

MEDICAL REPORT
FINAL EXAMINATION



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 423

Name in full Thomas Avery Perry Age 21

Address Catalina

Married Single Height 5ft 6" Weight 153

Color Fair Hair Fair Eyes Grey

Other distinguishing marks None

Nearest relative Father, Benjamin Perry

Address Catalina

Dependents None

Occupation Fisherman Present Wage \$250.00

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, Thomas Avery Perry, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Re-enlisted during war
Alfred Perry
14 Aug. 1914
Thomas Avery Perry
BT

Declared before me this _____ day
of OCT 1 1914

Augustus B. B. B.

Set 3-2

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 423

Name Thomas Avery Perry

Apparent age 21 years months. Height 5 feet 6 inches.

Chest measurement { Girth when fully expanded inches.
 { Range of expansion inches.

Distinctive marks Color: Fair, Hair: Fair, Eyes: Grey

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Benjamin Perry, Catalina, Newfoundland

| 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension	Service in which served not allowed to reckon towards G. O. Pay	Signature of Officers certifying correctness of entries
					years days	years days	
Service towards limited engagement reckons from <u>3/9/14</u>							
Joined at <u>St. John's</u> on <u>3rd September '14</u>							
<i>Promoted 3/14</i>							
Total Service forfeited as above							
Total Service towards Engagement to (date of discharge) years days							
" " " Pension " (") " "							

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



MEDICAL HISTORY

OF

Surname *Perry*

Christian Name *Thomas Avery*

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on day of	191	on day of	191
Examined ...	at		at	
Declared age ...	<i>21</i> years	days	years	days
Trade or occupation ...	<i>Riderman</i>			
Height ...	<i>5</i> feet	<i>6</i> inches	feet	inches
Weight ...		<i>153</i> lbs.		lbs.
Chest Measurement {	Girth when fully expanded	inches		inches
	Range of expansion	inches		inches
Physical development	Right	Left	Right	Left
Vaccination marks {	Arm ...			
	Number			
When vaccinated				
Vision ...	R.E. - V =		R.E. - V =	
	L.E. - V =		L.E. - V =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted ...	at <i>St John's Nfld</i>		at	
	on day of	191	on day of	191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>4th Nfld Regt</i>	<i>423</i>		
Transferred to ...				
Became non-effective by ...				
	on day of	191	on day of	191
(Signature)				
(Rank)				

al or to the sick list in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet

Signature of Medical Officer

4.2.17. Reported sick, on active service (Combs) with
hemmet toe 2.3.17. Bone of the right foot
disarticulated at metatarsophalangeal joint.
Uncomplicated recovery 30.3.17 Discharged Class I

[Signature]
W. H. Wood, Capt. R. M. C.

*Certified true by
Inspector
C. R. R. R.*

Army Form B. 179.

Medical Report on an Invalid.

Station Ayr, Scotland

Date April 17 1917.

1. Unit 1st Newfoundland Regt

2. Regimental No. 423.

3. Rank L Cochl

4. Name THOMAS. A. PERRY.

5. Age last birthday 23 years

6. Enlisted { on Sept. 1st 1914
at St John's Field.

7. Former Trade { Fisherman
or Occupation

8. Disability.

EPILEPSY.

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. unknown

10. Place of origin of disability. unknown

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

Patient states that for years he has been subject to 'fainting fits'. He has often hurt himself when 'fainting' and has also often bitten his tongue. He never knows when the fit is coming on and has no feeling of faintness at any time.

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

(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 8). Not so caused

18. 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.

He is a sturdy well built man. The tongue shows marks of recent injury at the edges and there is indisputable evidence that he had two or three seizures recently. Capt. Fox of this regiment states that the man has been noticed by him to take fits when on guard at Gallipoli. The man uttered a loud cry and fell suddenly, frequently injuring himself. Capt Fox states that he has no doubt the man is an epileptic. The heart and other organs are healthy.

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

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

was not apt n/a

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

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

n/a

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

no

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

n/a

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?

n/a

19. Do you recommend

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

Discharge as permanently unfit

W. S. Anstons
Cap. R. M. G.

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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

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

MAY 16 1917

aggravated by military service. Had falls in Gallipoli. Later wounded in France. 1/2 in right leg where shows very small scar on inner side of thigh - no disability. Also states that suffered from Creosote from shell splashed by same. Had three epileptic attacks on passage home

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?
- (c) Any of the conditions mentioned in Question 20, and if so which?

no
no

22. Is the disability permanent?

yes

23. If not permanent, what is its probable minimum duration?

To be stated in months

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

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, or total incapacity.

40%

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

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

26. Do the Board recommend

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

Discharge

Signatures :—

H. S. Jones _____ President.

Station *S. John's*
Date *May 16/17*

Pauline Fair _____ Members.
W. Burdett _____
Major Fabron _____

Approved.

Station _____
Date _____



Clayton Macpherson _____
Administrative Medical Officer. *Major*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here

June 15th., 1921

The accompanying King's Certificate, on his discharge,

(No. 194), is forwarded herewith to

Private Thomas A. Perry

in respect of his service as No. 423 Rank Pvte.

Name Thos. A. Perry Corps Royal Mfld. Regt.

Receipt of the same should be acknowledged hereon.

Received June 20 1921

Signature Thos Perry 76. 423 *1169*

Date June 21 1921

Address Cataland

Receipt for Army Book 64

No. 423 Name Thos. A. Perry

To Certify that I have received the AB 64 on the above named soldier.

Date July 21

Name Thos. A. Perry



Place Catania

H.B. For completion and return to the Department of Military insert in corner of envelope "AB 64"

RECEIPT.

R. 423

I hereby certify that I have received the 1914-1915

STAR.

No 423 Name Ex. Plé. J. A. Perry

Witness. Fred. Coloulet

Date Jan. 3rd 19²⁰

Place Catalina

m. P.

C.R. 423

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

423 Thos. Avery Perry,

Discharged May 30th 1917, Medically unfit

C.R. 423

Extract from roll of Officers
N. C. O's and men DISCHARGED
from the Royal Newfoundland
Regiment

REGTL.#	Rank	name	date	reason.
423	nPte	Perry Jas.	30/5/17	MED. INFIT.

C.R. 423

Extract from Daily Orders Part 11 Unit The Royal Nfld. R
Regt., St. John's, May 15th, 1917.

423 L/Cpl. T. Perry.

Attached to strength from May.11th, 1917.

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

Line
Number

Rcd

Sent

by

Cheek

Dated

2nd March, 1917.

To

Mr. Benjamin Perry,
Catalina.

Regret to inform you that Record Office,

London, officially reports No. 423 Lance Corporal

Thomas A. Perry at South African Hospital Richmond
Inflammation Connective Tissue Foot.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 423

Extract from Casualties received from P.&.R. Office, London,
Mar. 1st, 1917.

South African Hospital, Richmond.

B 423 Perry.


ICT Foot.

C.R. 423

NO. 423 PTE. PERRY T.

EXTRACT OF COMMUNICATION RECEIVED FROM THE PAY & RECORD OFFICE
LONDON DATED NOV. 14th, 1916.

"DIS. TO BASE DEP. ROUEN CLASS T.B.EX CON DEP. ROUEN 5 NOV'16."



✓

C.R. 423

NO. 423 PERRY T.

EXTRACT OF CAS LIST RECEIVED FROM THE PAY & RECORD OFFICE
LONDON DATED 8.11.16..

"DIARRHOEA ADM 2 CON DEP ROUEN 27 OCT. 1916."



C.R. 473

Extract of Casualties received from Pay & Record
Office, London, dated October 30, 1916.

#423 ~~222~~ Vere T. Perry. ✓

Wounded 12/10/16 and reported by O.C.Bn. 14/10/16.

C.R. 423

NEWFOUNDLAND CONTINGENT

Extract of Casualty list received from P.&R.O.
October 26th 1916.

423, Pte T. Perry. ✓

Lst Newfoundlands Inf. ~~Cont. arm~~ L. Dis to Base Dep
Rouen Class A. ex Con. Dep. 18th October 1916.

C.R. 423

Extract from Casualties received from P.'E. Office London,
Oct. 24, 1916.

8th General Hospital, Rouen, Gunshot wound: right leg good.

423 Percy.

C.R. 423

Extract of Casualties received from Pay & Record Office,
London, dated October 24, 1916.

The following Casualty in the 1st. Nfld. Regt. with the
British Expeditionary Force, is reported under various
date:-

#423 Pte. T. Perry.

Wounded.

NEWFOUNDLAND CONTINGENT.

C.R. 423

Extract of casualty list received from pay and record office London dated Oct. 24, 1916.

423 Pte. T. Perry ✓

1st. Newfoundland GSW. Leg(R) Adm. "2 Con Dep Rouen ex 8th. General
os 15t Oct, 1916.

6

C.R. 423

Extract of Casualties received from Pay & Record Office,
London, dated October 24, 1916.

#423 Pte. T. Perry.

Gunshot wound right leg.

Admitted 2nd Gen. Dep. Rouen, ex 8th General Hospital,
15th October 1916.

C.R. 423

Extract from Casualties of sick and wounded N.C.Os and men of
the Expeditionary Force - France, from Pay and Record Office
London dated Oct. 24th 1916. List No. H.A. 3362.

423 Pte. T. Perry.

GSW Leg R.....Adm 2 Con. Dep. RRouen ex 8 Gen. Hos. 15th Oct. 1916

59

COPY OF TELEGRAM.

Dated
24th October, 1916.

Mr. Benjamin Perry,
Catalina.

Regret to inform you that the Record Office,
No. 423 Private Thomas A.

London, officially reports
~~Perry at Eighth General Hospital Rouen October fourteenth~~

~~Gunshot Wound Right Leg (Good).~~

Upon receipt of further information I shall immediately wire you and trust that the next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R.473

Extract of Casualty received from Pay & Record Office,
London, dated October 23, 1916.

#423 Pte. T. Perry.

Gunshot wound Right Leg Good.

Admitted 8th General Hospital, Rouen, 14th Oct. 1916.

Trans. to Gen. Dep. ex 8 Gen. Hosp. Rouen, 15th Oct. 1916.

C.R. 423

Extract from London District No. 07 897, dated 27-10-16

#423 Pte. T. Perry.

FOUNDED

1

12-10-16

AUTHORITY O. C. Bn. 114-10-16.

1

BU.

1

1

1

1

C.R. 423

Extract of Casualties received from Pay & Record office,
London, dated July 31, 1918.

(Extract from Army Form B 215, from C.O. 1st. Nfld. Regt.
dated 11/7/16.

#423 Pte. T. Perry. ✓

Wounded in Action 1/7/16.

C.R. 423

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.A.R.O.
July 18th. 1916.

425, Pte T. Perry. ✓

1 Newfoundland Infy Dis to Base Dep't. Rouse Class E.B.
ex Con. Dep. 8th. July 1916.

C.R. 423

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
July 18th. 1916.

423, Pte T. Perry. ✓

1st Newfoundland R. W. Sheal Shock Trans to Con. Dep. ex 10
Gen. Hos. ~~Room~~ 8th. July 1916.

C.R. 423

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.

July 17th. 1916.

423, Pte T.A. Perry.

1 Newfoundland GSW & Shell Shock. Adm. 2 Conv. Camp
Rouen ex 10 Gen. Hos. 8th July 1916.

SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.WINCHESTER RECORD OFFICE.

75318 L.C. Field W. 7-Rifle Bde.
 15094 Pte. Atkins G. 1- do.
 17869 " Gilmore W.H. 9- do.

Debility. Trans. to Con. Dep. ex. 10
 G.S.W. Sprain Wrist L. Adm. 10 Gen. Hos. Rouen ex. anor: H. 4th July '16.
 do. Leg & Ankle. do.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July '16.

PERTH RECORD OFFICE.

S/12190 Pte. Hunter G. 2-Gord. Hdrs.
 2719 " Heyston W. 2-Gord. Hdrs.
 10320 L.C. Peacock F. 2-Seaf. Hdrs.
 4089 Pte. Paterson T. 54-M.G.C. Late
 8-Cam. Hdrs.

G.S.W. Shldr. Rt. Adm. 10 Gen. Hos. Rouen ex. anor: Hos. 4th July '16.
 G.S.W. Back. do.
 G.S.W. Face L. Trans. to Con. Dep. ex. 10 Gen. H. Rouen 4th July '16.
 do. Arm Rt. Adm. 10 Gen. Hos. Rouen ex. anor: H. 4th July '16.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July '16.

NEWFOUNDLAND CONTINGENT

423 Pte. Perry T. ✓ 1-Newfoundland.

W. Shell Shock. Adm. 10 Gen. Hos. Rouen ex. anor: H. 4th July '16.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July '16.

CAVALRY RECORD OFFICE. CANTERBURY.

1832 Gnr. Marshall T. 2-K. Edwards H.
 att. MGC. (93).

W. Shell Shock. Adm. 10 Gen. Hos. Rouen ex. anor: H. 4th July '16.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July '16.

CAVALRY RECORD OFFICE YORK.

28783 Pte. Richardson G. 15-Bussars.

Bronchitis. Dis. ex. 10 Gen. Hos. Rouen 4th July 1916.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July 1916.

CORK RECORD OFFICE.

7572 Pte. Hearne E. 2-R. Ir. Regt.
 18242 " McCracken G. 13-R. Ir. Rgt.

G.S.W. Head. Adm. 10 Gen. Hos. Rouen ex. anor: H. 4th July '16.
 G.S.W. Leg L. Amp. O.C. 10 Gen. H. Rouen reports DIED on Amb. Train
 4th July 1916.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July '16.

M.P.S.C. - A.G.3.

1511 S/Sgt. Hunt R. M.P.S. Corps.

Bronchitis. Dis. ex. 10 Gen. Hos. Rouen 4th July 1916.

LIST NO. H.A. 572.
 Gen. H. Rouen 4th July 1916.

2023



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COPY OF TELEGRAM.

Dated

July 10, 1916.

To

Mr. Benjamin Perry,
Catalina, T.B.

Regret to inform you that the Record Office,
~~London, officially reports~~ **No. 423, Private Thomas A. Perry,**
was at Tenth General Hospital, Rouen, July fourth,
suffering from shell shock.

~~Upon receipt of further information I shall immedi-~~
~~ately wire you and trust that our next report will~~
~~be of his conversion.~~

J. R. BENNETT,

Colonial Secretary.

C.R. 423

Extract from Casualties List NO.H.A. 799

423 Pte. Petty, T.P.

Adm. 2 Conv. Camp. Rouen. ex 10 Gen: H. 8th July '16

G.S.W. & Shell Shock.

C.R. 423

Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.
Embarked, at Devonport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date. Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

423 Pte. T. Perry.

C.R. 423

Extract from Nominal Roll Debarked St. John's per 878,
"Florissel" Oct. 4. 1914.

423 Perry Thos. A.

C.R. 423

Thos. A. Perry was attested for General service
with the NEWFOUNDLAND REGIMENT on ...~~Sept. 3rd.~~ Sept. 3rd., 1914.
Regimental No ⁴²³ was allotted to Pte. Thos. A. Perry

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland

Regimental No. 428 Rank Pte Name J. Perry 740

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of War Service reckons from (a) Oct 2/14

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

Extended Re-engaged Qualification (b)



Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 25, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 25, or other official documents.
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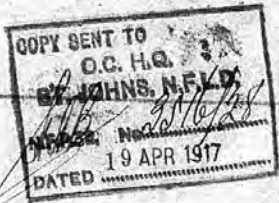
[Large handwritten scribble]

Embarked St. John's, Nfld.
Disemb'd Alexandria
Embarked for Gallipoli

3.10.14
1.9.15
13.9.15

Emb'd Port Suez
Disemb'd MARSEILLES

14.3.16
22.3.16



10 Gen. St. ad W. Shul Shack Rowen
 2nd Gen. St. ad 2nd Gen. St. Rowen
 1st Gen. St. ad 1st Gen. St. Rowen
 2nd Gen. St. ad 2nd Gen. St. Rowen
 29th Gen. St. ad 29th Gen. St. Rowen

4.7.16 H.A. 512
 8.7.16 H.A. 799
 21.7.16 B 713
 15.10.16 H.A. 3362
 18.10.16 Non Rec.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 219, Army Form A. 85, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 219, Army Form A. 85, or other official documents.
Date	From whom received				
	1407a. <i>Shw Rlegtrauf</i>		<i>CELS</i>	<i>13.10.16</i>	<i>EO 4361</i>
	<i>8 June 16</i>		<i>Rouen</i>	<i>14/10/16</i>	<i>Ha 3350</i>
	<i>27.10.16</i>	<i>admy. Discharge Defol.</i>	<i>France</i>	<i>27/10/16</i>	<i>Ha 3767</i>
	<i>29.10.16</i>	<i>Joined Base.</i>	<i>France</i>	<i>29/10/16</i>	<i>Form 1011</i>
	<i>Unit</i>	<i>Joined Battalion</i>	<i>France</i>	<i>13 NOV 1916</i>	<i>B219</i>
	<i>14 C.S.</i>	<i>Admitted Employment</i>	<i>France</i>	<i>14/11/16</i>	<i>EO 6736</i>
	<i>14 C.S.</i>	<i>To Duty Unit</i>	<i>France</i>	<i>29/11/16</i>	<i>EO 6956</i>
	<i>11.12.16</i>	<i>Admitted S.T. Coy</i>	<i>France</i>	<i>11.12.16</i>	<i>Ha 6646</i>
	<i>11.12.16</i>	<i>Grantably Ck Invalided to England</i>	<i>France</i>	<i>26/2/17</i>	<i>w 3083</i>

And Burchell

CAPTAIN,
 Ser 5010476 No. 1 Regiment, Entry Section
 General Headquarters, 61 FEB 1917.

Squadron, Troop, Battery and Company Conduct Sheet.


Army Form B. 121.

Regiment of Newfoundland

Number of Sheet

Signature of O. G. Company L. J. Carty

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name 423 Perry J.		Enlistment Age on years months		Trade	Good Conduct Badges, Service Pay or Proficiency Pay O.C. H.Q. ST. JOHNS, N.F.L.D. N. 1853, No. <u>2781/29</u> 26 APR 1917	
Joined Date	Date of Enlistment	Religion				
Joined Date	Period of	with Colours years.				
Joined Date		with Reserve years.				

Place	Date of Offence	Rank	Case of Drunk. excess	OFFENCE	Names of Witnesses	Punishment awarded	Date of award of order dispensing with trial	By whom awarded	REMARKS
Edinburgh	3.4.15	Pte		Having dirty barracks room. absent from all defaulters' parades from 6 p.m. to 8 p.m.	Lieut. Jait	2 days' C.B.	3.4.15	Capt. Carty	R.H.D. Lt.
Edinburgh	3.4.15	Pte.			2 Absent from all defaulters' parades half hourly from 5.30 p.m. to 9.30 p.m.	Col. Sergt. Steele	5 days' C.B.	5.4.15	Capt. Carty
Edinburgh	10.4.15	Pte.		absent from all defaulters' parades half-hourly from 4.00 to 9.30 p.m.	Col. Sergt. Steele	2 days' C.B.	11.4.15	Capt. Carty	R.H.D. Lt
Edinburgh	12.4.15	Pte.		absent from defaulters' parades from 6 to 8 p.m.	Col. Sergt. Steele	2 days' C.B.	13.4.15	Capt. Carty	R.H.D. Lt.
Shots Camp	29 6/15	Pte.		absent from duty from 2.30 pm. Broadly 20 m. call	Lieut. Keenan	3 days C.C.	1 7/15	Lieut. Riley	J.C.B. 2nd Lt
Shots Camp.	18 1/15	Pte.		Refusing to try on over	Cpl. Blackhall	5 days C.C.	19 7/15	Capt. Carty Cpl. Blackhall	J.C.B. Lt
Shots Camp	19 7/15	Pte.		absent from all defaulters' parades 5.30 pm. - 9.30 pm.	Corp. Vail	24 hrs. F.P. 2	20 7/15	Lt. Col. Buckton	J.C.B. Lt.

Army Form B. 121.

Racecourse 12/17/17 ~~12/18/17~~

Brought forward

Abstract from R's
Ledger of R's A/c.

R's m.

Retain

~~Retain~~

12/17

Major Rendell

J.S.B.

J. A. Berry

423

P. + R. O.

No.
256

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

SENT

FOR STAMPS

Prefix _____ Code _____

WORDS

CHARGE

At _____

To _____ By _____

VIA WESTERN UNION

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

29/3/17.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To

BENJAMIN PERRY
CATALINA
(NEWFOUNDLAND)

CABLE TEN POUNDS 425 PERRY NEWFOUNDLAND REGIMENT CARE
BANK MONTREAL LONDON.

PERRY

Express rate

NOT TO BE
TELEGRAPHED.

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

Signature _____

Address _____

58 Victoria Street

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

Proceedings on Discharge.

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

No. <u>423</u>	Army Rank <u>Lance Corporal</u>
Name <u>Perry Thomas Henry</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>23</u> years _____ months Height _____ feet _____ inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade <u>Fisherman</u> Intended place of residence _____ (To be given as fully as practicable)	Descriptive marks. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. FILE NO. <u>3781/29</u> DATED <u>26 APR 1917</u> </div>
<p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p> 2. The above-named man is discharged in consequence of <u>Epilepsy</u>	
<p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>	
To be filled in on the soldier quitting the Colours.	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*	

Army Form



Medical Report on an Invalid.

Station Ayr, Scotland
 Date April 17 1917

- 1. Unit 1st Newfoundland Regt
- 2. Regimental No. 423
- 3. Rank 2 Copt.
- 4. Name THOMAS A. PERRY.
- 5. Age last birthday 23 years
- 6. Enlisted { on Sept 1st 1914
 at St John's Nfld.
- 7. Former Trade { Fisherman
 or Occupation {

8. Disability.

EPILEPSY.

Statement of Case.

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 P.P. 33. No. 38129
 26 APR 1917

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. unknown
- 10. Place of origin of disability. unknown

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

Patient states that for years he has been subject to 'fainting fits'. He has often hurt himself when 'fainting' & has also often bitten his tongue. He never knows when the fit is coming on & has no feeling of faintness at any time.

- 12. (a) Give your opinion as to the causation of the disability. unknown
- (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). not as caused

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.

He is a sturdy well built man. The tongue shows marks of recent injury at the edges & there is indisputable evidence that he had two or three seizures recently. Capt Fox of this regiment states that this man has been noticed by him to take fits when on guard in Sallapohi. The man uttered a loud cry & fell suddenly, frequently injuring himself. Capt Fox states that he has no doubt the man is an epileptic. The heart & other organs are quite healthy

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

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

} n/a

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

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

} n/a

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

no

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

n/a

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?

n/a

19. Do you recommend

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

Discharge as permanently unfit

W. J. M. M. M.
Capt. R. M. M.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except not applicable, patient not in hospital.

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.

WESTERN UNION

ANGLO - AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix WORDS <div style="font-size: 2em; font-weight: bold;">15</div>	Code CHARGE <div style="font-size: 2em; font-weight: bold;">15</div>	SENT At _____ To _____ By _____ <div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">VIA WESTERN UNION</div>	FOR STAMPS THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
---	--	---	--

20/5/17. PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **BENJAMIN PERRY
CATALINA
(NEWFOUNDLAND)**

**CABLE TEN POUNDS 423 PERRY NEWFOUNDLAND REGIMENT CARE
BANK MONTREAL LONDON.**

PERRY

*Direct. 1/0 per Word
15/0 ✓*

Charge 423 Perry

CHECKED.
C.R.
 17/10/17

CHARGED
 PAY BOOK *17/10/17*
 DATE *17/10/17*

Note. 15/- const.

**NOT TO BE
TELEGRAPHED.**

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

Signature _____ Address **58 Victoria Street**

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



2/1st NEWFOUNDLAND REGIMENT.

Lance Copt. *Thos. A. Perry*
No. *423* is unlikely to be fit for Service with the ^{*Further War*}

~~Expeditionary Force~~ for ~~.....~~ months, on account of

Epilepsy

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

W. S. ...
Capt. R. A. ...

I/C. 2/1st Newfoundland Regt.

17.4.17
AYR.

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

MEDICAL HISTORY

OF

Surname Perry

Christian Name Thomas Avery

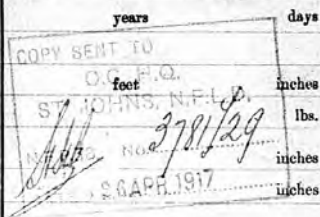


Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined		191		191
Declared age	31 years — days		years days	
Trade or occupation	Fisherman			
Height	5 feet 6 inches		feet inches	
Weight	153 lbs.		lbs.	
Chest Measure- ment { Girth when fully expan- ded Range of expansion	inches		inches	
	inches		inches	
Physical development				
Vaccination marks { Arm Number	Right	Left	Right	Left
When vaccinated				
Vision	R.E. — V =		R.E. — V =	
	L.E. — V =		L.E. — V =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(c) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature) (Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, N.F.L.D.</u>		at	
	on	day of	on	day of
		191		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Newfoundland</u>	<u>423</u>		
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				



A.1

[P.T.O.] h.w.l.

Table II.—Only for admissions to hospital or to the sick list in the case of W

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of syphilis, admissions and re-admissions to hospital, transfers of treatment out of hospital, transfers
	Day	Month	Year	Day	Month	Year			
South African The South Richmond Laney	24	2	14	30	3	14	Hammer toe	32	4-2-17. Refe with hammer disarticulated Uncomplicated

o hospital or to the sick list in the case of Warrant Officers treated in quarters.

Number
of days
in hospital

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet

Signature of Medical Officer

32 ✓

4.2.17. Reported sick on active service (Gables)
with hammer toe. 2.3.17 found toe right foot
disarticulated at metatarsophalangeal joint.
Uncomplicated recovery 30.3.17 Discharged Class I

R. F. de W. de la...
S. H. H. H.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 423 Pte. Perry, T.
 Company. From 23/12/16. To 20/4/17. (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Missenabic.
 From Liverpool Date 20/4/17.
 Draft No. 34. CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	£	s	d
	8	Forfeited Pay	1.10	2			20					1	Pay	1.00	119			11900			
	9	Allotments	0.70	119	83	30						2	Field Allowances	0.10	119			11 90			
	10											3	Other Allowances								
	11/12	Total Stoppages										4/5	Total @ 4.86 2/3								
					85	50		17	11	5								150	90		26 17 11
	13	Fines										6a									
	14	Clothing and Necessaries																			
	15	Arms & Accoutrements																			
	16	Boat Damages Cable N.F.L.D						15	0	0											1 0 4
	17	Hospital Stoppages						1	0	0											
29/3/17	17a	Miscellaneous Stoppages																			
	19	Casual Payments						10	0	0											
	20	1st Payment						2	5	0											
30/3/17	21	2nd P.M.O.						6	0	0											
	22	3rd "																			
	23	Final "																			
	24	Balance Debit						10	0	0											
	28	" Due by Paymaster						8	11			27	Balance Due to Paymaster								
					29	18	4														28 18 4

NEWFOUNDLAND CONTINGENT
 19 APR 1917
 PAY & RECORD OFFICE

191

CERTIFIED CORRECT.
 NEWFOUNDLAND CONTINGENT
 Sgd E. W. Marshall, Lieut.

O.C.W.B. " " Company Corps
 PAYMASTER & OFFICER

CHECKED
[Signature]

7

423- Pte. Perry, L.
23/12/16. 20/4/17.

Liverpool
34.
Missenabic.
20/4/17.

1.10 2 2 20
0.70 119 83 30

1.00 119 11900
0.10 119 11 90

85 50 17 11 5

130 90 28 17 11½

29/3/17

----- Cable N.F.L.D. 15 0
ADVANCES. 1 0 0

Balance previous pay book 22/12/17. 1 0 4½

30/3/17

Fr. O.C. E. Coy. 10 0
60 Francs 2 3 0
P&R.O. 6 0 0

Ration allowance 31/3/17- 9/4/17.
10 Dys. @ 2/- Diem 1 0 0

----- 13/4/17 10 0
8 11
28 18 4

28 18 4



NEWFOUNDLAND CONTINGENT
Sgd F. W. Marshall, Lieut.

FOR
MASTER & OFFICER I/C RECORD

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary a/c.

Regtl No. 23 L/B

Name L. Perry

Pay	P. Allce	Working	Total
1-	10		110
Less Allotment			70✓
Net Rate			40✓

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917	Balance			1/1	Balance			27/10/17
	<u>P.M. ADVANCES:</u>							204 1/2
	A.B. 64.				<u>Pay & Net Rate:</u>			
	Acquittance rolls	4	2	5	28/10/16 to 30/3/17 = 154 days			
	Hospital Advances	1	0	0	✓ 40 = \$ 61.60			12 1/2 2
	<u>STOPPAGES:</u>				31/3/17 to 9/4/17 = 10 days			
	Hospital dys =				9 0 1/2 ✓ 2/3 = \$ Ration Allce			1 0 0
	Forfeited Pay 2 dys = 110							
	Miscellaneous							
	Cables							
	<u>P.&R.O. PAYMENTS:</u>	23	10	0	✓ 1/1 to 1/1 = days			
	Sundry Bills							
	Cash	29	1	5 1/2	3 = \$			33 17 3/4
	<u>2806 20/3/17</u>	4	10	0				

Penny T.

423

Ray Doff

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

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

No. <u>423</u>	Army Rank <u>succ. Corporal</u>
Name <u>Perry Thomas Avery</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>2nd Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>May 30th 1917</u>	
Place of discharge <u>St. Johns, Nfld.</u>	

1. Description at the time of discharge.

Age <u>23</u> years <u>9</u> months	Descriptive marks. <u>Very small scar - inner side right thigh</u>
Height <u>5</u> feet <u>8 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion, _____ ins.	
Complexion <u>fair</u>	
Eyes <u>grey</u>	
Hair <u>brown</u>	
Trade <u>Bushman</u>	
Intended place of residence _____ (To be given as fully as practicable)	

(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 Epilepsy

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

3. Military character: —

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

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

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

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

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. Johns. Inf'd Mos. Purug (Signature of Soldier.)

(Date) May 31st 1917 C. O. Ke (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.
Thos. P. Gray



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 *Perry Thomas Avery*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *423*
 Intended address *Catalua*
 Height on discharge *5* Feet *8 1/2*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Grey*
 Figure on discharge *medium*
 Christian name of Father *Benjamin*
 Christian name of Mother *Charlotte*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth. *Catalua 28 Aug. 1893*
 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)

Thomas Avery Perry

(Rank)

S/Cpl

Station

St. John's

Date

May 14th

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.

J. W. Gordon

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

Station

St. John's

Date

May 14. 1917

Corrected True Copy
[Signature]

Army Form B. 179.

58, VICTORIA ST.

LONDON, S.W.

26 APR 1917

PRINT & RECORD OFFICE

Medical Report on an Invalid.

Station 1st Scotland

Date 17 April 1917

1. Unit 1st Newfoundland
2. Regimental No. 423
3. Rank Lance Corporal
4. Name Lerry Thomas A

5. Age last birthday 23 years
6. Enlisted { on 1 Sept 1914
 { at St John's Nfld
7. Former Trade { Fisherman
 or Occupation {

8. Disability.

Epilepsy

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. Unknown

10. Place of origin of disability. Unknown

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Patient states that for years he has been subject to fainting fits, he has often hurt himself when fainting & has also often bitten his tongue. He never knows when the fit is coming on & has no feeling of faintness at any time.

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

(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). Not so caused

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.

He is a sturdy well built man. The tongue shows marks of recent injury at the edges & there is undisputable evidence that he has had two or three seizures recently. Capt Box of this Regt states that this man has been noticed by him to take fits when on guard in Gallipoli. The man uttered a loud cry & fell suddenly, frequently injuring himself. Capt Box states that he has no doubt the man is an epileptic. The heart & other organs are quite healthy.

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

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

} N/A

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

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

} N/A

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

no

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

N/A

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?

N/A

19. Do you recommend

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

Discharge as permanently unfit

[Signature]
Major Master Capt. Ad. M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except † *not applicable patient not in hospital*

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.

Certified true Copy.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Perry Christian Name Thomas Avery

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... (on _____ day of _____ 191____
at _____)

Declared Age ... 21 years _____ days.

Trade or Occupation ... Fisherman

Height ... 5 feet 6 inches.

Weight ... 153 lbs.

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ...

Vaccination Marks { Arm ... Right _____ Left _____
(Number _____)

When Vaccinated ...

Vision ... (R.E.—V= _____
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) St. Johns N.Y.L.A.
(Rank) _____ Medical Officer.

Enlisted ... at _____
on _____ day of _____ 191____

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>Newfoundland</u>	<u>423.</u>
Transferred to ...		

Became non-effective by _____

on _____ day of _____ 191____
(Signature) _____
(Rank) _____

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

4-2-17. Reported sick on active service (Combs)
with Hummer toe. 2-3-17. Fourth toe right foot
disarticulated at metatarsal phalangeal joint
uncomplicated recovery so-3-17 discharged
Class I.

A F de West Capt R.A.M.C.

2/1st NEWFOUNDLAND REGIMENT.

Lance Capt. Thos. A. Perry

No. 423 is unlikely to be ^{further was} fit for Service with the

Expeditionary Force for ~~months~~ on account of

Epilepsy

I recommend that he be posted to the Depôt at St. John's, Newfoundland.

W. W. Munro
Capt. M.D.

I/C. 2/1st Newfoundland Regt.

17. 4. 17

A.Y.R.

M. O.

2/1 Newfoundland Regt.,

A Y R.

No. 423, Lance-Corpl. Perry, T.


Reference above:-

This soldier was under my command during the Gallipoli campaign. On two occasions he fell in a fit, once while I was standing quite close to him in the trenches. He was known to be a sufferer from epilepsy and after the incidents

above noted was not considered fit for any arduous duty.

A Y R.

19-4-17.



Capt. & Asst. Adj.

2/1 Newfoundland Regiment.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

728

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

Examination of Thomas Avery Perry
aged 21 conducted at Cataguna
Date: Aug 31/14 Recruiting Officer: W. S. Sulgrove

NO. OF TEST

FINDING

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
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- 20
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- 25
- 26
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- 28
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- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39

No
No
No
No
No
No
yes
yes
No
not Colours blind
Thomas Avery Perry aged 21, Foreign service
yes
- Some Cataguna, other parts good (Normal)
In good Condition
Ears in good Condition
Breathing and chest in good Condition
Eye sight very good
All parts in good Condition
Not troubled with piles
No earing good
In good physical Condition
Wt. 6 mi
145 lbs
36 inches
\$300.00
My father Benjamin Perry
My wife one

File 47m Signature of Medical Examiner: W. S. Sulgrove
Army Macpherson M.D.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 423- Pte. Parry, T.
 Company. From 23/12/16. To 20/4/17. (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Missenabic.
 From Liverpool Date 20/4/17.
 Draft No. 54. CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay	1.10	2	2	20					1	Pay	1.00	119	119	00			
	9	Allotments	0.70	119	83	30					2	Field Allowances	0.10	119	11	90			
	10										3	Other Allowances							
	11/12	Total Stoppages			85	50	17	11	5		4/5	Total @ 4.88 2/3							
	13	Fines									6a								
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Passage Cable N.F.L.D						15	0										1 0 4
	17	Hospital ADVANCES			1	0	0												
29/3/17	17a	Miscellaneous Stoppages																	
	19	Casual Payments Pt. O.C. R. Coy.						10	0										
30/5/17	20	1st Payment 60 Francs			2	3	0												
	21	2nd " "			6	0	0												
	22	3rd " "																	
	23	Final " "																	
	24	Balance Debit 23/12/16 13/4/17						10	0										
	28	" Due by Paymaster						8	11		27	Balance Due to Paymaster							
					28	18	4												28 18 4

This account is in accordance with information received at the Pay & Record Office on 20/4/17 and is therefore subject to amendment if, and as may be found necessary.



191

**DUPLICATE
 MAIL COPY**
 Posted 26 APR 1917

CERTIFIED CORRECT CONTINGENT
 NEWFOUNDLAND
 Sgd F. W. Marshall, Lieut.
 FOR
 O. QUARTERMASTER & OFFICE COMPANY

CHECKED.
Adler

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. **425- Pte. Parry, T.**
 Company. From **23/12/16.** To **20/4/17.** (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. **Missenabic.**
 From **Liverpool** Date **20/4/17.**
 Draft No. **34.** CR.

DR. Classification (See procedure)

Date	Pay Book Col	Particulars	Rate	Dys	£	¢	s	d	Date	Pay Book Col	Particulars	Rate	Dys	£	¢	s	d		
	8	Forfeited Pay	1.10	2	2	20				1	Pay	1.00	119		119	00			
	0	Allotments	0.70	119	83	30				2	Field Allowances	0.10	119		11	90			
	10									3	Other Allowances								
11/12		Total Stoppages			85	50	17	11	5	4/5	Total @ 4.86 2/3				130	90	26	17	11 1/2
	13	Fines								6a									
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Parry's Expenses Cable N.F.L.D						15	0										1 0 4 1/2
	17	Hospital ADVANCES						1	0	0									
29/3/17	17a	Miscellaneous Stoppages																	1 0 0
	19	Casual Payments Fr. O.C. E. Coy.						10	0										
30/3/17	20	1st Payment 60 Francs						2	3	0									
	21	P.A.O. "						6	0	0									
	22	3rd "																	
	23	Final "																	
	24	Balance Debit 23/12/16 13/4/17						10	0										
	28	" Due by Paymaster						8	11		27	Balance Due to Paymaster							
					28	18	4												28 18 4

CERTIFIED CORRECT CONTINGENT

Sgd F. W. Marshall, Lieut.

FOR O.G. MASTER & COMPANY



191

**DUPLICATE
MAIL COPY**
 Posted 26 APR 1917

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NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 423- Pte. Ferry, T.
 Company. From 23/12/16. To 20/4/17. (Dates inclusive)

(Substituting A.F.O.—1625) N.F.P/36.
 Embarked per S. S. Missenabic.
 From Liverpool Date 20/4/17.
 Draft No. 54.

DR. Classification (See procedure)

CR.

Date	Pay Book Ccl	Particulars	Rate	Dys	\$	¢	£	s	d	Date	Pay Book Ccl.	Particulars	Rate	Dys	\$	¢	£	s	d
	8	Forfeited Pay	1.10	2	2	20					1	Pay	1.00	119	119	00			
	9	Allotments	0.70	119	83	30					2	Field Allowances	0.10	119	11	90			
	10										3	Other Allowances							
	11/12	Total Stoppages			85	50	17	11	5		4/5	Total @ 4.85 2/3			130	90	26	17	11 1/2
	13	Fines									6a								
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Passage Cable N.																	
	17	Hospital ADVANTAGES																	
	29/3/17	17a Miscellaneous Stoppages																	
	19	Casual Payments Fr. O.C. R.																	
	30/3/17	20 1st Payment 60 Francs																	
	21	21 PAR.O.																	
	22	22 3rd "																	
	23	23 Final "																	
	24	24 Balance Debit PAR.O.																	
	28	28 " Due by Paymaster																	
							28	18	4			27	Balance Due to Paymaster						
																	28	18	4

CERTIFIED CORRECT CONTINGENT

Sgd F. W. Marshall, Lieut.

FOR O.C. MASTER & OFFICE COMPANY.

**DUPLICATE
 MAIL COPY**

Posted 26 APR 1917



191

CHECKED
Adler

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 423- Pte. Perry, T.
Company. From 23/12/16. To 20/4/17. (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
Embarked per S. S. Missionable
From Liverpool Date 20/4/17.
Draft No. 34. CR.

DR. Classification (See procedure) *2?*

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay	1.10	2	2	20			1	Pay	1.00	119	119	00	
	9	Allotments	0.70	119	83	30			2	Field Allowances	0.10	119	11	90	
	10								3	Other Allowances					
	11/12	Total Stoppages			85	50	17	11	5	4/5	Total @ 4.88 2/3				
	13	Fines							6a				130	90	26
	14	Clothing and Necessaries													
	15	Arms & Accoutrements													
	16	Private Expenses Cable N.F.L.D					15	0							
	17	Hospital ADVANCES			1	0	0								
29/3/17	17a	Miscellaneous Stoppages													
	19	Casual Payments Pr. O.C. E. Coy.					10	0							
30/3/17	20	1st Payment 60 Francs			2	3	0								
	21	P.A.O. "			6	0	0								
	22	3rd "													
	23	Final "													
	24	Balance Debit xxxxxx 13/4/17					10	0							
	28	" Due by Paymaster					8	11		27	Balance Due to Paymaster				
					28	18	4						28	18	4

This account is in accordance with information received at the Pay & Record Office to 19/4/17 and is therefore subject to amendment if, and as may be found necessary.



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CERTIFIED CORRECT CONTINGENT

J.H. Marshall
for O.C. MASTER & OFFICERS RECEIVING Company.

CHECKED
Mark

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 423- Pte. Perry, T.
 Company. From 23/12/16. To 20/4/17. (Dates inclusive)

(Substituting A.F.O.-1625) N.F.P/36.

Embarked per S. S. Missenabi

From Liverpool Date 20/4/17.

Draft No. 34. CR.

DR. Classification (See procedure) D?

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	s	d	
	8	Forfeited Pay	1.10	2	2	20					1	Pay	1.00	119	119	00				
	9	Allotments	0.70	119	85	30					2	Field Allowances	0.10	119	11	90				
	10										3	Other Allowances								
	11/12	Total Stoppages									4/5	Total @ 4.85 2/3								
					85	50	17	11	5							130	90	28	17	11 1/2
	13	Fines									6a									
	14	Clothing and F										Balance previous pay book 22/12/17.			1	0			4 1/2	
	15	Arms & Account										Ration allowance 31/3/17- 9/4/17.								
	16	Arms & Account										10 Dys. @ 2/- Diem			1	0			0	
29/3/17	17	Hospital ADVA																		
	17a	Miscellaneous																		
	19	Casual Paymen																		
	20	1st Payment																		
30/3/17	21	P.A.O. "																		
	22	3rd "																		
	23	Final "																		
	24	Balance Debit xxxxxx 13/4/17																		
	28	" Due by Paymaster									27	Balance Due to Paymaster								
					28	18	4											28	18	4



191

CHECKED
HAW

CERTIFIED CORRECT CONTINGENT

J. H. Marshall
 for ORG MASTER & OFFICIAL RECORDS Company.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 423- Pte. Parry, T.
 Company. From 23/12/16. To 20/4/17. (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Missenabie
 From Liverpool Date 20/4/17.
 Draft No. 34. CR.

DR. Classification (See procedure) S?

Date	Pay Book Col	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay	1.10	2	2	20					1	Pay	1.00	119	119	00			
	0	Allotments	0.70	119	83	30					2	Field Allowances	0.10	119	11	90			
	10										3	Other Allowances							
	11/12	Total Stoppages			85	50	17	11	5		4/5	Total @ 4.86 2/3			130	90	26	17	11 1/2
	13	Fines									6a								
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Arms & Accoutrements Cable N.F.L.D					15	0											
	17	Hospital ADVANCES			1	0	0												
29/3/17	17a	Miscellaneous Stoppages																	
	19	Casual Payments Fr. O.O. E. Coy.					10	0											
30/3/17	20	1st Payment 60 Francs			2	3	0												
	21	2nd " "			6	0	0												
	22	3rd " "																	
	23	Final " "																	
	24	Balance Debit xxxxxx 13/4/17					10	0											
	28	" Due by Paymaster					9	11			27	Balance Due to Paymaster							
					28	18	4												

This account is in accordance with information received at the Pay & Record Office to 19/4/17 and is therefore subject to amendment if, and as may be found necessary.

28/12/17. 1 0 4 1/2
 9/4/17. 1 0 0
 - Diem



191

CERTIFIED CORRECT, CONTINGENT

J. H. Marshall
 ORDNANCE OFFICER IN CHARGE
 COMPANY.





DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

423

ST. JOHN'S, NEWFOUNDLAND.

May 16th., 1918

Capt. J. M. Howley,

Secty. Board of Pension Commissioners.

423, L/Cpl. Thomas A. Perry
Catalina

Dear Sir:-

The marginally noted man should report
to Dr. R. E. Forbes, Bonavista, for re-examination,
on whatever date the Doctor notifies him to appear.

Yours faithfully,

Cluny Macpherson

Major, D. M. S.

No. 5307

N.F.P. No.

NEWFOUNDLAND CONTINGENT

Deputy Paymaster,
Officer Commanding,
1st Newfoundland Regt.
St. John's, Newfoundland.

MEMORANDUM of STOPPAGES/CREDITS on Account of
Error in account rendered by Depot (Ayr).

NOTE:- Charge under Credit Pay & Record Office London S.W. 1. Column.

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT			
			£	£	£	£
425	Pte Perry T.	Debit balance £1:0:0 "H" Company period ending 11/5/17 notified in error as 10/- on N.F. P/56 which was forwarded to Headquarters 19/4/17.				

cannot be recovered, [Signature]

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

4th June 1917. Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/Credits have been made in the
Pay Book of " " Company for Period / / to / /

Dated at St. John's, Nfld.,

1917.

Deputy Paymaster,
St. JOHN'S, Nfld., O.C. Company,
Battalion.

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

May 16th, 1918.

L/Cpl. Thomas A. Perry,
Catalina, T.B.

Dear Sir,-

Kindly present yourself to Dr. R. E. Forbes,
Bonavista, B.B. for re-examination, on whatever date
the Doctor notifies you to appear.

Yours faithfully,

Secretary.

J/H

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th. 1918.

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

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

- Christian name... *Thomas* Regiment No. *Perry*
- 3. Rank... *Private* 4. Regt. No. *423*
- 5. Address in full to which future payments of gratuity are to be forwarded... *Catatumu*
- 6. Date of enlistment in the Regiment... *Sept 14*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
... *Not applicable*
- 8. Relationship of such dependents... *Not applicable*
- 9. Address in full of such dependents... *Not applicable*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
- 11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Gallipoli 1915 France 1916 Belgium 1916*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Two years 275 days*

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

Not applicable

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.

Not applicable

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

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.

Not applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not applicable*

19. Are you now serving in the Res? *No*. If not give: (a) Date of discharge *May 30th 17*.

(b) Reason for discharge *Medically Unfit for War Service*

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.

*Caribbean Hill 1915; Beaumont Hamel 1916
Medecourt Oct 12th 16*

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.

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: *Thos. Perry*
 Place of Residence: *Catalina - I*
 Declared before me at: *Michigan*
 This *15th* day of *May* 191*9*.....

M. J. Quinn
Notary

Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 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
.....	<i>5 mos</i>	<i>300 00</i>
Certified correct.			Paymaster	<i>ke</i>

FORM K



No. 348

1ST NEWFOUNDLAND REGIMENTALLOTMENTSI, J. Perry., Regl. No. 423

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:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
		Father <u>Mr B Perry.</u>	<u>Catalinas</u>	<u>= 70</u>
Total Allotment, \$				<u>= 70</u>

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.) Augustus B. BrianOfficer Commanding
B Company(Sig.) Thos. Perry(Rank) Pte

OCT 1 0 1914

No. 423
 Name Henry I. Lape

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
1917					
Apr 20	bal due by P.P.			2 17	2 17
30	By Pay 10 days @ 1 1/2%			11 50	13 67
May 10	" " 10 do			11 50	25 17
30	" " 20 1 1/2%			38 00	63 17
	Bonus			13 30	76 47
	Clothing			25 00	101 47
	allowance			4 68	106 15
May 7	To Pay at Sydney		2 00		104 15
11	To Pay		15 00		89 15
29	" "		10 00		79 15
Apr 30	To allotment 10 days @ 70		7 00		72 15
May 31	To allotment		21 70		50 45
	To Pay	200	45 77		4 68
Aug 9	To R allowance		4 68		
	error in pay book		2 43		2 43
	Sept exp 107				
	Was Service Institute			350 00	347 59
	5 mos @ 70%				
	Bonus		13 30		33 4 27
Mar 1	To Pay	11035	70 00		264 27
Apr 1	" "	13940	70 00		194 27
May 1	" "	18430	70 00		124 27
June 1	" "	21706	70 00		54 27
July 1	" "	292	56 70		2 43
			458 58	456 15	2 43

PAY LEDGER R 308/1...
 Date 11-5-21 by [Signature]

Sig: [Signature]

Dr Balance \$243

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #423 L/Cpl. T. Perry^a Voucher No. 20389.
Cheque No. 20389.

Reg'l A/c No. _____ Name _____ C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount.
May 11	376		Pay on a/c	\$15
				\$15 00

CERTIFICATION

Dissect^a Sheet No. _____
Recap. Sheet No. 376
Checked by *G. F. S.*

M. Howley
PAYMASTER

RECEIPT

May 11th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Fifteen Dollars
and _____ Cents in Payment as above stated.
May 11th 1917.

\$ 15.00

[Sig.] *T. Perry*

No.



1ST NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #423 L/Cpl. T. Perry

Voucher No. 30977.

Cheque No. 30977.

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amou
May 30	391		Balance of pay	\$7 47
			Bonus 1 week @ \$1.90	13 30
			Civilian clothes	25
				\$45 77

\$ 45 77

CERTIFICATION

Dissectⁿ Sheet No.

Recap. Sheet No. 391

Checked by *[Signature]*

[Signature: M. Howley]
PAYMASTER

RECEIPT

May 30th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
 Forty Five Dollars
 and Seventy Seven Cents in Payment as above stated.

May 30th 1917.

\$45.77

[Sig.] *[Signature: Thomas Perry]*

August 13th, 7

423

Pte. T. Perry,

C/o Mrs. A. Rowe,

Hutchings St.

Dear Sir,-

I enclose herewith cheque for \$4.86,
being a further credit balance due you from Paymaster,
London.

Yours faithfully,

Lieut .
D/Paymaster

May 20th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. T. Perry, No. ~~48~~ ^{the} ~~sub~~ of
twenty dollars on account of transportation and board
from Catalina to St. John's and return, and charge same
to Civil Re-establishment Committee.

\$20.00

ACCOUNT	<i>C. Perry</i>
CH NO	<i>20582</i>
ISS LEDGER	_____
PAY LEDGER	_____
GEN LEDGER	_____

W. H. McCall
Vocational Officer

Thos. Perry