



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5949 Name Robert Miller Corps B. L.

### Questions to be put to the Recruit before Enlistment.

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

I, Robert Miller 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.

9.8.18. Robert Miller Signature of Recruit.

P. D. Dowden Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Miller 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 9 day of August 1918.

Signature of Attesting Officer P. B. Dicks Lieut.

### †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 7th Bn. N.F. Regt.

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

Date Aug 10<sup>th</sup> 1918 .....

Place St. John's .....

Signature of Approving Officer J. R. ...

† 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) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5949 Name Robert Miller Corps B.I.

### Questions to be put to the Recruit before Enlistment.

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

I, Robert Miller 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.

9.8.18

Robert A. Miller SIGNATURE OF RECRUIT.  
P. D. Dowden Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Miller 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 Placentia on this 9 day of August 1918.

Signature of Attesting Officer C. B. Dickson Lieut

### † 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 Aug 10 1918

Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5949

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

Name Robert Miller  
 Apparent age 18 years 9 months. Height 6 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 82 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Miller  
Placentia | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>9-8-18</u>									
Joined at <u>W. B. Co's</u> on <u>August 9-1918</u>									
<u>Discharged to follow Jan. 10/1919.</u>									
<u>Special duty Kelly Mt. 30-8-18</u>									
<u>Returns to depot 11-9-18</u>									
<u>Special duty Kelly Mt. 16-9-18</u>									
<u>Returns to depot 2-10-1918</u>									
<u>Remobilization</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge)									
" " Pensions " " " " " "									

years 3 months 61 days

C.R. 5949

Extract of Daily Orders Part II, dated Jan. 14th 1919, Depot,  
St. John's.

Discharge confirmed on Demobilisation

The discharge of the undernoted man on demobilization has  
been confirmed by Officer i/s Records on noted dates.

5949 Pte. Robert Miller.

Discharged 10-1-19

C.P. 5949

Extract from Daily Orders Part 11 Unit the Royal WFLD.  
Regt., St. John's . Dec. 16th, 1918.

The undernoted Man discharges on Demobilisation *has*  
been approved by O.C. Discharge Depot from noted date  
he is removed from ~~24~~ Depot Strength and transferred to  
by Officer.  
Discharge Depot pending confirmation-l/s Records.

5949 Pte. Robert Miller.

C.A. 5949

Extract from PRELIMINARY REPORT from the DIRECTOR MEDICAL  
SERVICES to G.C. Depot, dated Dec. 7th. 1916.

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

5949 Pte. R.A. Miller

Recommended Discharge as Permanently Unfit.

C.R. 5949

Extract from Daily Orders Part 11 Unitt The Royal Nfld. Regt.,  
St. John's, Oct. 5th, 1918.

The following man returned from Special Duty at Dry Dock,  
2-10-18.

5949 Pte. R. Miller.

The



C.R. 5949

Extract from Daily Orders part 11 Depot, St. John's  
Dated September 16th 1918.

5949 Pte. R. Miller

The above mentioned soldier proceeded on Special Duty  
to Reid Newfoundland Company's Dry Dock, 16-9-18.

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C.R. 5949

Extract from Daily Orders part 11 Depot, St. John's dated Sep. 16/18

5949 Pte. R. Miller

The above mentioned soldier returned from Special Duty at  
Petty Harbour 14-9-18.

C.R. 5949

Extract from Daily Order Part 11 from Depot St. John's Aug. 30/18

#5949 Pte. R. Miller.

The following W. C. Os and men proceeded to Petty Harbour on  
Special Duty 29-8-18.

CR. 5949

Extracts from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated August 12, 1918.

#5949 Pte. R.A. Miller.

Attested for General Service with the Royal Wfld. Regt.  
from 9-3-18.

Miller, R

5949

Ray & Co. p. h.

January 10th., 1919

#5949 Pte. Robert A. Miller,  
Placentia.

Dear Sir; /

Please find enclosed "Discharge  
Certificate No. 390."

Yours faithfully,

Captain,  
Paymaster & O.i/c Records.

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5949 Rank Pvt Name Kohstamille  
 Intended place of residence St. John's
2. Occupation Bank clerk  
 Classification of soldier B Medical Category S
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place DEC 13 1918  
 Date DEC 13 1918 W. H. M. Capt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date St. John's  
Dec 12<sup>th</sup> 1918
- R. M. M. M.  
 Signature of soldier  
W. H. M. Capt  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date St. John's  
12-12-18
- R. M. M. M.  
 Signature of soldier  
W. H. M. Capt  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 9-8-18 No of days on Military  
 Discharged from service 13-12-18 plus 28 days Service 155

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S  
 Date DEC 13 1918
- R. H. Last Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld.  
 Date January 10/1919  
W. H. M. Capt  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

22  
30  
31  
51  
10  
155

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5949 Rank Plt Name Miller, Robert  
 Date of Enlistment 9.8.15 Address Placentia District Plac  
 Occupation Private Classification for Discharge B Medical Category D  
 Recommendation S.M.B. Proficient Disability Rating Less than 20%  
 Passed to Demobilization Officer with following documents:—

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

Date 11.17.18

*W. H. C. Discharge Depot*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Rampier*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied Joseph H. Harvey

Date 12-12-18

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 226 to his home at Placentia and Release Certificate No. 301 issued.

Date 12-12-18

Q S Dicks Capt  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-1-19

Date 12-12-18

W. S. Wiley Capt.  
Depot Paymaster

Discharge approved for 12 12 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 12 12 18

Q S Dicks Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date DEC 13 1918

R H Lant  
O. C. Discharge Depot.

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

Date Dec 16/1918

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

## MEDICAL HISTORY

OF

Surname

Miller

Christian Name

P. H. T.

Table I.—GENERAL TABLE

Birthplace:—Parish

Placencia

County

Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	at	9 day of Aug 1918	at	191
Declared Age .....		18 years		191
Trade or Occupation .....		Yachman		
Height .....		5 feet 5 inches		feet inches
Weight .....		120 lbs.		lbs.
Chest Measurement {	Girth when fully expanded .....	35 inches		inches
	Range of Expansion .....	3 inches		inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	Number .....			
When Vaccinated .....				
Vision .....	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease .....	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection .....				
Approved by (Signature)	Lamm P. Peterson			
(Rank)	Major		Medical Officer	
Enlisted .....	at	St. John's	at	
	on	9 day of Aug 1918	on	day of 191
Joined on Enlistment .....	Corps	Regtl. No.	Corps	Regtl. No.
		Royal Nfld. 5949		
Transferred to .....	Regiment.			
Became non-effective by .....	on	day of 191	on	day of 191
(Signature)				
(Rank)				

[P.T.O.]



*h*

*Placentia*

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—  
*B*

*400 A*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

*5.12.18*

Date .....

Regimental No. *5949*

Name *Miller Robert a* *etc*

Address *Placentia P.B.*

Present Medical Category *Att D*

Recommended for:— (a) ~~Immediate discharge~~ .....  
(b) Standing Medical Board.....

*Proceedings of M.B. in file*

Members of Board

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

*J. Peterson*  
Senior Medical Officer

*See Berden*  
M. O. Depot

## Civil Re-establishment Committee.



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

*To work as Bank Clerk*

*R. A. [Signature]*  
Signature of Man.

*D. B. [Signature]*  
Signature of the Vocational Officer or his Representative.

Reg. No. *5949*

Place *St. John's*

Date *12/12/18* 191



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Miller, Robert, Alonge*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5949*  
 Intended address *Placentia*

Height on discharge *5* Feet *6"*  
 Color of hair on discharge *Dark Brown*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks *Scar on left side of chin*  
 Figure on discharge *medium*  
 Christian name of Father *William*  
 Christian name of Mother *Julia*  
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children

Place and date of soldier's birth. *Placentia, Dec. 16, 1899*  
 Nature and locality of civil employment required

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

(Soldier's signature in full)

*Robert A. Miller*

Station

*St. John's*

Date

*Dec. 4/18* (Rank) *Pte*

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.

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

Station

*St. John's Nfld*

Date

*Dec 4/18*



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

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

Name in full

*Robert Miller*

Regiment from which discharged

*1st. Newfoundland*

Regimental number

*5949*

Intended address

*Placentia*

Height on discharge

Feet

Color of hair on discharge

*black*

Complexion

*dark*

Color of eyes

*brown*

Descriptive Marks

*Scar left Cheek*

Figure on discharge

*fair*

Christian name of Father

*William*

Christian name of Mother

*Julia*

Wife's maiden name in full

*Green*

Date and place of marriage

Christian names of children

Place and date of soldier's birth.

*Placentia Dec 16<sup>th</sup> 1899*

Nature and locality of civil employment required

*office work*

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 Miller*

Station

*Princes Rink*

Date

*10-12-18*

(Rank)


*pte*

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.

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

Station

Date



Department of Militia, Newfoundland

Medical Department

*Medical Report on an Invalid*

NOTES:—

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

STATEMENT OF CASE

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

Date ..... **DEC. 5th 1918.**.....

1. Unit *Royal Newfoundland*
2. Regimental No. **5949**
3. Rank **PRIVATE**
4. Name **MILLER, ROBERT A.**
5. Age last birthday **18 years**
6. Enlisted on **AUGUST 9th 1918.**
- at **ST. JOHN'S**
7. Former trade or occupation **BANK CLERK**
8. Disability

**INFLUENZA AND PNEUMONIA**

9. History **He states that he had an attack of pneumonia about a year ago. Six weeks in bed. While on home leave he says he had influenza and pneumonia. Attended by Dr. McKendrick. Two months confined to house. Reported barracks 28/11/18. Has been doing light duty since 29/11/18.**



10. What is his present condition?

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

His general condition is fair. General complaint of cough, but not continual. Has no pain.

Has rales on forced respiration more pronounced right chest. Pulse 96. Temp. normal.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

YES

Signature L. PATERSON, Major

Rank or Qualification .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

## Opinion of the Medical Board

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

13. For pension purposes, the disability x **may** be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

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

**YES**

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

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

(State in percentage.)

Remarks if any:— **Less than 20%**

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to 

{	General Hospital, Naval and Military Con- valescent Hospital, Jensen Tuberculosis Camp.	<b>NO</b>
---	--	-----------

20. We recommend discharge from retention in the Army **PERMANENTLY UNFIT**

Remarks if any:—

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

Signatures..... **J. S. TAIT** .....

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

Place **ST. JOHN'S** .....

Date **DECEMBER 6th 1918.** .....

**APPROVED**

Station .....

Date .....



.....  
**(SGD) CLUNA JACOBSON, Major,** Medical Officer



THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, Robert A Miller, Regl. No. 5949  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 75 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
concerned, viz.:

Allotment begins Sept 1 - 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>6012</u>	<u>Mother</u>	<u>John Miller</u>	<u>Placentia</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

(Sig.) [Signature]  
Officer Commanding  
C Company  
M. John  
Aug 15 1918

(Sig.) [Signature]  
(Rank) Pte.



# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on Aug 9 1918

1. Name Robert Miller Age (a) Declared 18  
 (b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? Pneumonia 2 years ago.

Erys. Exanth.  
Comp. Pain  
Marks: Scar on left chest.

5949

3. Height 5 ft. 5 Weight 120  
 4. Eyesight (a) Left 6/6 (b) Right 6/6  
 5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~  
 Measurement (a) Expiration 32 (b) Inspiration 38

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)  
 Teeth }  
 Throat }  
 Nose }  
 Ears—(Otorrhea) }  
 (Deafness) }

10. Have you been successfully vaccinated, and when? Yes 9 years ago

11. Name and address of next of kin Father William Placentia

REMARKS—

A-11

Archibald  
W. Gordon

Medical Examiners.

Placentia  
12/4/22

St. James  
H. S.

I saw a  
soldier bearing an  
honorable discharge  
from Regiment.  
As I have not received  
discharge badge nor  
smaller War Service  
badge I write to ask you  
if to forward them.

My number is 5949, name  
H. R. Rittell. I was a  
member J. C. C. 3rd Bat.

Class I Robert Rittell  
Bapt 1911

mailed  
12/5/22

Rittell  
Placentia

Mr R A Miller  
Due to

Mrs W Miller

For board

44 days at  
\$1.40 per day \$61.<sup>60</sup>

pay at usual boarding rate



Amount

Mrs W Miller  
Placentia

(R) R. A. Miller  
27/11/18

(After leave has expired)  
Oct 14<sup>th</sup> - Nov 27 -

Mrs Miller claims that her  
son, ~~Dr. R. L. Miller~~  
has 44 days under doctor's  
treatment and asks  
payment for his board.

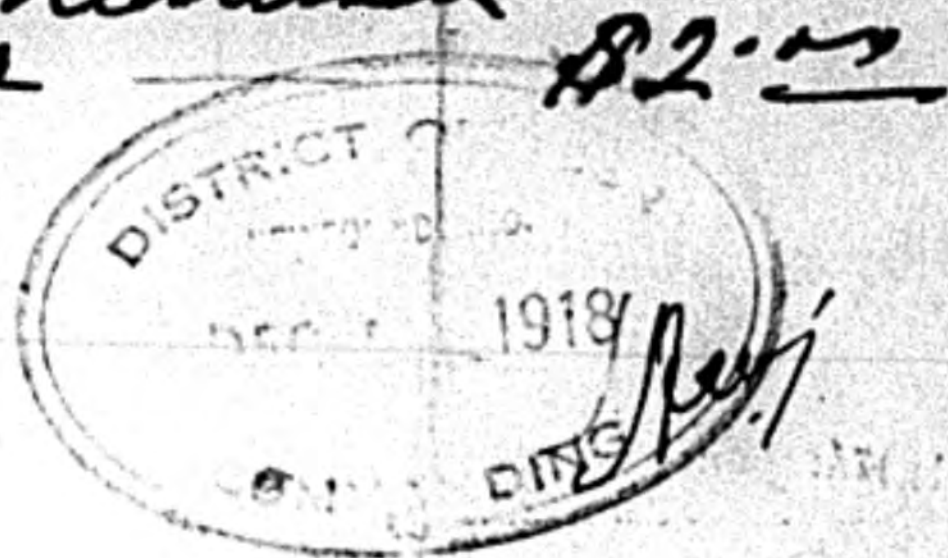
W. H. Kelly

---



Robert Miller      O      D-  
to Dr. McKendrick & Professional  
Attendance and Medicines  
Two Dollars

Placenta  
Nov. 27-18



thing  
e  
ip

JOHNS-EAST  
MA 15

3669<sup>22</sup> 01

5949

Badge

No.

213

From

Dept of military

Registered Letter Addressed—

Robert A Miller

L.R.  
Received by

Laconia



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

6 wks @ 7<sup>20</sup>  
2 days @ 1<sup>10</sup>

43.20  
2.20  
45.40

*St. John's, Newfoundland,*

Dec. 4th, 1918

44  
140  
1760  
44  
61.60

From Officer Commanding,  
Depot

To D.O.C., Newfoundland,  
Militia Department

5949 Pte. R. Miller

Reference enclosed bill for board for  
above noted man, he was reported ill of  
pneumonia Oct. 14th and on his return to Depot  
on Nov. 28th brought certificate from Doctor  
McKendrick, Blacentia, that he had been under  
his care during that period.

COD/AC

*Adjutant*  
Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.

*WHE*

6 wks @ 7<sup>20</sup>  
2 days @ 1<sup>10</sup>

43.20  
2.20  
\$ 45.40

*Proc. Depot*

ACCOUNT	134m	INITIALS	<i>JA</i>
OH. NO.	6333	INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Dec. 10th. 18

Mrs. W. Miller,  
P l a c e n t i a.

Dear Madam:

I enclose herewith cheque for  
\$45.40 being amount due you for boarding Pte. H. A. Miller

Yours truly,

Capt.  
Paymaster.



# Department of Militia, Newfoundland

## Medical Department

### Medical Report on an Invalid

#### NOTES:—

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

#### STATEMENT OF CASE

Station *St. John's, Nfld.*

Date *5<sup>th</sup> Dec 1918*

- Unit *Royal Newfoundland*
- Regimental No. *5949*
- Rank *Pte* at *St. John's*
- Name *Miller, Robert A.*
- Age last birthday *18*
- Enlisted on *Aug. 9, 1918*
- Former trade or occupation *Bank clerk.*

#### 8. Disability

*Influenza & Pneumonia*

*He states that he had an attack of Pneumonia about a year ago. Six weeks in bed.*

- History. *While on some leave he says he had Influenza & Pneumonia attended by Dr. McKendrick - Two months confined to house. reported Barracks 28/11/18. Has been doing light duty since 24/12/18*

10. What is his present condition?

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

His general condition is fair  
General complaint of cough  
but not continual - Also  
no pain -

Also notes on forced respiration  
none pronounced in right chest.  
Pulse 96 Temp. normal.

11. Was sanatorium operation advised and refused?

✓

12. Do you recommend discharge as permanently unfit?

no

Signature

J. P. Anderson

Rank or Qualification

Major

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

## Opinion of the Medical Board

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

13. For pension purposes, the disability x may be considered as aggravated by:—  
due to—

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service  
Remarks if any:—

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

Yes

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

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

(State in percentage.)

less than 20%

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

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

20. We recommend discharge from retention in the Army permanently unfit

Remarks if any:—

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

Place Sydney  
Date Dec 6/18

APPROVED

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



[Signature]  
Administrative Medical Officer

COPY

Demobilization Form 2.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. **5949** Rank **Pte** Name **ROBT MILLER**

Intended place of residence **Florentia**

2. Occupation **BANK CLERK**

Classification of soldier **B** Medical Category **D**

3. The above named man is discharged in consequence of **Demobilization**

~~RESERVE~~

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

Place **G. G. DULEY, CAPT.**

Date **DEC 12 1918** **for Commanding Discharge Depot**  
**The Royal Newfoundland Regiment**

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date **ST. JOHN'S** **R. A. MILLER**  
Signature of soldier

**G. B. DICKS A/CAPT**  
Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date **ST. JOHN'S** **R. A. MILLER**  
Signature of soldier

**12-12-18** **E. F. PETERS, L/C**  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service **9-8-18** No of days on Military

Discharged from service **12-12-18 plus 28 days** Service **155 days**

### APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S** **R. H. TAIT, CAPT.**  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.

Date **DEC 13 1918**

### CONFIRMATION OF DISCHARGE

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

Place **Officer i/c Records**

Date **The Royal Newfoundland Regiment**



COPY

Form B.  
16-10-18-300.

Civil Re-establishment Committee.



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

.....  
TO WORK AS BANK CLERK.....  
.....  
.....

.....  
R.A. MILLER

Signature of Man.

Reg. No. 5949

C.B. DICKS, A/CAPT

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 12-12-18 191.....

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. B. Dicks / Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Robert Miller</u>	Age on	<u>18</u> years <u>8</u> months	<u>Bank Clerk</u>	
5949		Place and Date of Enlistment	<u>St Johns</u> <u>9-5-18</u>	Religion <u>R. C.</u>	
Joined		Date	Period of } with Colours <u>361</u> years. with Reserve <u>365</u> years.	Place of Birth <u>Placentia</u>	
Joined		Date			
Joined		Date			
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St Johns</u>	<u>4</u>	<u>8</u> <u>19</u>		

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5949 Rank Plt Name Muller-Robb  
 Date of Enlistment 9.8.15 Address Placentia District Plac.  
 Occupation Private Classification for Discharge B Medical Category D  
 Recommendation S.M.B. Prof. by unfit Disability Rating Less than 20%  
 Passed to Demobilization Officer with following documents:—

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

Date 11.17.18

*W. H. Capri*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Rampier*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied *Joseph H. [Signature]*

Date 12-12-18

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R226 to his home at Placentia and Release Certificate No. 301 issued.

Date 12-12-18

Q.S. Dicks Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 10-1-19

Date 12-12-18

M. Howley Capt.  
Depot Paymaster

Discharge approved for 13. 12. 18.

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	✓ 1	N.F. Med.....	D.F. 1.....	✓ 1	
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	✓ 1	201 m B
B 178a.....	✓ 1 D 400A.....	✓ 2 B 1915.....	✓ 2	do 2nd.....	" 3.....	✓ 2	
B 179.....	✓ 1 D 400B.....	Form L.....		do 3rd.....	" 4.....		
B 179a.....	D 400C.....	Form K.....	✓ 1	do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....	✓ 1		" 6.....		
B 179c.....	B 120.....	M 93.....	✓ 1				

Date 12-12-18

Q.S. Dicks Capt.  
Demobilization Officer.

APPROVED

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

Date DEC 13 1918

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

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

Date Dec 16/1918

M. Howley Capt.  
Depot Paymaster

Reg. No. 5949 Rank Pte Name Miller R.A.  
Attested 9-8-18 Address Placentia E  
Allotment 50 Allottee Julia Miller (mother)  
Date of Allotment 1-9-18 Returned from Overseas  
Embarked for Overseas Cause

Yacc 22-8-18	1st 3-10-18	
29-8-18	14-10-18	Sick at Placentia
29-8-18		Special duty Pelly Harbour, field 14-9-17.
16-9-18		Special duty Bay back field 2-10-18.
10-12-18		Rec Discharge as Permanently unfit.
11-12-18		<b>PASSED TO DEMOBILIZATION OFFICER.</b>
15-12-18		<b>DISCHARGE APPROVED ON DEMOBILISATION.</b>

This is to Certify that 5949  
Robert Miller was receiving  
treatment from me, and was  
advised to keep quiet, until the  
present time.

A. M. Kendrick M.D.

Placentia  
Nov. 27-18.

5909

Dec. 4th, 1918

From Officer Commanding,  
Depot

To D.O.C., Newfoundland,  
Militia Department

5949 Pte. R. Miller

Reference enclosed bill for board for  
above noted man, he was reported ill of  
pneumonia Oct. 14th and on his return to Depot  
on Nov. 28th brought certificate from Doctor  
McKendrick, Blacentia, that he had been under  
his care during that period.

CCD/AC



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 60

Send by Placentia

Rec'd by 14/

Check 10/-

No. \_\_\_\_\_

Place from \_\_\_\_\_

To \_\_\_\_\_

Mess Dep. \_\_\_\_\_

Capt. J. J. O'Grady



To be Noted

- Part II. Orders \_\_\_\_\_
- Card Index \_\_\_\_\_
- Nominol Roll \_\_\_\_\_

OCT 16 1918

*Ill pneumonia severe report back as soon possible please arrange*

*L*  
*14-10-18*

*R.*  
*Pte 5949 Miller*



*C. Company*

*Have doctor at Placentia qui you message Medical attention & send us report on your condition*



