



4/ THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4469

Name Robert H. Mootrey Corps Art

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Robert H. Mootrey
2. What is your full Address? 2. 22 B Sprindale St
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Expressman
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. No
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

Robert 29-4-18

I, Robert H. Mootrey 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 H. Mootrey SIGNATURE OF RECRUIT.
J. Day mag Signature of Witness.

A-18
17-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert H. Mootrey 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 answered 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 17 day of April 1918

Signature of Attesting Officer George Earty Major

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 April 1918
Place St John's } 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

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

Name Robert F. Hootney
 Apparent age 22 years months Height feet inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 { Range of expansion 2 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Robert Hootney
22 B Springdale St | 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 L'epot	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>17-4-18</u>									
Joined at <u>St. John's</u> on <u>April 17-1918</u>									
<u>Discharged St. John's. Aug. 9/1918</u>									
<u>Report for duty 29-4-18</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Remained in Hospital at Halifax ex draft No 20. 7-7-18</u>									
<u>Returned to St. John's from Halifax and asked to depart. St John's 23-7-18</u>									
<u>Discharged medically Halifax 9 8/1918</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-18</u> (date of discharge) years <u>115</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 4469

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

4469 Pte. R. Mootrey,

Discharged 9 - 8 - 18, Medically unfit

C.R. 4469

Extract from Daily Orders Part 11 Unit The Royal Nfdl
Regt. St. John's, dated Aug 14, 1918.

4469 Pte. R.H. Mootrey.

Having Been Medically unfit is Discharged from August 6th,

C.R. 4469

July 5th 1918.

Mrs Robert Mootrey,
22b Springdale St.
C I T Y.

Dear Mrs Mootrey,

With reference to your inquiry concerning
4469 Pte.H.Mootrey, I have the honour to inform you that
the nature of his illness is not yet diagnosed, but upon
receipt of any further information you will be at once
notified.

Yours faithfully,

W. V. W.

Lieut.

For Lieut.Colonel.

C.R. 4469

July 3rd 1918.

Mr Robert Mootrey,
22b Springdale Street,
CITY.

Sir,

The following information has just been received
that your son 4469 Pte Robert Mootrey, who left here
with the last draft, is now in Hospital at Halifax.

Yours faithfully,

W. V. W.

Lieut.

for Lieut. Colonel.

C.R. 4469

Excerpt from Daily Orders part 11, Forward Unit The Royal
WFLA, Capt. Pt. John's, dated June 14, 1918

#4469 Pte. H. Mootrey.

Embarked for overseas with draft June 11th, 1918.

C.R. 4469

Extract of Casualties from C.C. Draft, Royal Nfld. Regt. to
D.O.C., H.C., dated 24/6/18.

4469 Pte. E. Mootrey.

Above to be boarded and returned to St. John's first opportunity
documents left with Adjutant Casualty Company, Wellington Barracks.

June 7, 1918.

Dear Madam:-

I have the honour to acknowledge receipt of your communication of 27th ult., and regret that no further steps can be taken in the matter.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

Mrs. Mootrey,
B
22 Springdale St,
City.

ANSWERED



C.R. 4469

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS.

St. John's, Newfoundland,

June 6th., 1918.

From O. C.
Depot.

To D. O. C.
Militia Department.

4469 Pte. R. H. Mootrey

Sir:-


Above noted man when he enlisted was a single man, and according to his Medical Examination Sheet had no dependants. Since enlisting he has been married, and now has an allotment of seventy cents (70¢) per day current, in favor of his wife; application has also been made for Separation Allowance.

Previous report on this man shows that for Military purposes his eye-sight is O.K, and that he can lay a good aim and distinguish objects at long distances.

I have the honor to be,

Sir,

Your obedient servant,


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

4469 R.H. Mookay

W B 11

all. to^d 1-5-18
App. for Sep. acc. made -



May 27th / 1918

22^B Springdale St
City

Major,
District Officer Commanding,
Newfoundland.

Dear Sir,

As I saw by the Evening
Papers that you were highly promoted
I thought by applying to you, once again
you would be able to help me. I
wrote to the Prime Minister & he
advised me to apply by personal
letter to you. As you know I am
anxious to have my husband
cleared from the Regiment or
given some sort of work at the
Army or otherwise

Placed in the Forestry Battalion
he may be in better health
in that as - every time he drills
he feels sick & not able to
read as I was telling you
he had bad eyesight.
Please give him another
examination or if you would
benefit me please discharge
him. Perhaps money could do it.
Please write & let me
know he is the only son of
his mother & father his mother
is almost broken hearted &
is very old & can't do
all I can do by

applying to you this time
since you are promised to
high ground. Perhaps you
may help me. Oh please do
you will be doing me a
great favor & also his
mother. It may be against
his wish but you may
find that out yourself. He
is - also has water on the brain
& needed the operation
may be found found.

I Remain Yours Truly
Mrs Hedley Tootley
22nd Springdale St.
City.
Please
C. in
Haste.



C.R. 4469

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

April 26th. 1918. 191

From Officer Commanding,
Depot.

To District Officer Commanding,
Department of Militia,

Sir:-

Hedley Mootrey.

In reference to the above noted man I beg to report that, he enlisted on February 26th. 1915 and was examined by Major MacPherson and turned down for eye sight. He again enlisted here on April 17th. 1918 and was examined by Doctor Burden who marked his examination sheet "Try out by Musketry Instructor". He was then handed over to Lieut. H. M. Winter who made the following report:-

"This man can lay a satisfactory aim and can distinguish objects at a long distance".

I have the honour to be,

Sir

Your obedient Servant,

George Hart MAJOR
Commanding Depot,
The Royal Newfoundland Regiment.
St. John's, Nfld.

April 25, 1918.

To:- Officer Commanding Depot.

Hedley Mootrey.

This man's wife made the following statement concerning him:-

"He was previously rejected and issued with a badge. Left the country in November 1916 and received a certificate, surrendering badge. Returned March 17th, and on application for badge again, was re-examined and passed". She states that he was rejected four times previously.

In view of the fact that he was rejected at previous times as unfit for General Service, he was married a few weeks ago.

It seems a hardship now, that he should be passed, unless the former disability is not now apparent. I shall be glad to have a report on this case, showing why the man was previously rejected, and if the disability was non-existent at the last examination.

Major.
District Officer Commanding.
Newfoundland.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 18, 1918.

#4469 Pte. H. Mootrey.

Attested for General Service, with the Royal Nfld.
Regiment, from 17/4/18. to report 29/4/18.

Depot
4469

St John's, Newfoundland,

August 10th, 1918

To C.O.,

Royal Newfoundland Regiment,

Headquarters

SIR:

The undermentioned men have been discharged on the dates given.

Kindly note and post in Daily Orders Part II.

I have the honour to be,

Sir,

Your obedient servant

(sgnd) J. M. HOWLEY

Chief Paymaster etc.

1558	Pte. Hillier, Robt.	Aug 2/18	Med. Unfit
4823	" Fifield, Jos.	" 9/18	Do.
320	" Green, Wm.	" 6/18	Do.
4469	" Mootrey, Robt.	" 9/18	Do.

July 27th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

4469 Pte. R.H.Mootrey
4823 " J.Fifield

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held on Friday, July 26th. Their accounts are not on Company Pay Sheets.

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

R. N. Mootrey

C.R.

4469

~~1490~~

R. N. Mootrey

C.R.

4469

~~1890~~

FORM K



No 3927



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert H Mostrey, Regl. No. 4469

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy 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 1st May 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in-full)	ADDRESS	AMOUNT (each person)
3828	Wife	Mrs Violet (Duffett) Mostrey	223 Springdale Street, St John's	
Total Allotment, \$				70 ⁹

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.) [Signature]
Officer Commanding
Company
St John's
May 3rd 1918

(Sig) Robert H. Mostrey
(Rank) Private

Mootrey, R A

4469

Hay Sept.



Proceedings on Discharge.

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

No. <u>4469</u>	Army Rank <u>Private</u>
Name <u>Robert St. Mootrey</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</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>August 9th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>22</u> years <u>4</u> months Height <u>5</u> feet <u>2 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>medium</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Expressman</u> Intended place of residence <u>22 B Springdale St.</u> <small>(To be given as fully as practicable)</small>	Descriptive marks. <u>Brown pigment spot on front of left leg below knee,</u>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :— <u>Very good</u>	
4. Character awarded in accordance with King's Regulations :— _____ _____ _____ _____	
<small>To be filled in on the soldier quitting the Colours.</small>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. _____	
Army Form B. 2068 has been issued to* _____	

5. He is in possession of the following number of G.O. 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

Four horizontal lines for listing 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 _____ Battn. _____ 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 Rd _____ Shadley Mosley (Signature of Soldier.)

(Date) Aug 9th 1918 _____ E. Walsh (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 discharge.

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
Headley. Mootey
witness E. Walsh

Report of Medical Board.

Station **St. John's, Nfld.** Date **July 26th., 1918**
 No. and Rank **4469 - Pte.** Age **22** Height **5'2½"**
 Name **MOOTREY R. H.** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Blue** Hair **Brown**
 Address **22 B. Springdale Street**
 Former Trade **Expressman**
 Enlisted at **St. John's** On **17/4/18** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **(A) DEFECTIVE VISION (B) CHRONIC OTITIS MEDIA**

Subsequent

Present Condition (Compare with previous Board)

EVIDENCE OF CHRONIC OTITIS MEDIA. THIS THE PATIENT STATES HAS BEEN PRESENT SINCE INFANCY.

EXAMINATION OF HEART SHOWS SYSTOLIC MURMUR AT APEX. P.R.98. NO CONSTITUTIONAL SYMPTOMS OF HEART CONDITTON.

THE BOARD CONSIDERS THAT THE DISABILITY IS NETTHER CAUSED BY NOR AGGRAVATED BY ACTIVE SERVICE

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

NIL

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 ?

NIL

Recommendation of Medical Board DISCHARGE AS PERMANENTLY UNFIT FOR ACTIVE SERVICE (C11)

Members of Board

(SGD) CLUNY MACPHERSON, Major

(SGD) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

JOHN G. DUNCAN

ARCH C. TAIT

Approving Medical Officer.

CERTIFIED CORRECT COPY
CLUNY MACPHERSON, Major
 Per *AWB*



MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION.....**Halifax, N. S.**..... DATE.....**June 20/18.**.....

1. 1 (a) Unit, **Royal Hfld. Regt.** (b) Regimental No. **4469** (c) Rank.....**Pte.**
(d) Surname.....**Neatrey**..... (e) Christian name.....**Robert H.**.....

2. Age last birthday.....**22**..... Date of birth.....**Apr. 2, 1896**.....

3. Enlisted at.....**St. John's Hfld**..... on.....**April 17/18.**.....

4. Personal description—

(a) Height.....**5' 2 1/2"**..... (b) Weight.....**151**..... (c) Complexion.....**Medium**.....
(d) Colour of hair.....**Brown**..... (e) Colour of eyes.....**Blue**..... (f) Identification marks.....

Brown pigment spot on front of leg below left knee.

MILITARY DISTRICT No. 6 HALIFAX, N. S. JUN 27 1918 59-M-1791 M. D. No. 6
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5. Address after discharge (for the use of the Board of Pension Commissioners).....
22 B. Springdale St., St. John's Hfld.

6. Former trade or occupation.....**Expressman.**

7. (a) Service

PERIODS	
From	To
Royal Hfld. Regt	Apr. 17/18.

(b) Has he been overseas?.....**No**..... 8. Original disease or disability.....**(a) Defective**

vision (b) Chronic Otitis Media.

(a) Date of origin.....**(b) Childhood.**..... (b) Place of origin.....**(a) & (b) St. John's.**

(c) Cause.....**(a) Unknown. (b) Infection.**

(d) Present disease or disability.....**(a) Defective Vision (b) Chronic Otitis Media.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 11.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(a) Vision right eye 20/200 L.V. 20/40. (b) Thick foul discharge from right middle ear. Perforation of drum. Drum is organized and landmarks are difficult to make out as per specialist's report.

MEDICAL HISTORY OF AN INVALID

9. Present condition.—(Continued.)

(b) Are the following systems normal? If not, briefly state abnormality.
Nervous... Yes Digestive... Yes Respiratory... Yes Cardiac... Yes
Genito-Urinary... Yes Skin, Middle Ear, Eye or any other part...

10. History: (a) of Condition referred to in "a" section 9.

(a) & (b) Due to (b)

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 9. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

scar on palm of left hand small scar right side of forehead.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

(a) & (b) No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

The regimental documents will be referred to. No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

(a) & (b) Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

None

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration.)

No

16. Can the former trade or occupation be resumed? **Yes**

(If not, briefly state why.)

17. Recommendations **I recommend that No. 4469, Pte. Montrey, R.E. be placed in Category III**

J. M. Wundschoff
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned **Robert H. Montrey** have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

Robert H. Montrey
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes except # 17.

19. Is the soldier fit for

- | | | |
|---|--------------------------|------------|
| (a) General service, | (Category A) (Yes or No) | NO |
| (b) Service abroad, not general service, | (" B) (Yes or No) | NO |
| (c) Home service, (Canada only), | (" C) (Yes or No) | NO |
| (d) Temporarily unfit, | (" D) (Yes or No) | NO |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No) | Yes |

20. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) ~~Should not pass under his own control.~~
 (Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD (Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

That he be discharged the service as medically unfit Category "B".
Has foul chronic, otitis media and has only been enlisted two months
Will not recover under treatment.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate

J. Frank Capri President.
R. L. Brown Members.

PLACE... Halifax, N. S.

DATE... June 21, 1918.

APPROVED BY



APPROVED BY

E. Gilmore Mann
Assistant Director of Medical Services

Director-General of Medical Services.

DATE... 12.7.18

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.

PLACE..... } Members.

DATE.....

FORM K

No 3927



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert H Mootrey, Regl. No. 4469

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 1st May 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3828	Wife	Mrs Violet (Duffett) Mootrey	225 Springdale Street St John's	
Total Allotment, \$				<u>70</u> ⁹

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.) [Signature]
Officer Commanding
Company
St John's
May 3rd 1918

(S) [Signature]
(Rank) Private



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 *Mauley, Robert St.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *4269.*

Intended address *St Johns*

Height on discharge *5* Feet *2 1/2"*

Color of hair on discharge *Brown.*

Complexion *Fair.*

Color of eye *Blue.*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Robert.*

Christian name of Mother *Fanny.*

Wife's maiden name in full *Violet Duffell.*

Date and place of marriage *St Johns.*

Christian names of children *—*

Place and date of soldier's birth. *St Johns*

Nature and locality of civil employment required *Expressman*

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 Moor Mauley Mooty* (Rank) *Pte*

Station *St Johns. 202.* Date *24-7-18.*

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.

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

Station *St Johns* Date *July 27/18*

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Robert W. Moseley* Surname *Moseley*
3. Rank *private* 4. Regtl. No. *4409*
5. Address in full to which future payments of gratuity are to be forwarded..... *22: B Springdale St. St. John's*
6. Date of enlistment in the Regiment..... *17 April 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....
Violet Moseley
8. Relationship of such dependents..... *Wife*
9. Address in full of such dependent..... *22: B Springdale St. St. John's*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *no*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....
*Only got as far as Halifax
Res. at medically unfit*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *115 days*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

Volunteered 5 times but only one enlistment

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.....

No

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

16. Have you, during the present war, served in the Imperial Forces?.....

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.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Regt.? *No*. If not give:- (a) Date of discharge. *Aug 9 / 18* (b) Reason for discharge.....

Medically unfit

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee.....

No

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

Signature of Applicant: *Rabert Headlam* 1-1
 Place of Residence: *22 B. Springdale St. - Memphis.*
 Declared before me at:

This *28th* day of *Feb* 19*45*.

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

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert H Mootrey, Regl. No. 4469 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins 1st May 1918

Table with columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Contains one entry for Mrs Violet Mootrey at 223 Springdale Street, St John's.

Total Allotment, \$ 70¢

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. James Hunt, Officer Commanding

St John's, May 3rd 1918

(Sig) Robert H Mootrey, (Rank) Private

June, 5th. 1918.

Private Hedley Mootrey,
Headquarters,
City.

Dear Sir:-

I return herewith, your
Marriage Certificate.

Yours faithfully,

Capt. & Paymaster.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 53⁶⁰ / -

Aug 9th 1918

Received from the First Newfoundland Regiment
the sum of Fifty Three ⁶⁰ Dollars.
~~on account~~ of Pay.

R. Headly Wooley

Regtl. No. Rank

Ch. No.	903	Initials	EW
Pay Ledger	162	Initials	W
Gen. Ledger		Initials	R

No. 4469 Rank Plt

Name Moolrey R.H.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₄

Mar 7 1919

Received from the First Newfoundland Regiment
the sum of Thirty Five Dollars.

~~amount~~
balance of Pay. Clothing H. Mootrey

Ch. No. 12327	initials. <i>EW</i>
Pay Ledger 318	initials. <i>EW</i>
Gen. Ledger	initials.

Regtl. No. Rank

No. 4469

Rank

P6-

Name

Wootley P.H.

Reg. No. 11469 Rank St. Name Master Robert
Attested..... Address 225 Springdal St.
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas 22-7-18
Embarked for Overseas..... Cause.....

26-7-18 See Discharge, sent to paymaster for
deposals.

DISCHARGED—MEDICALLY UNFIT
9/8/18
A.O. 143

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets one

Regiment of The Royal Nfld

Signature of O. C. Company J. J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1st Lt 69</u>	Age on	22 years months	<u>Expresmen</u>	
Joined	Date	Place and Date of Enlistment	<u>S. Johns</u>	Religion	
Joined	Date	Period of } with Colours 115 years. with Reserve 365 years.	<u>S. Johns</u>	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<p style="font-size: 1.5em;"><i>Discharged Medically Unfit</i></p> <p style="font-size: 1.5em;"><i>St. Johns, 9/88</i></p>					

To be carried over

Army Form B. 121.