



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5635 Name Michael Hooper Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Michael Hooper</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Domestic</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 <u>R.C.</u> |
| 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, Michael Hooper, 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.

..... Michael Hooper SIGNATURE OF RECRUIT.
 James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Hooper, 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.....

on this 1st day of June, 1918.
 Signature of Attesting Officer James

†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.....
 Place..... } 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).....

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5635 Name Michael Hoftae Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Michael Hoftae
- 2. What is your full Address? 2. 1 Lower de la Hay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 14 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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



I, Michael Hoftae, 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.

Michael Hoftae SIGNATURE OF RECRUIT.
W. O. Ryan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Hoftae, 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 on this 1st day of June, 1918.
Signature of Attesting Officer W. O. Ryan

†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
Place } 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)

5549

Jensen Camp
June 23rd /19

Capt. J. M. Howley
Dear Sir

please forward to
me at the earliest opportunity my discharge
Badge by doing so you will greatly oblige me
I am yours truly.

Ex pte M Koptal
No 5635
Jensen Camp

J.H.

Michael,

O.K.

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Archives
COPIE

February 17, 1919

#5635 Pte. Michael Hoftall,

Jensen Camp,

City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.1015."

Yours truly,



Paymaster & O.i/c Records Captain,

Enc'l 1.

C 5635

Extract from Daily Orders Part 11 Unit ¹¹he Royal
Nfld. Regt. Feb.18th,1919.

The discharge of the undernoted on demobilization has
been ~~xxx~~ Confirmed by Officer i/c Records.no date
given below.

5635 Pte. Noftall Mitchell.



14-2-19.

Amended Statement

OFFICE COPY.

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5635 Rank Plt. Name Noftall. M. Unit Newfoundland who was repatriated
to Newfoundland on 12/12/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

PARTICULARS		£	s	d	PARTICULARS		£	s	d
Balance Dr. from					Balance Cr. from Previous Pay Book				
Allotment 19 days @ 50¢	19	50	11	19	0	119	00	12	8
Cash Payments:					Pay 19 days @ \$1.00	11	90		
Casual Payment			13	4	11				
1st Payment			1	15	0				
2nd Payment			1	15	0				
Other Debits					Other Allces days @ \$				
Obviation 25/10/18			1		14	5	11		
					Other Credits:				
					Obviation 25/10/18	1	30	1	5
					Copy sent				
					@ 3rd quarter				
					N.F.P./55				
					1724/28				
					20/1/18				
Total Debits			16	14	0	Total Credits		16	19
Balance due by Paymaster			1	5	3	Balance due to Paymaster		16	19
			16	19	3			16	19

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

London.
(Place)

191

(Date)

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

O.C. " " Company.

Pay & Record Office, London,

Jan'y 27th 1919

Chief Paymaster & O. i/c Records.

CHECKED
25/1/19
RETURNED FROM

23-11-18 To 12-12-18

COPIED
COPY

AMENDED STATEMENT

LAST PAY CERTIFICATE ORIGINAL

N.F.P./14

To be rendered for all debts on discharge transferred to other Unit, or on return to Newfoundland in accordance with C.S./19, 23/3/27.

Reg No. 8638 Pte Noftall M. Unit Newfoundland WHO was RePatricated
Newfoundland on 12/12/18 Cause Discharge

DEBITORS				PARTICULARS				S		S	
Balance Br. From				Balance Br. From Previous Pay Book				2	8	0	
Allowment 19 days @ 50 ^{cts}	19	50	21	19	0						
Cash Payments:				Pay 19 days @ \$ 1.00				19	00		
				Field Allow 19 days @ \$.10				1	90		
Casual Payment								20	90		
1st Payment				Other Allowes				4	5	11	
2nd Payment				days @ \$							
Other Debits				Other Credits:							
Observation 25/10/18				Observation				1	30	5 4	
Total Debits				Total Credits				6	19	3	
Balance due by Paymaster				Balance due to Paymaster							
								6	19	3	

PERIOD: FROM 23.11.18 TO 11.12.18

CHECKED
F.P.
 30/1/19

COPIED
 COPY

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

London
 The undersigned hereby certifies that the information received in the Pay & Record Book and is signed and subject to amendment if and as may be found necessary.
 Pay & Record Office, London.

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

Jan-27th 1919

DUPLICATE
MAIL COPY.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 5635 Rank Private Name Noftal, M. Unit R. Newfoundland Regt who was repatriated to Newfoundland on 12 12 18 Authority Posted Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d
	Balance Dr. from						Balance Cr. from Prev. Pay Book			2	8	0
	Allotment 19 days @ 50¢	9	50	1	19	0	Pay 10 days @ \$ 1.00	19	00			
	Cash Payments:						Field Allow 19 days @ \$.10	1	90			
PERIOD: FROM 23/11/18 TO 11/12/18	29/11/18 Cash 13/-)							20	90	4	5	11
	6/12/18 " 15/-)			4	14	11	Other Allowes days @ \$					
	10/12/18 " 64/11)						Balance from Prev. Pay Book			2	8	0
	Other Debits						Other Credits:					
	Observation 25/10/18 Dr. 1d.					1	Observation 25/10/18 Cr. \$1.30				5	4
	Total Debits			6	14	0	Total Credits			9	7	3
	Balance due by Paymaster			2	13	3	Balance due to Paymaster					
				9	7	3				9	7	3

CHECKED.
28/12/18

COPIED
MAIL COPY

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "C" Company.

Hazeley Down Camp. December 10th. 191 8.
(Place) (Date)

(Signed) Geo. M. Evans, Cstain.
O.C. & Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Dec. 19th. 1918

A. D. Russell Maj.
Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 5435 Rank Plt Name W. G. Tall Unit Newfoundland who was transferred to St John's on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.			
		£	s	d	£	s	d	
PERIOD: From 23/1/18 To 11/12/18	Balance Dr. from				Balance Cr. from			
	Allotment 19 days @ 50¢	9	50	19	0	Pay 19 days @ \$100	\$1900	
	Cash Payments:					Field Allow 19 days @ 10¢	190	
	29/1/18 Cash 15/	}					2090	
	6/12/18 Cash 15/							
	17/12/18 Casual 64/11							
	Other Debits:			4	14	11	Other Allowances days @ \$	45 11
							Bal from previous pay Book.	280
							Other Credits:	
	Total Debits			6	13	11	Total Credits	6 13 11
	Balance due by Paymaster						Balance due to Paymaster	
				6	13	11		6 13 11



I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

C. Company
Harley Camp (Place) Dec 10 1918 (Date)

J. W. [Signature]
O.C. "C" Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

OK/WJN

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE ORIGINAL.

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5635 Rank Private Name Noftal, M. Unit R. Newfoundland Regt who was repatriated
to Newfoundland on 12/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

	PARTICULARS					PARTICULARS				
	£	s	d			£	s	d		
PERIOD: FROM 23/11/18 TO 11/12/18	Balance Dr. from					Balance Cr. from Prev. Pay Book				
	Allotment 19 days @ 50¢	9	50		1 19 0	Pay 19 days @ \$1.00	19	00		2 8 0
	Cash Payments:					Field Allce 19 days @ \$.10	1	90		
	29/11/18 Cash 13/-)						20	90		4 5 11
	6/12/18 " 15/-)				4 14 11	Other Allces days @ \$				
	10/12/18 " 64/11)					Balance from Prev. Pay Book				2 8 0
	Other Debits					Other Credits:				
	Observation 25/10/18 Dr. 1d.					Observation 25/10/18 Cr. \$1.30				5 4
	Total Debits				6 14 0	Total Credits				9 7 3
	Balance due by Paymaster				2 13 3	Balance due to Paymaster				9 7 3
				9 7 3					9 7 3	

CHECKED.
[Signature]
 28/12/18



I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "C" Company.

Hazeley Down Camp. December 10th. 1918.
(Place) (Date)

(Signed) Geo. M. Evans, Captain.
G.C. Company.

Made up/Checked in accordance with information received in the Pay & Record Office Barton to 12/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Dec. 19th. 1918.

WM
OK

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

C.R. 5635

Extract of Daily Orders Part II, dated Jan. 3rd 1919.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot on noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

5635 Pte. Ml. Noftall.

Discharged 31-12-18



Dec. 28th, 1918

From Asst. Adjutant,
Depot

To Secretary,
Board of Pensions Commissioners



5985 Pte. Geo. Head
5586 " Harold Knece
5635 " Michael Softall

Marginally noted men arraigned here by S.S. "Corsican" on the 21st and have since been before the Standing Medical Board and recommended for admission to Jensen Camp.

Their discharges from Regimental Strength on Demobilisation have been approved from Dec. 21st, 1918, and they are now transferred to your Department for attention and necessary action, please.

The Director of Medical Services has advised us that no home leave be granted them owing to the distance of their homes from town and the necessity of their immediate admission to Hospital.

CCD/C

C.R. 5635

Extract from Medical Board held on Thursday December 26th,
1918.

5635 Pte. M. Noftall.

Recommended Discharge as Permanently Unfit and admission
to JENSEN CAMP.



C.R. 5635

Extract from Medical Board held on Thursday December 26th,
1918.

5635 Pte. M. Noftall.

Recommended Discharge as Permanently Unfit and admission
to JENSEN CAMP.



C.R. 5-635

Extract from Daily Orders part 11, Depot St. John's dated Dec. 23rd. 1918

The u/m returned from Overseas and reported at Depot 21-12-18.

#5635 Pte. M. Noftall.



C.R. 5635

Extract from a Nominal Roll of repatriation draft No. 79
from the 2nd., Battalion of the Newfoundland Regiment
per S.S. GORICAN. which embarked at Tilbury Docks
12.12.18.

#5635 Pte. M. Noftall.



LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 5635 Rank Rte Name Koptal M. Unit Newfoundland who was Discharged
 to St John's on 11/14/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

No.	PARTICULARS	\$					CR.					
		¢	¢	£	s	d	¢	¢	£	s	d	
	Balance Dr. from						Balance Cr. from <i>Previous Pay Book</i>					
	Allotment 19 days @ 50	19	50	11	19	0	Pay 19 days @ \$1-00			12	8	0
	Cash Payments:						Field Allowance 19 days @ \$10.41			14	5	11
	29/11/18 Cash 15/-						<i>\$2090</i>	20	90			
	6/12/18 Cash 15/-						Other Allowances days @ \$					
	10/12/18 Casual 64/11			4	14	11	Bal from Previous Pay Book			2	8	0
	Other Debits						Other Credits:					
	Stevenson 25/10/18 on 10			1		1	Stevenson 25.10.18 credit \$1.30			1	5	4
	Total Debits			16	14	0	Total Credits			19	7	3
	Balance due by Paymaster			12	13	3	Balance due to Paymaster			19	7	3
				19	7	3				19	7	3

CHECKED. FROM 23/11/18 TO 24/12/18
 PERIOD FROM 23/11/18 TO 24/12/18

*Copy sent to Mr. 21353/312
 PA 25.12.18*



I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

S. Company
 (Place) Haystack Camp, Dec 10 1918 (Date)

W. H. Egan
 U.C. "S" Company, to 1/1

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

C.R. 5635

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "M"



5635 Pte. Noftall Michael.

C.R. 5635

Extract from Daily Orders Part 2. from Unit, The Royal Newfoundland
Regiment, St. John's, dated June 8th 1918.

5635, Pte. M. Noftall.

Attested for General Service with the Royal Nfld. Regt.
from 7/6/18.



Medical Report on an Invalid.Station Hazelton Down CampDate 25 Dec. 1918

1. Unit **Royal Newfoundland**
 2. Regimental No. **5455**
 3. Rank **Private**
 4. Name **HOFTALL, MICHAEL**
 5. Age last birthday
 6. Enlisted { on **June 7th., 1918**
 at

7. Former Trade {
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).***TUBERCULOSIS**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.
 10. Place of origin of disability.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 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.

Joined Depot November 11th. Reported sick shortly afterwards and on examination found evidences suggesting consumption Taken off all duties, put on Tonics Consider him fit to repatriate, there being a direct boat.

Aggravated by strain of military service

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.

Very debilitated, flat chested, flattened right lung, expansion poor, tubular breathing both lungs in front and behind more marked on right side

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

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

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?

Discharge Permanently Unfit Unfit for Military Service

(Sgd) J. S. P. KNIGHT, Capt. R.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

Pulse 112. Felt sick for long time with cough &c before enlistment

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.

No

Yes

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



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

23. Is the disability permanent?

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.

Nil

Aggravated 20% by Military Service

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes

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.

Jensen

Yes

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

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

Signatures :—

(Sgd) H. S. FRASER

President.

Station

St. John's, Nfld.,

ARTH C. TAIT

Date

Dec. 26th., 1918

L. PATERSON, Major

Members.

Approved

Station

DEC 26 1918

(Sgd)

CLYDE MACPHERSON, Major

M. S. NEWFOUNDLAND.

Date

No.

Administrative Medical Officer.



Medical Report on an Invalid.

Station HARBURY DOWN CAMP,
Date 6 DEC 1918

1. Unit ROYAL NEWFOUNDLAND REGT.
2. Regimental No. 5635
3. Rank Pte
4. Name NOFTAL.
5. Age last birthday
6. Enlisted { on 7th June 1918
at
7. Former Trade }
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).

bone Tuberculosis



Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the care. 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.

10. Place of origin of disability.

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

Joined Depot No. 11. Reported sick shortly afterwards and on examination found evidences suggesting consumption. Taken off all duties, placed on Tonics. Considered ^{him} fit to repatriate, there being a direct boat.

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.

afflicted by disease prior to service.

Very debilitated, flat chested
flattened right lung
expansion poor, tubular
breathing, both lungs
in front and behind
more marked on right
side

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.

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

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

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?

Discharged permanently
unfit military service

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †.

Station _____

Officer in charge of Hospital.

Date _____

*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.

21. (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?

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

23. Is the disability permanent?

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.

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

27. Do the Board recommend—

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

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.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

Yes. No temp. Felt sick for long time with cough &c before enlistment.

no

yes



100% LP Aggravated 80% LP by Military Service

yes

pension yes

Signatures:—

Station S. Johns

Date Dec 26/18

[Signature] President.
[Signature] Members.
[Signature] Members.

Approved

Station Director of Medical Services

Date DEC 26 1918



[Signature]
 Administrative Medical Officer, Major

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.
 Date 5 DEC 1918

1. Unit ROYAL NEWFOUNDLAND REG.

5. Age last birthday

2. Regimental No. 5638

6. Enlisted { on
 { at

3. Rank PLT

7. Former Trade {
 or Occupation {

4. Name NOFTALL

8. Disability.

? *Tuberculosis*



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.

10. Place of origin of disability.

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

Joined depot Nov 11th 1918, reported sick shortly afterwards & on examination found evidences suggesting consumption. Taken off all duties put on tonics consider him fit to repatriate there being a direct boat.



12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

aggravated by Active Military Service.

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.

*Very debilitated flat chested
flattening right lung, expansion
poor tubular breathing both lungs
in front & behind, more marked on
right side*

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

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

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. Do you recommend

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



*Discharge as permanently
unfit for military service.*

*M. C. N.
C. P. N.*

ROYAL NEWFOUNDLAND I. S. A.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except†

Station _____

Officer in charge of Hospital.

Date _____

* 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.

Institute

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

MEDICAL HISTORY

Surname Kofkae OF Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish St John de Ry County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	4th	June	1918
Declared Age	at	24	years	days
Trade or Occupation	Fisherman			
Height	5	feet	6	inches
Weight	136	lbs.		
Chest Measurement	Girth when fully expanded	38	inches	
	Range of Expansion	3	inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
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				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lambert</u>			
(Rank)	Major Medical Officer.			
Enlisted	at	4th	June	1918
Joined on Enlistment	Corps	Royal Hqs. Regiment.	Regtl. No.	5635
Transferred to				
Became non-effective by	on	day of	191	
(Signature)				
(Rank)				



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5635 Rank Private Name Robbale Michael
 Date of Enlistment 7.6.18 Address Fleur-de-Lys District St. Barbe
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 20% (aggravated)

Passed to Demobilization Officer with following documents:—

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

Date 27.12.18 W. Kelly Capt.
C. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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



Particulars passed to Vocational Officer for information and action.

Date.....

DEC 31 1918

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied Joseph H. Langford

Date 27-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *nil* to his home at *Sheards. Ry.* and Release Certificate No. *637* issued.

Date *27-12-18* *CS Dicks Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *14-1-19*

Date *28-12-18* *W. Bowley Capt.*
Depot Paymaster.

Discharge approved for *31-12-18*

Forwarded with following documents to O.C Discharge Depot.

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

Date *28-12-18* *CS Dicks Capt.*
Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

DEC 31 1918

Date *R. H. Jant Capt.*
O. C. Discharge Depot.

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

Date *Jan 6/1919* *W. Bowley Capt.*



Reg. No. *5635* Rank *pte* Name *Stottell M.*

Attested Address *St. Louis de Bay.*

Allotment Allottee

Date of Allotment Returned from Overseas *31.12.18*

Embarked for Overseas Cause *Discharge*

26-12-18 Rec Discharge as Permanently unfit and admission to Finsen Camp.

27-12-18 TRANSFERRED TO DEMOBILIZATION CENTER

31-12-18 DISCHARGE APPROVED ON DEMOBILISATION.



W. H. ...

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5635 Rank Private Name Michael Naftall

Intended place of residence Fleur de Lys (Jansen Camp at first)

2. Occupation Fisherman

Classification of soldier B Medical Category E

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

ELIBIBLE FOR POST DISCHARGE PAY

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

Place (sgnd.) C. C. Duley, Capt.

Date Dec. 28, 1918 for 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 (sgnd.) Michael Naftall
Signature of his

28-12-18 " C. B. Dicka, 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 For Jensen Camp Signature of soldier

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No of days on Military

Discharged from service 31-12-18 plus 14 days Service 222

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 (sgnd.) R. H. Tait, Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date Dec. 31, 1918

CONFIRMATION OF DISCHARGE

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

Place Officer i/c Records

Date The Royal Newfoundland Regiment



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 *Aoftall, Michael*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5635*

Intended address *Fleur de Lys*

Height on discharge *5* Feet *7"*

Color of hair on discharge *Black*

Complexion *Pallow*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *Michael*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *-*

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Fleur de Lys, Feb. 9, 1894*

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) *Michael ^{his} Aoftall _{in ant.}*

(Rank) *Plt*

Station *St. John's, Nfld.* Date *Dec. 24/18*



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.

W. H. ...
Medical Officer i|c Hospital,
Unit, or Command Depot.

Station *St. John's, Nfld.* Date *Dec. 24/18.*

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5635 Rank. Plt Name Wofall, Michael
 Date of Enlistment. 7/6/18 Address St. John's District St. Barbe
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 20% (aggravated)
 Passed to Demobilization Officer with following documents:—

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

Date. 27.12.18

W. Wofall Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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. Lawrence

Date 27.12.18

O i/c. Re-clothing.

COPIED
 AND
 GONE

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. Nil to his home at Shawd. Ry. and Release Certificate No. 637 issued. For Prison Camp
 Date 27-12-18 Demobilization Officer C. S. Dicks Cpl.

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-1-19
 Date 28-12-18 Depot Paymaster Altonby Capt.

Discharge approved for 31.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	1 Form B
B 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 28.12.18 Demobilization Officer C. S. Dicks Cpl.

APPROVED.

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



ELIGIBLE for POST DISCHARGE PAY

Date DEC 31 1918 O. C. Discharge Depot R. H. Sait Cpl.

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

Date Jan 6/1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5635 Rank 16 Name Michael Koflath
 Intended place of residence St. John's (Prison Camp at first)
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

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

ELIGIBLE for POST DISCHARGE PAY

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

Place
 Date DEC 23 1918

W. H. [Signature]
 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
28. 12. 18.

Michael Koflath
 Signature of soldier
[Signature]
 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

Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No of days on Military
 Discharged from service 31-12-18 plus 14 days Service 222

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.
 Date DEC 31 1918

R. H. [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.
 Date February 14/1919.

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

Feb 20 1919