



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5466 Name James Parsons Corps S.A.

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

1. What is your name? ..... James Parsons
2. What is your full Address? ..... St. John's 1810ay
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 22 Years ..... Months
5. What is your Trade or Calling? ..... fisherman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service?..... 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 embedded in the roll of service to be signed by you if you are accepted?..... 11. Yes

I, James Parsons 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.

James Parsons SIGNATURE OF RECRUIT.

Raymond Signature of Witness.

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

I, James Parsons 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 fully explained 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 27/3/15 day of March 1915.

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 compiled with. I accordingly approve, and appoint him to the.....

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

Date.....191..... } Approving Officer.  
Place.....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Gas Parsons  
 Apparent age 22 years ..... months. Height 5 feet 3 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 5 1/2 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Parsons  
Greenpond VT | Relationship Father  
 Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

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



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5466 Name James Parsons Corps S.A.

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

1. What is your name? ..... James Parsons
2. What is your full Address? ..... 27 Grosvenor Place
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 22 Years ..... Months
5. What is your Trade or Calling? ..... Postman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... 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, James Parsons 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.

James Parsons SIGNATURE OF RECRUIT.

W. Raymond Signature of Witness.

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

I, James Parsons 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 fully answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 27 Grosvenor Place on this 24 day of May 1915.

W. Raymond Signature of Attesting Officer

### †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 ..... 1915 } Approving Officer.  
Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5466

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

Name Gas Parsons  
 Apparent age 22 years 0 months. Height 5 feet 3 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Garious Parsons  
Greenspond 031 Bay | 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>1915-18</u>									
Joined at <u>St John</u> on <u>Nov 27 1918</u>									
<u>Accepted A. John's</u> <u>Aug 22 1918</u>									
<u>Admitted to D. Hospital</u> <u>12.6.18</u>									
<u>Discharged</u> <u>16.7.18</u>									
<u>Discharged medically</u> <u>Sept 22-8-18</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>22-8-18</u> (date of discharge) <u>88</u> years <u>88</u> days									
" " Pensions " " " " " " " " " " " "									



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

# MEDICAL HISTORY

OF

Surname Parsons

Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Greenspond N.B. County Nfld.


	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on <u>27th</u>	day of <u>May</u>	on	191
	at <u>Sydney.</u>		at	
Declared Age	<u>22</u>	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet <u>3 1/2</u>	feet	inches
Weight	<u>119</u>	lbs.		lbs.
Chest Measure-ment	Girth when fully expanded... <u>34 1/2</u> inches			inches
	Range of Expansion... <u>3 1/2</u> inches			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease			(a)	
(b) Slight defects but not sufficient to cause rejection			(b)	
Approved by (Signature)	<u>Securden</u>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Sydney</u>		at	
	on <u>27th</u>	day of <u>May</u>	on	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld.</u>	<u>2466</u>		
	<u>Regiment.</u>			
Transferred to				
Became non-effective by	on	day of	on	191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>P. S. W. Hospital</i>	<i>13</i>	<i>6</i>	<i>18</i>	<i>16</i>	<i>7</i>	<i>18</i>	<i>measles &amp; pneumonia</i>	<i>33</i>	<i>Discharged to Convalescent Camp</i>	<i>Sec Burden</i>
<i>Donovanus Camp Hospital</i>	<i>16</i>	<i>7</i>	<i>18</i>	<i>31</i>	<i>7</i>	<i>18</i>		<i>16</i>		<i>Sec Burden</i>



## ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

*Headquarters May 27 '18*

1. Name

*Jos. Parsons.*

Age (a) Declared

*24*

(b) Apparent

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

What severe illnesses have you had?

*None.*

3. Height

*5ft 3 1/2.*Weight *119*

4. Eyesight (a) Left

*6/6*

(b) Right

*6/6*5. Physical Defects (Examine after strenuous exercise) *~*6. Examination of Lungs *~*

Measurement

(a) Expiration

*31*

(b) Inspiration

*34 1/2*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? *No.*

11. Name and address of next of kin

*Father Dennis Greenspond. B.R.*

REMARKS--

*A 11*

*Parsons*  
*Medical Examiners.*





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,  
Date July

- |                                  |   |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. 22                |
| 2. Regimental No. 5466           | 6. Enlisted on St. John's               |
| 3. Rank. Private                 | at May 27th., 1918                      |
| 4. Name. Parsons, James          | 7. Former trade or occupation Fisherman |

8. Disability

MEASLES WITH PNEUMONIA

9. History      Developed Measles in Barracks at St. John's 13/6/18. Was under treatment at M. I. D. Hospital and at Bonovans Convalescent Camp.

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.)

Heart action a bit weak. Temperature 99 at 10.30 a.m. Lungs suspicious

General condition poor - complains of weakness. He is slightly anaemic

11. Was sanatorium operation advised and refused?

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

Signature (Sgd) F. W. BURDEN .....

Rank or Qualification ACTG. M.O. ....

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.** Nothing special to be observed in chest upon examination.

Temperature normal. Weight in pants and boots 124 lbs.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

Less than 20%

16. Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

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

Remarks if any:—

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

{ General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~the~~ the Army

Remarks if any:—

(Sgt) CLUNY MACPHERSON, Major

ARCH C. TAIT

President

Signatures.

J. SINCLAIR TAIT

Place St. John's, Nfld.

Date August 8th., 1918.

APPROVED



Station .....

Date .....

Certified Correct Copy

CLUNY MACPHERSON, Major

Per *A. W. B.*

(Sgt) CLUNY MACPHERSON, Major...

Administrative Medical Officer.

To be Noted

Part II. Orders W.S. 4.  
Card Index \_\_\_\_\_  
Nominal Roll \_\_\_\_\_



# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date July 31<sup>st</sup> 1918.

Regimental No. 5466.

Name Parsons James

Address.....

Disease or Disability Measles & pneumonia.

Finding of last Standing Medical Board, .....

held on ..... 19 .....

Present Condition.....

Recommendation Standing medical Board for discharge

Category.....

Members  
of  
Board

R. H. List Capt. O. O. Depot

W. Burden for D. D. M. S.

Archibald M. O. Depot





## 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 *Parsons James.*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5466.*  
 Intended address *Breusford.*  
 Height on discharge *5* Feet *3 1/2*  
 Color of hair on discharge *Dark.*  
 Complexion *Fair*  
 Color of eye *Brown.*  
 Descriptive Marks *—*  
 Figure on discharge *medium*  
 Christian name of Father *Darius*  
 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. *Breusford.*  
 Nature and locality of civil employment required *January. 18<sup>th</sup> 1896.*

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) *James Parsons*

(Rank) *P/6*

Station *St Johns.*

Date *July 31/18*

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.

*Rev. B. S. D. C.*  
 Medical Officer i/c Hospital,  
 Unit, or Command Depot.

Station *St Johns.*

Date *31/7/18.*

Harsons, Jas.

5466

Jay Dept

Certificate to be signed by the Soldier on Discharge

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I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date Oct 14 1918 Sig. of Soldier James Parsons

Place Greenwood Sig. of Witness L. H. H. H.  
Substitute

C.R. 57466

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 29, 1918

#5466 Pte. J. Parsons.

Attested for General Service with the Royal Nfld. Regt.  
from May 27, 1918



C.R.

5466

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated August 1, 1918.

#5466 Pte. J. Parsons.

Admitted to Dehovens Con. Hospital 31-7-18

## NEWFOUNDLAND POSTAL TELEGRAPH

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 13Sent by J. Pond

Rec'd by \_\_\_\_\_

Check J.

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

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

To \_\_\_\_\_

Shamba  
Law Col Rendell



Chief Staff Officer  
 for men of militia

Any improvement in  
 5466 pte James Parsons  
 wire immediately

Darius Parsons

Greenspond B.B

slightly improved.

C.R. 5466  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated June 14th 1918.

To Mr. Derius Parsons, Greenpond, B.B.

Regret to inform you that #5466, Pte. James Parsons is at  
Military Hospital, St. John's, seriously ill with Measles.

W.F. Rendell, Lieut. Col.  
Chief Staff Officer,  
for Minister of Militia.

5466

Extract from Daily Orders part 11, from Unit The Royal Mfld.  
Regt. St. John's, dated July 19, 1918.

#5466 Pte. J. Parsons.

Discharged from M.I.D. Hospital and admitted to Donovans  
Gen. Hospital, July 15, 1918.



C.R. 5466

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

5466 Pte. J. Parsons,

Discharged 22 - 8 - 18, Medically unfit

Jan 14/20  
74 Gower St  
St Johns

Lieut Col

W. F. Rendell.

Chief Staff Officer.  
Dept of Militia.

Dear Sir:—

I beg to bring to your notice that—on May 1918. I enlisted in the Royal Nfld. Regt. & on June 13<sup>th</sup> of the same year. I was admitted to Hospital with measles & Pneumonia. & on August 1918. I was discharged from Hospital. & given three months sick leave. On arriving home (to Greenspond) I was confined to my bed. & attended by Dr. Jamieson. for some time. Will Sir after I was home. for a short while I received my Discharge dated Aug 22<sup>nd</sup>/18 which was just

## II

twelve days after I was discharged from hospital. How could I be discharged while I was on leaf. & without a medical board?

I got 450 dollars, \$60 <sup>00</sup>/<sub>100</sub>.

From the Pension Commisioners as a gratuity & that's all the Pension I have received since, & I have been in ill health ever since I was admitted to Hospital on June<sup>13</sup> 1918 & I have been a burden to my Father who is a cripple.

I would thank you Sir:- to have my case brought to the notice of the proper authorities that it may be justified

I am Sir:-

your obedient Servant

#6466 Pte James Parsons

74 Gower St  
City

No. **R** 737

# TRAVELLING WARRANT

Date 13/4

The Royal Newfoundland Regiment

## REID NEWFOUNDLAND COMPANY:

Please issue 1st Class Passage and Meals for

No. 5-66

Rank *Pl*

Name *J. W. W. W.*

To - **ST. JOHN'S** - From

*Greenland.*

**The Royal Newfoundland Regiment**  
**DEPOT ST. JOHN'S, N.F.**

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*W. W. W.*

SIGNATURE OF ISSUING OFFICER.

If a general mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

No. \_\_\_\_\_  
Regiment Royal nfld Regt.

Army Form B. 295

PASS.

No. 5461 (Rank) Pt (Name) Sarson, James.

has permission to be absent from his quarters, from  
Aug 10, 1918 to Nov 10, 1918.

for the purpose of proceeding to Greenpond

(Station) St. John's HEADQUARTERS St. John's

(Date) Aug 1918

W. H. [Signature]  
Commanding.





DEPARTMENT OF MILITIA.

PAY DEPARTMENT

CERTIFICATE OF PAY ON DISCHARGE.

No. 5466. Rank PL Name Parsons J.

Balance of Pay to date Aug 22<sup>nd</sup> \$ 7.20

Bonus of one weeks pay 13.70

Clothing Allowance 25.00

Total

\$ 45.90

Date \_\_\_\_\_

C.R. 5466

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated 14-8-18.

5466 Pte. J. Parsons,

Granted leave from Aug. 10-18 to <sup>Nov.</sup> ~~Oct.~~ 10-18.

C.R. 5466

Extract from Daily Orders Part 2 Unit St. John's Sept. 7th 1918.

- - - - -

#5466 Pte. Jas. Parsons.

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HAVING BEEN FOUND MEDICALLY UNFIT ARE STRUCK OF THE STRENGHT FROM  
22/8/1918.

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C.R. 5466

Jan. 21st, 1920

Mr. James Parsons  
74 Gower Street

Dear Sir:-

I am in receipt of your letter of Jan. 14th, and have gone fully into the case. I am afraid that the decision in this instance must rest on the recommendation of the Standing Medical Board for your discharge, and the ruling of the competent military authorities for the cancellation of your three months' furlough must be allowed to stand as it is quite in order.

If you are suffering from any disability caused by or aggravated by military service you should apply to the Medical Officer of the Pensions Board, Major Parsons, for consideration of your case. I am sure you will find that he will give a sympathetic handling of your case.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

Depot  
5466

September 10th, 1918

From Asst. Adjutant,  
Depot

To Paymaster and Officer i/c Records,  
Militia Department

5644 Pte. Whelan, Wm.  
5466 " Parsons, Jas.  
5546 " Noble, L.  
5030 " Dalton, Jas.

It is noted that marginally noted recruits have been discharged by the Pay Office. They had been previously recommended by the Standing Medical Board for furlough, which was granted them by Depot, but later the Standing Medical Board reconsidered their decision and recommended them for discharge, while they were still on furlough, so that I had no opportunity of sending them to you in the regular way.

As a result, their accounts on Company Pay Sheets were not adjusted and a credit balance was brought forward for them at the end of August. These balances are now deleted from September Sheets. Will you please arrange to remit them the balances shown to their credit, less the number of days in August when they were off the strength.

COD\*AG



September 6th, 1918.

Officer Commanding,  
Royal, Mfld, Regiment,  
Headquarters.

Sir;

The undermentioned men have been discharged on  
the dates given. Kindly note and post in Daily Orders  
Part II.

I have, etc,

(SGD). J.M. HOWLEY.

Capt.

Paymaster & O.i/c Records.

3436.	Private.	Martin, James.	Aug 22nd, 1918.	Med, Unfit.
5466.	"	Parsons, James.	do	do
5030.	"	Dalton, James	Aug 24th, 1918.	do
5546.	"	Noble, Lorenzo.	do.	do
5644.	"	Whelan, William,	do	do
2980.	"	Walsh, Wm, B,	Sept, 2nd, 1918.	do
2678.	"	Crane, Wlred.	do	do
3288.	"	Collins, Thos.	do	do

Oct. 2nd, 1918.

Pte. James Parsons,  
Greenspond, B.B.

Dear Sir,-

I enclose herewith cheque for \$45.90, being balance of pay due you at date of discharge, also certificate of Pay.

I also enclose Certificate of Discharge, dated Aug. 2nd, 1918, together with special form which kindly sign and return to this office.

Yours faithfully,

Capt.  
Paymaster & O.I/c Records.

Enclosures 4.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35<sup>00</sup>

Oct 13 1919

Received from the First Newfoundland Regiment  
the sum of Thirty Five Dollars.  
on account of Pay. Collecting  
balance

J. C. A.  
James Parsons

Regtl. No. .... Rank .....

Ch. No. ....	14699	Initials.....	E.W.
Pay Ledger.....	383	Initials.....	W.R.
Gen. Ledger.....		Initials.....	

No. 5466

Rank Pt

Name

J. Parsons

1918-1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 45<sup>90</sup>

Sept 25<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Forty Five <sup>90</sup>/<sub>100</sub> Dollars.  
on account  
balance of Pay.

Ch. No. 3026	Initials.....
Pay Ledger 389	Initials. wa
Gen. Ledger.....	Initials. J.P.B.

Regtl. No..... Rank.....



No. 5466.

Rank PL-

Name Parsons J.

This space to be left blank for the Chelsea Number.

# NFLD

Army Form B. 268.

# 1914-18 Discharge.

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

No. 5466 Army Rank Private  
 Name James Parsons  
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)  
 Corps The Royal Newfoundland  
 Battalion, Battery, Company, Depot, &c.  
 (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)  
 Date of discharge August 22<sup>nd</sup> 1918.  
 Place of discharge St John's, Nfld.

1. Description at the time of discharge.

Age <u>22</u> years <u>7</u> months	Descriptive marks.
Height <u>5</u> feet <u>7 3/4</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>dark</u>	
Trade <u>Fisherman</u>	
Intended place of residence (To be given as fully as practicable) <u>Greenpond</u>	

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

2. The above-named man is discharged in consequence of being no longer physically fit for war service.

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

3. Military character :-  
 4. Character awarded in accordance with King's Regulations :-  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Initials of Commanding Officer.

Army Form B. 2068 has been issued to\*

29.10.18

\* Strikes out if not applicable.

Reg. No. 5466 Rank. Pte Name Parson, J.  
Attested 27-5-18 Address Greensand  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas.....  
Embarked for Overseas..... Cause.....

DISCHARGED—MEDICALLY UNFIT 22-8-18 Do's 157

12/8 Admitted to ~~Sanctuary~~ Ho. M. I. D. Hos.

16-7-18 Discharged from ~~Sanctuary~~ " " " Hos.

Admitted to ~~Sanctuary~~ Ho. Donovan

Discharged from to

8-8-18 Head Quarters Travelling Serv. Rec Standing medical board. For discharge (measles Pneumonia)

10-8-18 Rec 3 months Furlough Granted Aug 10 to Nov 10

10-9-18 <sup>6</sup> Recommended Discharge From the Army



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* .....  
Date ..... *31 July* .....

1. Unit *1st. Newfoundland*
2. Regimental No. *5466*
3. Rank. *Plt.*
4. Name. *Pearsons James*
5. Age last birthday. *22 years*
6. Enlisted on *27<sup>th</sup> May 1918*
7. Former trade or occupation *Isobermou.*
8. Disability

*Measles with Pneumonia.*

9. History *Developed measles at Barracks at St John's.*  
*13-6-18 was under treatment at M. S. D. Hosp and*



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.)

Stork action abt weak  
Temperature - 99° at 10 am  
Temp. suspicious  
General condition poor - Complaint  
of weakness - this slight anemia

11. Was sanatorium operation advised and refused?

✓

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

*W. Burden*

Rank or Qualification

*Act. M.D.*

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.*

*Nothing special to be observed in chest upon examination*

*Temp. normal. Weight (in pants shorts) 124 lbs*

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— *less than 20%*

16. Is the disability permanent? *no*

17. Has the disability been aggravated by (a) Intemperance. *no* (b) Misconduct. *no*

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

Remarks if any:—

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

~~General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.~~

20. We recommend discharge from <sup>*Army*</sup> retention in the Army *with 3 months furlough*

Remarks if any:—

Signatures.

*Clay Macpherson* Major  
*W. G. Ormeau* President

Place *St. John's*

Date *Aug 8. 1918.*

APPROVED

Station

Date



*Clay Macpherson*  
Administrative Medical Officer

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of 2nd Royal Newfoundland

Signature of O. C. Company [Signature] Lieut

Regimental Number and Name

No. S 466 Breese James

Joined \_\_\_\_\_ Date \_\_\_\_\_

Joined \_\_\_\_\_ Date \_\_\_\_\_

Joined \_\_\_\_\_ Date \_\_\_\_\_

Joined \_\_\_\_\_ Date \_\_\_\_\_

Enlistment

Age on 27 years 0 months

Trade Takeman

Religion S.M.

Place and Date of Enlistment S. H. 20-5-18

Period of { with Colours \_\_\_\_\_ years. Place of Birth Godswipe P.B.  
 with Reserve \_\_\_\_\_ years.

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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To be carried over.