 74 Kings Bridge Road
..... St. John's
6. Date of enlistment in the Regiment... June 29th 1916
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....
..... none
8. Relationship of such dependents... not applicable
9. Address in full of such dependents... not applicable
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
11. Were you on active service only in Mfld. If so, give dates and particulars of such service.....
..... No. I went overseas August 28th 1916
-
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... one year 295 days
- 1.2

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.....

..... *I received \$86.00 from Mexico Dept*

(Post discharge pay)

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 inefficiency?.....

not applicable

19. Are you now serving in the Regt.?..... If not give? - (c) date of discharge.....

Apr. 19th 1918.

(b) Reason for discharge. *Disability*

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....

France - Oct. - Nov. 1917

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

..... *not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Robert S. Martin*
 Place of Residence: *St. John's*
 Declared before me at: *St. John's*
 This *4th* day of *June* 19*19*....

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

| POST DISCHARGE PAY. | | | | Net amount due |
|---------------------|---------------|-----------------|-----------------------|----------------|
| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | |
| | | | | |
| | | | | |
| Certified correct. | | | | Paymaster |

N.F.P./54.

No.131.

From Pay & Record Office, London,

TO; Minister of Militia, Sgt. John's, Nfld.

#2916 Pte.R.J.Martin

Damage to window Sash whilst
at Tooting Grove Military Hospital, 7-1-18 as per Voucher
3389, 2s.6d.

Deputy Paymaster.

For information.

W. E. Davidson

Governor.

25 July, 1917.

No. 1349.

Code Telegram from Major Timewell.

(recd. 25 July 1917)

Following for Howley:

Cancel allotment 2916 Martin absent from

July 19th.

SEPARATION ALLOWANCE.

Claimant..... *Mrs. Elizabeth Martin*

On account of..... *R. S. Martin* No. *2916* Rank.....

Decision..... *approved.*
Payable from 4/1/17, date of
enlistment of second son
to 18/7/17.

Date..... *Nov. 7/1922*

.....
W. F. Rendell *lieut. Col.*
M. Howley *Major*
.....

Instructions.....
.....
.....
.....

Allotment of per payable to
his from to
Discontinued on account of

~~.....~~ *713.55*
6 mos $\frac{15}{31} = 129.68$

MOTHER.

FIRST NEWFOUNDLAND REGIMENT.
Separation Allowance Branch.

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to,-

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of Soldier Rank Reg't. or Unit. Reg't. No.
Robert Stephen Martin Private 1st. Nfld. 2916.
2. Age of Soldier Married or Single.
20 years. Single.
3. Name in full of Mother Age Occupation Permanent Address.
Elyzabeth Martin 65. Does little washing. 74. King's Bridge Rd.
4. Give name of your husband, Age Occupation Where Employed.
Robert, Dead.
5. If your husband is not supporting you state the reason.
Dead.
6. If your husband is a chronic invalid and totally incapacitated state nature of malady (A medical certificate must be enclosed with this document, stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue).
Dead.
7. If you are a widow, state date and place of ~~death~~ death of your husband.
July 1915. Died at St. John's.
8. Have you married again since death of above mentioned husband?
No.
9. Names of your other Children. Address in Full Age Occupation. Married or Single.
*John Martin 40. Canadian Army. Single.
1042866. 38th Batta.*

- 30. Are you in receipt of any payment from any Patriotic Fund? if s, how much? No.

- 31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government? No.

- 32. In what capacity and in what place? No.

- 33. Is he in receipt of a salary as such while serving in the 1st. Mfid. Regt.? If so, how much? No.

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant..... *Elizabeth X Martin*
 Place of Residence *St. John's, Nfld.*
 Declared and subscribed before me at... *St. John's, Nfld.*
 this *29th* day of *October* 1917.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *E. P. Pincot*
Barrister at Law.

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *Edgar Louis Reith, J. D. Thomas.*
 Signature of Member of Patriotic Fund Committee. *M. G. Gath*

approved 5/11/17.

J.P.B.

W.P.R.

[Handwritten signature]

September 27th. 1922

The Officer i/c Records (Military)
Dept. of Militia & Defence,
Ottawa.

Dear Sir:-

re #1042866, John Martin, 38th. Battn. C.E.F.

I shall be obliged if you will kindly furnish me with
the following information regarding the above mentioned soldier:-

Date of enlistment.

Date of Discharge.

Was Sep. Allee paid on his account?

If so, to whom, and what period covered?

Thanking you in advance.

Yours truly,

Major
Paymaster



ADDRESS REPLY TO
THE SECRETARY, MILITIA COUNCIL
HEADQUARTERS,
OTTAWA, CANADA.

AND QUOTE NO. 832-M-225.

DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA. October 10th, 1922

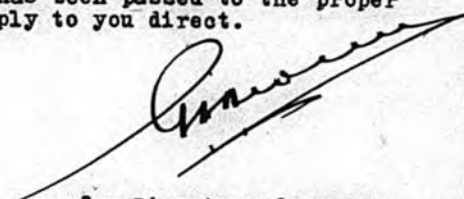
Major J.M. Howley,
Paymaster,
Department of Militia,
St. John's,
Nfld.

1042866 Pte. John Martin

Sir: -

I am directed to acknowledge receipt of your letter of the 27th ultimo and would advise that records on file with this Department show that the marginally noted ex-soldier enlisted with the 240th Battalion, C.E.F., on the 4th of January, 1917, at Renfrew, Ontario; proceeded overseas to England, 3-5-17; saw service in England only, and was returned to Canada and struck off strength at Halifax under Demobilization, 27-10-19.

That part of your letter which refers to Separation Allowance has been passed to the proper official, who will reply to you direct.


for Director of Records,
for Adjutant-General.

OCP/ERS.

Address reply to
Director S.A. and A.P.
Daly Bldg
Ottawa, Ont.

MILITIA AND DEFENCE 832-M-225.

OTTAWA, 17th October, 192

Major J.M. Howley,
Paymaster,
Dept. of Militia,
St. John's, Newfoundland.

Re:- 1042866, Pte. John MARTIN.

Dear Sir:-

With reference to that portion of your communication of the 27th ultimo regarding separation allowance on account of the above ex-soldier, investigation shows that Pte. Martin assigned \$15.00 per month of his pay to his Mother from 1/3/18 to 31/10/19, but no separation allowance was payable on his account.

Yours truly,



(Thos. O. Cox.)
Director S.A. & A.P.

2916 R.S. Martin

P.M.

Above man proceeding to Truro
this week. Please pay P.D. pay in one
cheque

-9/12/18

91 days @ 1.10 =

B.F.H.
100.10.
16.74
83.36

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰

July 24 1919

Received from the First Newfoundland Regiment
the sum of Thirty five Dollars.

~~on account~~
balance of Pay. Clothing

F. S. Martin

| | |
|-----------------------|--------------------|
| Ch. No. <u>3655</u> | Initials <u>FM</u> |
| Pay Ledger <u>364</u> | Initials <u>FM</u> |
| Gen. Ledger..... | Initials..... |

Regtl. No.

Rank

A. C. R.

No. 2916 Rank Pfc

Name R. S. Martin

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 83 ³⁶/_{xx}

Dec 9th 1914

Received from the First Newfoundland Regiment
the sum of Eighty three ³⁶/_{xx} Dollars.
on account of Pay. For discharge R. S. Martin
balance

| | | | |
|-------------|------|----------|----|
| Ch. No. | 6532 | Initials | ew |
| Pay Ledger | 250 | Initials | wn |
| Gen. Ledger | | Initials | |

Regtl. No. Rank

FILE

No. 2912

Rank PL

Name Martin R.S

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$21 ⁹⁵/₁₀₀

Apr. 19th 1915

Received from the First Newfoundland Regiment
the sum of Twenty One ⁹⁵/₁₀₀ Dollars.

on account
balance of Pay, when discharged.

Robert S. Martin

| | |
|-----------------------|--------------------|
| Ch. No. <u>5731</u> | Initials <u>EW</u> |
| Pay Ledger <u>leg</u> | Initials <u>EW</u> |
| Gen. Ledger <u>ky</u> | Initials <u>EW</u> |

Regtl. No.

Rank

[Signature]

No. 2916

Rank

Pte

Name

R. S. Martin

Fold Here

ON HIS MAJESTY'S SERVICE

To the Offices in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here



July 5th. 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 10376), is forwarded herewith to

Robert S. Martin,

in respect of his service as No. 2916 Rank Pvte.

Name R.S. Martin Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received p. y. 22 H6J.

Signature Mrs R S^{to} Martin

Date not. with recd.

Address Kings Ridge

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(666) W: 017/2121 1000m 6/15m 23 56

Forms
B. 121.
12.

Regiment of

Newfoundland.

Number of Sheet

First.

COPY Signature of O. C. Company *H. J. ...*
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. *9507*
DATED 18 JAN 1918

| | | | | | | | |
|--|--|--|--|-------------------------------------|--|--|--|
| Regimental Number and Name No. <i>2916</i> <i>Master R.S.</i> | | Enlistment Age on <i>18</i> years <i>7</i> months | | Trade <i>Seaman</i> | | Good Conduct Badges, Service Pay or Proficiency Pay | |
| Place and Date of Enlistment Joined <i>Depot</i> Date <i>5/9/16</i> | | Religion <i>Cof. C.</i> | | Place of Birth <i>St. John's</i> | | O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.38. No. <i>9507</i> DATED 18 JAN 1918 | |
| Period of { with Colours <i>205</i> years. with Reserve <i>365</i> years. | | | | | | | |

| 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>Ayr</i> | <i>13.1.17</i> | <i>Pvt.</i> | | <i>Drunk during pass 11pm. till 8-10pm</i> | <i>Sypl. L. Morrison</i> | <i>2 days C.S.</i> | <i>17.1.17</i> | <i>2 Lt. Dicks</i> | <i>Infected 2 days pay Red. C.S.</i> |
| <i>Glasgow</i> | <i>27.1.17</i> | | | <i>Failing to salute an officer in Renfield St. about 10.50 am</i> | <i>Lt. Col. Ordish R.S.P. Lt. McLellan G.M.</i> | <i>168 hrs detention</i> | <i>2.2.17</i> | <i>Lt. Col. Whitaker</i> | <i>Infected 6 days pay Red. C.S.</i> |
| <i>Ayr</i> | <i>27.1.17</i> | | | <i>Absent from Tattoo till 11.15pm</i> | <i>Sypl. L. Morrison</i> | <i>168 hrs detention</i> | <i>2.2.17</i> | <i>Lt. Col. Whitaker</i> | <i>Infected 6 days pay Red. C.S.</i> |
| <i>Ayr</i> | <i>10.2.17</i> | | | <i>Absent from Tattoo until apprehended by Military Police in Glasgow at 11.45 am. 13.2.17</i> | <i>Sypl. Supp. Documentary</i> | <i>168 hrs. detention</i> | <i>15.2.17</i> | <i>Lt. Col. Whitaker</i> | <i>Infected 4 days pay Red. C.S.</i> |
| <i>Ayr</i> | <i>22.2.17</i> | | | <i>Absent from Tattoo till 10.25pm</i> | <i>Sypl. Eddy</i> | <i>2 days C.S.</i> | <i>23.2.17</i> | <i>2 Lt. Dicks</i> | <i>Infected 2 days pay Red. C.S.</i> |
| <i>Ayr</i> | <i>12.3.17</i> | | | <i>Absent from Tattoo till 11pm</i> | <i>Sypl. McLennan</i> | <i>2 days C.S.</i> | <i>13.3.17</i> | <i>2 Lt. Dicks</i> | <i>Infected 2 days pay Red. C.S.</i> |
| <i>Ayr</i> | <i>24.3.17</i> | | | <i>Absent from Tattoo until 6pm 29.3.17</i> | <i>Sypl. Eddy</i> | <i>7 days C.S.</i> | <i>30.3.17</i> | <i>Lt. Col. Whitaker</i> | <i>Infected 6 days pay by Red. C.S.</i> |
| <i>Ayr</i> | <i>24.4.17</i> | | | <i>Absent from Tattoo until 12.30 am on the 25.4.17</i> | <i>Sypl. Supp. C.R.</i> | <i>3 days C.S.</i> | <i>25.4.17</i> | <i>2 Lt. W. ...</i> | <i>Infected 2 days pay by Red. C.S.</i> |

To be carried over
Medically unfit St. John's 19th Feb.

Army Form B.

Brought forward

| | | | | | | | | |
|------------|--|------|---|--------------------------------|--------------------|---------|-------------------------|---------------------------------------|
| Apr. | 3.5.17 | Me. | Absent from Talloo until 11.15 P.M. | Cpl. Talley | 3 days C.B. | 4.5.17 | Major Rendell | Forfeits 1 day pay by R.W. |
| Apr. | 5.5.17 | " | Absent from 1.50pm. until 11.30pm. 30.5.17 | Cpl. Dudley Cpl. Hall | 28 days detn. | | Lt. Col. Caw. Whitehead | Forfeits 76 days pay by R.W. J.B.T.S. |
| Apr. | 27/6/17 | | Absent from 6.30am parade until 7am | Cpl. Ledstone | 10 days C.B. | 27/6 | Major Rendell | Forfeits 12 days pay by R.W. |
| Barry Capt | 25/6/17 27/7/17 | | Absent from 1.45pm Parade of 25/6/17 until escorted back at 10.45 6/7/17 | Cpl. Ledstone Cpl. McCreary | 12 days detention | 7/7 | Lt. Col. Whitaker | Deprived of 12 days pay |
| Barry | 19/7/17 | | Absent from Talloo 19/7/17 to 8.30am 28/7/17 | Sgt. Hall Cpl. Smith | 168 hrs. detention | 28/7/17 | Major Rendell | Forfeits 7 days pay by R.W. |
| Barry | 13.9.17 | Pte. | Absent from 2 P.M. parade next day reported 9.30 P.M. | Cpl. Leaver | 3 days C.B. | 14/9/17 | Cpt. S. Robertson | Forfeits 1 days pay by R.W.S.S. |
| Barry | 14.9.17 | " | Absent from camp from 10 am. 14th. till arrested in Dundee on the 15th. | Cpl. Leaver | | | | |
| | | " | Absent Failing to answer defaulters calls from 5.30 till 9.30 P.M. | Sgt. Moroney | 14 days Det. | 17/9/17 | Major March M.C. | Forfeits 2 days pay by R.W. |
| Locking | 7/1/18 | " | Overstaying his pass while in Grove Hospital | Doct. 4 | 4 days C.B. | 11/1/18 | Lt. Col. Whitaker | Forfeits 11 days pay by R.W. |
| | | " | Breaking a window while in Hospital | | | | | 5.9. |

COPY

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Gilk & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms
(1454) W5287/M2288 250m 7/17x 23 59
B. 121.
41.

Regiment of Newfoundland

Number of Sheet First
Signature of O. C. Company J. Ledingham

| | | | | | |
|----------------------------|--------------|------------------------------|--------------------------|-----------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service Pay or Proficiency Pay |
| No. | <u>2916</u> | Age on | <u>18 years 7 months</u> | <u>Seaman</u> | |
| Joined | <u>Depot</u> | Place and Date of Enlistment | <u>St Johns 29/6/16</u> | Religion | |
| Joined | <u>Depot</u> | Date | <u>29/6/16</u> | <u>C.P.C.</u> | |
| Joined | <u>Depot</u> | Date | | Place of Birth | |
| Joined | <u>Depot</u> | Date | | <u>St Johns</u> | |
| | | Period of | { with Colours years. | | |
| | | | { with Reserve years. | | |



| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|----------------|-----------------|------------|----------------------|--|---|--------------------------|---|---------------------------|------------------------------|
| <u>Rye</u> | <u>15.1.16</u> | <u>Pte</u> | | <u>Overstaying pass from 10.8.15 pm</u> | <u>Sergeant Le Messurier</u> | <u>2 days CB</u> | <u>17.1.17</u> | <u>2nd Lt Dicks</u> | <u>Infants 2 days pay RW</u> |
| <u>Glasgow</u> | <u>27.1.17</u> | <u>"</u> | | <u>15.1.17</u> <u>Failure to salute an officer in Kenfield St about 10.50 am</u> | <u>1st Lt Ordish M.P.</u> <u>1st Lt McKenna G.M.P.</u> | | | | <u>Infants 2 days pay RW</u> |
| <u>Rye</u> | <u>27.1.17</u> | <u>"</u> | | <u>12.1.17</u> <u>Absent from tattoo till 11.15 pm</u> | <u>Sergeant Le Messurier</u> | <u>168 hrs detention</u> | <u>2.2.17</u> | <u>1st Lt Whitaker</u> | <u>Infants 6 days pay RW</u> |
| <u>Rye</u> | <u>10.2.17</u> | <u>"</u> | | <u>1.2.17</u> <u>Absent from tattoo until apprehended by Military Police in Glasgow at 11.45 am 13.2.17</u> | <u>Sergeant Jupp</u> | <u>168 hrs detention</u> | <u>15.2.17</u> | <u>1st Lt Whitaker</u> | <u>Infants 4 days pay RW</u> |
| <u>Rye</u> | <u>22.2.17</u> | <u>"</u> | | <u>13.2.17</u> <u>Absent from tattoo till 10.25 pm</u> | <u>Documentary</u> <u>Sergeant Eddy</u> | <u>2 days CB</u> | <u>23.2.17</u> | <u>1st Lt Dicks</u> | <u>A</u> |
| <u>Rye</u> | <u>12.3.17</u> | <u>"</u> | | <u>11.3.17</u> <u>Absent from tattoo till 11 pm</u> | <u>Capt McConnell</u> | <u>2 days CB</u> | <u>13.3.17</u> | <u>1st Lt Dicks</u> | <u>D</u> |
| <u>Rye</u> | <u>24.3.17</u> | <u>"</u> | | <u>23.3.17</u> <u>Absent from tattoo until brought in by escort 6 pm 29.3.17</u> | <u>Sergeant Eddy</u> <u>Sergeant Jupp</u> | <u>7 days CB</u> | <u>30.3.17</u> | <u>1st Lt Whitaker</u> | <u>Infants 6 days pay RW</u> |
| <u>Rye</u> | <u>24.4.17</u> | <u>"</u> | | <u>24.4.17</u> <u>Absent from tattoo until 12 noon on the 25.4.17</u> | <u>Cpl Connors</u> | <u>3 days CB</u> | <u>25.4.17</u> | <u>1st Lt W.M. Greene</u> | <u>Infants 2 days pay RW</u> |
| | | | | To be carried over | | | | | |

Army Form B. 121

| | | | Brought forward | | | | | |
|-----------|---------|-----|---|-----------------------------|-------------------|---------------------------------|--------------------|--|
| Ays | 3.5.17 | Pte | Absent from letters until 11.15pm | Cpl Tilley | 3 days CB | 4.5.17 | W Maoney Johnson | JK |
| Ays | 5.5.17 | " | Absent from 1.50pm until 11.30pm 5.5.17. | Cpl Duley Cpl Hall | 28 days detn | | Lt Col CW Whitaker | Forfeits 26 days pay by RW JST |
| Ays | 27/6/17 | " | Absent from 6.30 am parade until 7 am | Corpl Lidstone | 10 days CB | 27 ⁶ / ₁₆ | Major Rendell | JK. |
| Bany Camp | 25/6/17 | " | Absent from 11.45 pm parade of 25/6/17 until escorted back at 10.45. 6/7/17 | Cpl Lidstone Plt H Green | 12 days retention | 7 ⁷ / ₅ | Lt Col Whitaker | Forfeits 12 days pay by RW. Deprived of 12 days pay JK |
| Bany | 19/7/17 | | Absent from letters 19/7/17 to 8.30 am 20/7/17 | Sgt Hall Cpl Smith | 168 hrs detention | 20/7/17 | Major Rendell | Forfeits 7 days pay by RW |
| Bany | 13.9.17 | Pte | Absent from 9pm parade next reported 9.30pm | Corpl Tessier | 3 days CB | 14 ⁹ / ₇ | Cpt S Robertson | Forfeits 1 days pay by RW SK |
| Bany | 14.9.17 | " | "Absent from camp from 11am 14th till arrested in Dundee on the 15th | Corpl Tessier | | | | |
| | | " | "failing to answer telephonic calls from 5.30pm till 9.30pm | Sgt Morrison | 14 days Det. | 17 ⁹ / ₇ | Major Frank MC | Forfeits 2 days pay by RW |
| Booby | 7/1/18 | " | "Overstaying his pass while in Home Hospital | Docty | 7 days CB | 11/1/18 | Lt Col Whitaker | Forfeits 4 days pay by RW JST |
| | | | "Breaking a window pane while in Hospital | | | | | |

