

FIRST NEWFOUNDLAND REGIMENT

C. 48.

ATTESTATION OF

No. 3019

Name Joseph Ingram Denton Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. Joseph Ingram Denton |
| 2. What is your full Address? | 2. Princeton B.B. |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 22 years 2 Months |
| 5. What is your Trade or Calling? | 5. Cook |
| 6. Are you Married? | 6. No |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. No |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. Yes |
| 9. Are you willing to be enlisted for General Service? | 9. Yes |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?... | 10. { Name Corps } Yes |
| 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, Joseph Ingram Denton, 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.

8 August 10th/16. Joseph Ingram Denton SIGNATURE OF RECRUIT.
Charles Ayre SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Ingram Denton, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly 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 10th day of August 1916. Charles Ayre Cpt. 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 rank of Private if enlisted by special authority, such will be attached to the original attestation.

Date 1916 Place } Approving Officer.

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

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

This Form is to be used in connection with Pamph. U. S. (1)
H. F. 1913

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 Ingram Linton
aged 22-1/2 years conducted at W. L. B.
Date: Aug 8/14. Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 yes no
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 Both.
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

30/19

To report Aug 10/16

yes 1 1/2 years ago left arm scar.

5'-6"

113 1/2 lbs.

32 3/4"

\$400. year

parents Mr Joliffe Linton Princeton

none

J. W. Gordon

Signature of Medical Examiner:

21

Report of Medical Board.

Station **St. John's, Nfld.** Date **May 28th., 1918**
 No. and Rank **3019 - L/Opl.** Age **23** Height **5'8"**
 Name **QUINTON, J. I.** Complexion **Fresh**
 Unit **Royal Nfld.** Eyes **Brown** Hair **Brown**
 Address **Princeton**
 Former Trade **Clerk**

Enlisted at **St. John's** On **Aug. 1916** (The Board will please note how the soldier's appearance corresponds with above description.)

Disease or Disability Original **GUN SHOT WOUND LEFT THIGH. (FEMUR FRACTURED)**

Subsequent

Present Condition (Compare with previous Board)

Wound in left thigh near the groin leaving a large puckered scar with discharging piece of bone protruding knee stiff

Has he been employed, and by whom?

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? *Noted while in Hosp.*

Recommendation of Medical Board *Ink. from Geny Hosp.*

Members of Board

J. J. [Signature]
Admitted for J. S. Tait
Wm. D. [Signature]

Approving Medical Officer

Chas. [Signature]
Major

D. M. S. NEWFOUNDLAND



SECOND BOARD

Form Z 179 N.M.D.

Report of Medical Board.

| | | | |
|-----------------------|---------------------------------------|---|--------------------------------|
| Station | St. John's, Nfld. | Date | August 3rd., 1918 |
| No. and Rank | 3019 - L/Opl. | Age | 23 Height 5'8" |
| Name | QUINTON J. I. <i>(Joseph)</i> | Complexion | Fresh |
| Unit | Royal Nfld. | Eyes | Brown Hair Brown |
| Address | Princeton | | |
| Former Trade | Clerk | | |
| Enlisted at | St. John's On Aug. 1916 | (The Board will please note how the soldier's appearance corresponds with above description.) | |
| Disease or Disability | Original | GUN SHOT WOUND LEFT THIGH (FEMUR FRACTURED) | |

Subsequent

Present Condition (Compare with previous Board)

*Improvement - Since last Board.
Piece of Bone has been removed.*

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

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board *Discharge as permanently unfit.*

To Remain in Hosp.

Members of Board

Clayton Macpherson
Major

D. W. S. NEWFOUNDLAND.

Clayton Macpherson
John D. Mean
Archibald

Approving Medical Officer.



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

MEDICAL HISTORY

Surname Quinton Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---------------------------|-----------------------|---------------|------------------|
| | on | day of | on | day of |
| Examined | 8 | August 1916 | | 191 |
| | at | Saint John | at | |
| Declared Age | 22 | years 2 1/2 months | | |
| Trade or Occupation | Clerk | | | |
| Height | 5 | feet 6 inches | | |
| Weight | | 113 1/2 lbs. | | |
| Chest Measurement | Grith when fully expanded | 35 1/2 inches | | |
| | Range of Expansion | 3 1/2 inches | | |
| Physical Development | | | | |
| Vaccination Marks | Right | | Right | |
| | Left | 10 can | Left | |
| When Vaccinated | 14 years ago | | | |
| Vision | R.E.—V= | 4/6 | 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) | Lammie Paterson | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | Saint John | at | |
| | on | 10 day of August 1916 | on | day of 191 |
| Joined on Enlistment | Corps. | | Corps. | |
| | Regtl. No. | nfld Regt 3019 | Regtl. No. | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |



COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.I.D.
 N.F.P.38. No. 7473/116
 DATED 12/5/18

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 cases of syphilis, admissions and re-admissions to hospital 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 | | | | |
| 3rd London General Hospital, WANDSWORTH, S.W. | | | 18 | | | | G. J. W. Left thigh Femur fractured | | Board held see overleaf Disability G. J. W. Left thigh Fractured femur Wound still unhealed Limitation of movement in left knee joint. Cause G. J. W. on active service Disability bears a likelihood assessed by 50%. | W. Morgan M.D., 3rd London General Hospital, WANDSWORTH, S.W. |

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date | Brief Details, and Signature |
|-------------|--|
| 21-8-16 | } TAB 20 |
| 15-11-16 | } 3. 20 |
| 9-1-17 | } 3. 20 |
| 28-11-16 | } Vacc. 20 |
| -1 MAY 1918 | <p>Board held Finding Permanently unfit Board approved 1/5/18</p> <p style="text-align: right;"><i>W. J. G. Ernest</i> 3rd London General Hospital, WANDSWORTH, S.W.</p> |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|--------------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| S.S. Fingel Wunder W. | July 31 | Feb 3 1917 | | | |

Original

Medical Report on an Invalid.

Station 3rd London General Hospital,
WANDSWORTH, S.W.
Date 30/4/18

1. Unit 1st R. W. Flac.
2. Regimental No. 3019
3. Rank L/cpl.
4. Name Leighton, Joseph Ingram
5. Age last birthday 23
6. Enlisted { on August 1916
at St John's, N.F.

7. Former Trade } Clark
or Occupation }
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge; Nil.
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W. Left Thigh.
(Femur fractured).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in command of the medical unit. 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 entitling him to general discharge.

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
N.F.P.38. No. 7173/46
DATED 12/5/18

9. Date of origin of disability. 30 Nov. 1917.

10. Place of origin of disability. Cambrai

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Received E & W wounds of left thigh.

Wounds were received at 12 General Hospital - 12-17 - C.D. treatment
Admitted here 5/Jan. with large gutter wound on outer aspect
of thigh (1 1/2" x 1/2"). There has been slight discharge since. &
Wound so slow in healing. Lining 2" long persists.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

G. S. W.

Active Service.

13. What is his present condition? *Wound still unhealed since 2nd long limitation of movement in left knee*
 Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. *But as this soldier happens to be as he was before for 6 months. No ops indicated at present*
14. If the disability is an injury, was it caused—
 (a) In action? *Yes*
 (b) On field service? *Yes*
 (c) On duty? *Yes*
 (d) Off duty? *Yes*
15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?
16. Was an operation performed? If so, what? *Excision of wounds of F.E.*
17. If not, was an operation advised and declined?
18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.
20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England? *Permanently unfit*

S. A. Davies Esq
 Officer in medical charge of case.

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

3rd London General Hospital,
 Station WANDSWORTH, S.W.

Date April 29th 1918

H. E. Duncanson
 Officer in charge of Hospital.

Col. A.M.S.

Comdg. 3rd London Gen. Hospital.

*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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- (iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- 1. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.

1/2
1/2
✓
✓

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

G. S. W.

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

✓

23. Is the disability permanent?

1/2

24. If not permanent, how soon do the Board recommend re-examination?

✓

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

50

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

side 16.

27. Do the Board recommend—

- (a) Discharge as permanently unfit;
- (b) ~~Change to Exempt.~~

1/2

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

O.P.

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

✓

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

✓

3rd London General Hospital, W. A. Brown President.

Station WANDSWORTH, S.W. F. J. B. Jones Members.

Date 1/5/18

Approved W. A. Brown Administrative Medical Officer.
3rd London General Hospital,
Station WANDSWORTH, S.W.

Date 1/5/18

J. I. Quinton

3319

P.R.O.

C.R. 3019

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

3019 Pte. J. Quinton

Discharged 17-8-18, Medically unfit

C.R. 3019

Extract from Daily Orders Part 11 Unit The Royal B210.

Regt..St. John's, 20100 August 19th, 1918.

3019 Pte. Jos. Quinten.

Having been found medically unfit are discharged from 17/8/18.

CR. 3019

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 22, 1918.

#3019 L/Cpl. L. J. Quinton.

~~A~~mitted N & M. Con. Hosp. 21-6-18.

C.R. 3019

Extract of Preliminary Report from The Director Of Medical Services
to O.C.D Depot dated May 29th. 1918.

At a Medical Board held on Tuesday may 28th., the following was a finding:

3019 L/C. J.E. Quinton

Royal Nfld. Regt.....Recommended admission to Naval & Military
Convalescent Hospital

C.R. 3019

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 28, 1918

The following man is reported to Headquarters from Overseas
on May 24, 1918.

#3019 L/Cpl. J. I. Quinton.

Extract from telegram received from London, dated
May 14, 1918.

The following embarked per Government transport at
Liverpool on March 3th, for Halifax, ~~arrived~~
being sent home for discharge:

#3019 L/Corp. Quinton.

5th 1918.

April

Mr. Joliffe Quinton,
Princeton, B.B.

Sir,

With further reference to your telegram of 26th March and my letter of 27th March, I have the honour to inform you that the Record Office, London, reports that #3019, L/Cpl. J. I. Quinton is progressing favourably.

I have the honour to be,

Sir,

Your obedient servant,



Major,

Chief Staff Officer.

WFR/JLF.

C.R. 3019

March 27th, 1918.

Mr. Jelliffe Quinton,
Princeton,
Southern Bay.

Dear Sir:-

I am in receipt of your telegram of 25th March enquiring as to the condition of No. 3019, Private Quinton. A telegram has been forwarded to the Pay & Record Office, London making enquiries, and I shall immediately inform you when reply has been received.

Yours faithfully,


Major, G.S.O.

C.R. 3019

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____

ANSWERED
MAR 26 1918

Re'd by _____

Chk'd _____

No. _____

Place from _____

MAR 26 1918

To _____

Southern Bay
Major W. H. Kendall
Dept Militia

MAR 26 1918

Please enquire
condition 3010
Quinton and let
me know
Joliffe Quinton

January 11th, 1918.

Mr. Joliffe Quinton,
Princeton, B.B.

Sir:-

In reply to your inquiry as to the condition of
3019, L/Cpl. J. I. Quinton, I am directed to inform you that
a cable has been received stating that he is now pro-
gressing favourably.

I have the honour to be,

Sir,

Your obedient servant,



Major,

C.S.O. Dept. of Militia.

WFR/JMF.

C.R. 3019
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 Dept. of Militia

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated Jan 8th, 1918.
To Joliffe Quinton,
Princeton, B. I.

Record Office London states 3019, L/Cpl. Joseph Quinton now at Wandsworth

J.R. Bennett,
Minister of Militia.

3019

C.R.

Extract from casualties Received from Pay & Record
Office London, 7 Jan.1918.

Admitted 3rd London General Wandsworth S.W. 5-1-18.

3019 L/Cpl. J.I.Quinton.

G.S.W. L. Thigh.

C.R. 3019

Extract of Casualties received from Pay & Record Office,
London, dated January 7, 1918.

#3019 L/Cpl. J.I. Q uinton. ✓

Gunshot wound left Thigh.

At 3rd London General Hospital, Wandsworth, S.W.,

5/1/18.

Princeton
Dec 27. 17.

Hon. R. A. Squires
Col. Secy -
W. J. G. J. G.

Dear Sir,

Please inquire of Pay & Record
Office, London, as to condition of L Corp.
Joseph F. Quinton Princeton, and G. S. M. Albert
Taylor M.C. Charleston, B. Bay, who were
Reported wounded. Dec 2nd + 3rd

Yours Truly,
Mrs. Joliffe Quinton.

C.R. 3019

Extract from Casualties List No. H.A. 17025.

3019 Pte. J.I. Quinton.

Adm. 12 Gen. H. Rouen 3 Dec. 17. G.S.W. L. Thigh, ^RSev.

C.R. 3019.

Extract of Casualties received from Pay & Record
Office London, dated December 16, 1917.

#3019 L/Cpl. J.I. Quinton. ✓

Wounded 3/12/17.

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.

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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 air 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, and which is not used 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 _____

H. A. Squires
For J. J. B. Deane

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated

December 12, 1917.

To

Mr. Joliffe Quinton,

Princeton, B.B.

Regret to inform you that Record Office, London, officially reports No. 3019, L.Corp. Joseph I. Quinton, was at Twelfth General Hospital, Rouen, December third, suffering from severe gunshot wound left thigh.

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

R. A. SQUIRES,

Colonial Secretary.

FOR TYPEWRITER

C.R. 3019

#3019 L/Cpl. Joseph I. Quinton. ✓

Extract of Casualty List received December 12, 1917.

Gunshot Wound Left Thigh severe.

At 12th General Hospital, Rouen December 3.

C.R.

3019

Extract of Casualties received from Pay & Record Office,
London, dated December 11, 1917.

#3019 L/Cpl. J.I. Quinton. ✓

Bunshot w und left thigh severe.

Admitted 12th General Hospital, Rouen, December 3, 1917.

C.R. 3019

Extract from Nominal Roll of Draft No. 50, 50 Other Banks
from 2/1st Newfoundland Regt., Barry W. B., to 1/1st
Newfoundland Regt., B.S.F.
Embarked Southampton 22nd September 1917.

43019 1/C. J. I. Quinton.

C.R. 3019

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt., St. John's, Jan. 24th, 1917.

3019 Pte. J. Quinton.

To be Lance-Corporal from this date.

C.R. 3019

Extract from Officers and men embarked St. John's 31-7-17

Sailed Halifax "S. S. NORVELAND 17-6-17.

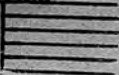
4

#3019 L/C .I. J. QUINTON.



Fold Here

ON HIS MAJESTY'S SERVICE



To the Office in Charge of Receipts

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here



July 5th., 1921 4917.

The accompanying King's Certificate, on his discharge,

(No. 1074), is forwarded herewith to

Lance Corporal Joseph I. Quinton

in respect of his service as No. 3019 Rank L/Cpl.

Name J.I. Quinton Corp Royal Wfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

July 29th 1921 J.I.Q.

Signature

J.I. Quinton

Date

Address

P.O. Box 758 or c/o 43rd Regt

OK
DM
6 1/4
Approved
#1-5
A of H
6464
9 c hall
Capt
3rd

Office 1/2 Pay Record Office
Repl: New Zealand Reg
58 Victoria Street

REMBURSE R.A.M.C.T
Hospital
3rd London General Hospital
WANDSWORTH



Please Remit the sum of ~~£~~ Pounds
(~~£~~) to # 3019. L. Capt J. J. Dinton
and charge to acc if any

| |
|---|
| 3 RD LONDON GENERAL HOSPITAL |
| No. _____ |
| 6 - APR 1918 |
| WANDSWORTH, S.W. 18 |





3rd London Genl



Wandsworth

April 13th 1/18

L. 1.0.0

Office i/c Pay & Record Office
58 Victoria Street

JRB 15/11/18

Receipt No. 6572

Please remit # 3019 L/cpl J. D. Quinlan

The sum of one Pound #1

and charge to account

#3019 L/cpl J. D. Quinlan

Approved
J. C. Hall
Capt



Office of
Pay & Record Office
58 Victoria St.

Op £1-0-0

APR 18 ⁴/₁₈

18-4-18

6615

Please remit to Lt. Dunbar
the sum of 1 Pound 1/6 and
charge to account 2019 Lt. Dunbar's ac.

Approved
Commander
Capt. Ramsay



No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to _____

Lance Cpl J. J. Quinter

the sum of one pounds — s. (£ 1.00)

on account of any balance that may be due to me.

MS
£1.0.0
JAK
Receipt No. 7738
24/4/18



Regtl. No. 3019 Rank Lance Cpl

Name J. J. Quinter

Approved Morgan C. ...

Officer i/c.

Hospital.

Dated at Wandsworth

April 24th 1918



C.R.

3019

 Jos. I. Quinton was attested for General service
with the NEWFOUNDLAND REGIMENT on ..August. 10~~th~~. 1916
Regimental No 3019 was allotted to Pte. J. I. Quinton

AUTHORITY:

Record Ledger,

Depts. of Militia,

March 25th. 1919.

LAST PAY CERTIFICATE

N.F.P./94

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

Regt No. 5019 Rank L/Opl Name I.J. Quinton Unit Royal W.I.A. Regt. who was Repatriated
to Newfoundland on 15/5/18 Authority A.P.B.179 Cause Class A.

STATEMENT OF ACCOUNT

DR.

CR.

| PARTICULARS | | £ | s | d | PARTICULARS | | £ | s | d |
|-------------|-----------------------------|----|----|----------|--|----------|-----|----|----------|
| | Balance Dr. from | | | | Balance Cr. from | 21/12/17 | | | |
| | Allotment 145 days @ .50 | 71 | 50 | 14 15 10 | Pay 145 days @ 1.05 | | 150 | 15 | |
| | Cash Payments: P. & R. O. | | | 85 10 0 | Field Allowance 145 days @ .10 | | 14 | 50 | |
| | Hospital Advances | | | 2 2 0 | Other Allowances days @ £ | | 164 | 45 | 33 15 10 |
| | Other Debits: | | | | Other Credits: | | | | |
| | P. & R. O. Payments 11/5/18 | | | 1 3 5 | Ration Allowance, 7/5/18-15/5/18 7 days @ 1/6 | | | | 12 3 |
| | Total Debits | | | 45 9 5 | Total Credits | | | | 45 9 5 |
| | Balance due by Paymaster | | | | Balance due to Paymaster | | | | |
| | | | | 45 9 5 | | | | | 45 9 5 |

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

191

(Place)

(Date)

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S.W. to 11/5/18
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

11/5/18

191

Chief Paymaster & Officer i/c Records.

CHECKED:
11/5/18

PERIOD: From 22/12/17 to 15/5/18



M.F.A.3

L 3019

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

3019

ST. JOHN'S, NEWFOUNDLAND.

June 21st., 1918.

From:- D. M. S.

To:- O. C. Depot.

3019, L/Cpl. L. J. Quinton

The marginally noted man entered the Naval &
Military Convalescent Hospital June 21st., 1918.

Cluny Macpherson

Major, D. M. S.

[Handwritten initials/signature]

ST JOHN'S, NEWFOUNDLAND,

August 19th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

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

I have etc.

(sgnd) J.M. HOWLEY,

Capt. etc.

| | | | | |
|------|------|-----------------|---------|-----------|
| 2727 | Pte. | Ralph, Aaron | 17-8-18 | Med unfit |
| 2769 | " | Walsh, Ems | Do. | Do. |
| 1837 | " | LeDrew, Bertram | Do. | Do. |
| 1288 | " | Ryan, Richard | Do. | Do. |
| 3019 | " | Quinton, Jos. | Do. | Do. |
| 3400 | " | Pittman, Arthur | Do. | Do. |
| 2602 | " | Wiseman, Geo. | Do. | Do. |



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

3019

ST. JOHN'S, NEWFOUNDLAND.

June 10th., 1918

From:- D. M. S.

To:- O. C. Depot.

3019, L/Cpl. J. I. Quinton

The enclosed copy of telegram is forwarded
for your information, please.

Major, D. M. S.

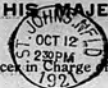
ENCLOSURE.

1921

[O.T.]

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



OCT 11

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

J. Ingram Quinton

in respect of his service as No. 3019 Rank Pte.

Name J. I. Quinton

Royal/Nfld. Regt.
~~Number~~

Receipt of the same should be acknowledged hereon.

Received Oct 12/21

Signature Ingram Quinton

Date _____

Address ep. c. A. Bennett, 101 St. Mary St.



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 **W. J. WAGNERSON, Major, R. M. S.** Address **ST. JOHN'S**

| | | | | | |
|----------------|-----|----|------|----|-------|
| Line Number | Red | By | Sent | by | Check |
|----------------|-----|----|------|----|-------|

Dated June 10th., 1918

COPY

To 3019 Lt/Col. J. I. Quinton,
Princeton, B. B.

**YOU MAY REMAIN AT HOME UNTIL ADVISED TO REPORT FOR
ADMISSION TO WATERFORD HALL**

DIRECTOR OF MEDICAL SERVICES



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

May 29th, 1918.

From:- D. M. S.

To:- O. C. Depot.

3019. L/o Quinton, J.L.

1837. Pte. LeDrew, B.

2769. Pte. Walsh, Enoe.

The marginally noted men have been recommended for admission to Naval & Military Convalescent Hospital by the Standing Medical Board.

2769 Pte. Enoe Walsh may have the usual fortnight's home furlough.

Kindly have 3019 L/o Quinton and 1837 Pte. LeDrew report to me tomorrow at 10.30 a.m. before granting them home furlough.

Major, D. M. S.

Reg. No. 2019 Rank *Lt* Name *Quinton J. J.*
Attested..... Address *15 Calvert St*
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

| | | | |
|---------------|-----------------------|--|--|
| | | <i>Retd. from O.S. 24-5-18</i> | |
| <i>28/18</i> | | <i>Rec. ad. Art. Con. Hoop.</i> | |
| <i>21/19</i> | | <i>Admitted to N. & M. Convalescent Hos.</i> | |
| <i>5-8-18</i> | <i>2nd</i> | <i>Prs. Fee remain in Art. Con. Hoop. & discharge Per. unfit</i> | |

DISCHARGED - MEDICALLY UNFIT AUG 17 1910 1000146

157
 25
 63
 8705

No. 3019 Rank Private Name Luncheon J. J.

| Pay | F.A. | Wkg | Total | N.Y. P.M. |
|----------------|------|-----|-------|-----------|
| 108 | 10 | | 118 | |
| Less Allotment | | | 50 | |
| Net Rate | | | 68 | |

| DEBITS | Date | £ s d | | | CREDITS | Period | | Days | Rate | \$ | ¢ | £ s d | | |
|-------------------|---------|-------|----|---|-----------------------------|--------|----|------|------|----|----|-------|----|---|
| | | | | | | From | To | | | | | | | |
| Balance | | | | | Balance | 21 | 17 | | | | | 9 | 1 | 2 |
| Acquittance Rolls | | | | | Pay @ Net Rate | 22 | 17 | 137 | 65 | 89 | 05 | 18 | 6 | 0 |
| Hospital Advances | | 2 | 2 | 0 | Kation Allie 7 days @ 19 | | | | | | | | | |
| A.B. 64. | | | | | | | | | | | | | 12 | 3 |
| P.&R.C. Payments | | 9 | 10 | 0 | | | | | | | | | | |
| cash 6981 | 7/12/18 | 16 | 0 | 0 | | | | | | | | | | |
| Cash 7077 | 1/6/18 | 1 | 3 | 5 | J. 16-7-5 | | | | | | | | | |

27-19-50

11-12-0

OK
 7/5/18

1st Royal Newfoundland Regiment

Officer in
Pay & Record Office
58 Victoria Street



Please remit to 3019 Lt. J. I. Quinton
the sum of one Pound 1/- and charge
to my account 3019 Lt. J. I. Quinton.

OK

£ 1.0.0

J.R.A. 17/4/18

Receipt No. 6548

Approved
I shall
Capt

9/18

235/1./R.&C.

Form
C. 344
200

MEMORANDUM



From
PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
55, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

To
Officer Commanding,
12th General Hospital,
Rouen, France.

To

ANSWER.

Pay & Record Office,

7th January, 1917

191

3019, Pte. Quinton, J.I.
1st Newfoundland Regt.

The following telegraphic enquiry (257) has been received from the Hon. the Minister of Militia, St. John's, Newfoundland.

"Please wire condition
"of 3019 Quinton-"

Will you advise to enable me to reply, please?

This man was transferred to England on 11/1/18

W.F. Vaughan

MAJOR, R.A.M.C.

16 JAN 1918
NEWFOUNDLAND CONTINGENT REGISTRAR
NO 12 GENERAL HOSPITAL

RECORDED IN 584
15 JAN 1918

APPROV. AUTH.

Ref. Nos. 101

| APPROVED BY | |
|-------------|------|
| FRANCIS | DATE |
| Comd | |
| S. | |
| & C | |
| & F | |
| S. | |

[Signature] Major,
Chief Paymaster & O.I.C Records.

HA/JC

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

1st R. Newfoundland Regt — (Regiment).

No. 3019, Rank L/Cpl., Name Quinton

is discharged from 3rd London General Hospital
with orders to proceed to his home:
the address below

(Address 58 Victoria Street)



S.W.

and there to await further instructions as to his discharge from the Service.

H. Jagan

Officer Commanding.

Adjutant R.A.M.C.(F)

Place Wandsworth S.W.

Registrar, R.A.M.C.F.

Date 7-5-17

3rd London General Hospital,

WANDSWORTH S.W.

*Here enter name of Hospital or Unit from which the Soldier is discharged.

Office of
Pay & Record Office
58 Victoria St.

26-11-18

ES. 1/10/18
2/1

2 Pound

Please remit to
The London Hospital
No. 26 APR 1918
WANDSWORTH, S.W. 18.

of the Quarter the Sum
by account of the Quarter.

O.K.

£ 2.0.0

27/4/18

Receipt No 6802

Regt 8079

NEW ZEALAND CONTINGENT
VICTORIA B.I.
LONDON, S.W.
27/4/18.
PAY & RECORD OFFICE

[Faint handwritten signature]

7102/1/O.T.

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

8/5/18

5019, L.Cpl. J. Quinton,
R. Newfoundland Regt.,
Peel House,
Regency Street, S.W.

OVERSEAS TRANSPORT.

Please report at this Office at 10 a.m.
on Saturday 11/5/18 (not at 10 a.m. on Monday
13/5/18 as stated on your pass) for orders
to as ^{to} your return to Newfoundland.
^

Major,
Chief Paymaster & Officer i/c Records.

HA/JC

W
Minton. I. F.

3019

Pay Dept

May 16th, 1919

Capt. Howley,
O. I. C/Records.

Please pay to Mr. I. Quinton, No 3019, the sum of
thirty six dollars on account of balance of course with
Alex. Hamilton Institute and charge same to Civil
Re-establishment Committee.

\$36.00

| | |
|------------|-----------------|
| ACCOUNT | <i>C. R.</i> |
| CHK NO | <i>20426</i> |
| IND. LEGAL | <i>See</i> |
| PAY LEAD | <i>I. C. R.</i> |
| GEN. LEAD | |

W. W. Mitchell
Vocational Officer

I. Quinton

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.00

May 25th 1918

Received from the First Newfoundland Regiment
the sum of Fifteen Dollars.
on account of Pay.
allowances

Line 99

Regtl. No. 3019

Rank P/Cor.

| | |
|-------------------------|--------------------|
| Ch. No. <u>6968</u> | Initials <u>ew</u> |
| Pay Ledger <u>1500</u> | Initials <u>ew</u> |
| Gen. Ledger <u>1500</u> | Initials <u>ew</u> |

C.F.B.

No. 3019 Rank L. Cpl.

Name J. Quinton

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.00

June 29th 1918

Received from the First Newfoundland Regiment
the sum of 10 Dollars.
on account of Pay.
~~balance~~

Cheque mailed 2/7/18

| | |
|--------------|-------------|
| Ch. No. 8179 | Initials EW |
| Pay Ledger | Initials EW |
| Gen. Ledger | Initials EW |

Regtl. No. Rank

No. 3019

Rank L. Capt.

Name L. J. Quinton

Home

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.00

June 21st 1918

Received from the First Newfoundland Regiment
the sum of fifteen Dollars.
on account of Pay.
balance

| | | | |
|-------------|------|----------|-------------------|
| Ch. No. | 7903 | Initials | E. J. [Signature] |
| Pay Ledger | 150 | Initials | [Signature] |
| Gen. Ledger | | Initials | [Signature] |

J. J. Quinlan
Regtl. No. 3019

Rank 2/cpl

No. 3019 Rank L. Cpl.

Name A. J. L. Quinton

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 59³⁰

Aug. 17th 1918

Received from the First Newfoundland Regiment
the sum of Fifty Nine ³⁰ Dollars.
~~on account~~
balance of Pay.

J. B. Quinlan

Regtl. No. 3019

Rank 1/10pl

| | |
|----------------|--------------|
| Ch. No. 1371 | Initials. EW |
| Pay Ledger 224 | Initials. WM |
| Gen. Ledger | Initials. J |

No. 3019.

Rank *Spl.*

Name *Linton J.*

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15⁰⁰

July 27th 1918

Received from the First Newfoundland Regiment
the sum of 15⁰⁰ Dollars.

on account
balances of Pay.

J. J. O'Connell

Regtl. No. 309 Rank 2/c

| | |
|--------------------------------|-----------------------------|
| Ch. No. <u>447</u> | Initials <u>[Signature]</u> |
| Pay Ledger <u>224</u> | Initials <u>[Signature]</u> |
| Gen. Ledger <u>[Signature]</u> | Initials <u>[Signature]</u> |

C. J. H. [Signature]

No. 3019.

Rank

Serge

Name

Quinton J.

LAST PAY CERTIFICATE

ORIGINAL.

N.F.P./94

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

Regtl No. 3019 Rank L/Opl Name I.J. Quinton Unit Royal Wfld. Regt. who was Repatriated
to Newfoundland on 13/ 5/18 Authority A.F.B.179 Cause Class A.

STATEMENT OF ACCOUNT

DR.

CR.

| | PARTICULARS | | | PARTICULARS | | | CR. | | | |
|----------------------------------|-----------------------------|----|----|-------------|----|----|--|-----|----|----------|
| | £ | s | d | £ | s | d | £ | s | d | |
| PERIOD: From 22/12/17 To 13/5/18 | Balance Dr. from | | | | | | Balance Cr. from 21/12/17 | | | 9 1 2 |
| | Allotment 143 days @ .50 | 71 | 50 | 14 | 13 | 10 | Pay 143 days @ \$1.05 | 150 | 15 | |
| | Cash Payments: P. & R. O. | | | 25 | 10 | 0 | Field Allowance 143 days @ \$.10 | 14 | 30 | |
| | Hospital Advances | | | 2 | 2 | 0 | | 164 | 45 | 33 15 10 |
| | Other Debits: | | | | | | Other Allowances days @ \$ | | | |
| | P. & R. O. Payments 11/5/18 | | | 1 | 3 | 5 | Other Credits: | | | |
| | | | | | | | Ration Allowance, 7/5/18-13/5/18 7 days @ 1/9 | | | 12 3 |
| | Total Debits | | | 43 | 9 | 3 | Total Credits | | | 43 9 3 |
| | Balance due by Paymaster | | | | | | Balance due to Paymaster | | | |
| | | | | 43 | 9 | 3 | | | | 43 9 3 |

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

191

(Place)

(Date)

O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S.W. to 17 5 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

11/5/18

191

Chief Paymaster & Officer i/c Records.

CHECKED.

(Signature)
11/5/18

COPY

3019

June 21st., 1918.

From:- D. M. S.

To:- O. C. Depot.

3019. L/Cpl. L. J. Quinton

The marginally noted man entered the Naval & Military Convalescent Hospital Jun. 21st., 1918.

Cluny Macpherson

Major, D. M. S.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Edw. Ryan* 2. Surname *Linton*
3. Rank *Leut. Colonel* 4. Regt. No. *3019*

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded *# 39 Parade Street St. Johns*

6. Date of enlistment in the Regiment *August 10th 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge *None*

8. Relationship of such dependents *None*

9. Address in full of such dependent *None*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *None*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas *Two years and eight days*

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

None

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.....

\$1.04 $\frac{63d}{24}$

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

Yes

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

No

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.....

None

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

No

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

No

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

August 17th 1918

Unfit for Service on account of wounds

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.....

Cambrai 20th 30th Nov 1917

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.....

None

-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: *J. J. Quinn*
 Place of Residence: *39 Trade Street*
 Declared before me at: *St. John*
 This *27th* day of *Feb* 191*9*

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of Affidavits: *[Signature]*

POST DISCHARGE PAY.

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|------------------|---------------|----------------|----------------------|----------------|
| <i>11.12.18.</i> | <i>104.65</i> | | <i>5.40</i> | <i>350.00</i> |
| | | | <i>Less P.D.P.</i> | <i>104.65</i> |
| | | | | <i>245.35</i> |

Certified Correct.

Paymaster.

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This day of 19...

Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of Affidavits.

POST DISCHARGE PAY.

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|-----------|--------------|----------------|----------------------|----------------|
| | | | | |

Certified Correct.

Paymaster.

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This day of 19...

Signature of Barrister of the

Proceedings on Discharge.

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

No. 3019 Army Rank Private

Name Quinton John Ingram
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

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 _____

Place of discharge _____

1. Description at the time of discharge.

| | |
|---|--|
| Age <u>22</u> years _____ months | Descriptive marks. <u>Large operation, Scar Left.</u> <u>High</u> |
| Height <u>5</u> feet <u>8</u> inches | |
| Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. | |
| Complexion <u>fair</u> | |
| Eyes <u>brown</u> | |
| Hair <u>brown</u> | <div style="border: 1px solid black; padding: 5px;"> COPY SENT TO O.C. H.Q. : ST. JOHNS, N.F.L.D. N.F.P.38. No. <u>7473/16</u> DATED <u>12/5/16</u> </div> |
| Trade <u>Clerk</u> | |
| Intended place of residence <u>St. John's</u> | |
| (To be given as fully as practicable) <u>Newfoundland</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 _____

(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:—

To be filled in on the soldier quitting the Colours.

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*

COPY

This space to be left blank for the Chaisen Number.

[Blank box for Chaisen Number]

Proceedings on Discharge.



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

| | | | |
|--|--|--|--|
| No. | 3019 | Army Rank | Private |
| Name | Quinton Joseph Ingram | | |
| (The name must agree strictly with that on enlistment, unless changed subsequently by authority.) | | | |
| Corps | ROYAL NEWFOUNDLAND REGIMENT. | | |
| 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 17 th 1918 | | |
| Place of discharge | St Johns. Nfld. | | |
| 1. | Description at the time of discharge. | | |
| Age | 24 years | 3 months | Descriptive marks. Larger operation seen left High |
| Height | 5 feet | 8 inches | |
| Chest measurement | girth when fully expanded ins. | | |
| | range of expansion ins. | | |
| Complexion | Fair | | |
| Eyes | Brown | | |
| Hair | Brown | | |
| Trade | Book B | | |
| Intended place of residence | St John's | | |
| (To be given as fully as practicable) | Newfoundland | | |
| (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 <u>wounds received in action</u> | | |
| (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.) | | | |
| To be filled in on the soldier quitting the Colours. | 3. | Military character: <u>Very good</u> | |
| | 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. 2087* and that Army Form D. 489 was awarded in this case. | | | |
| | | | Initials of Commanding Officer. |
| Army Form B. 2088 has been issued to* | | | |

8. 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

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 _____ Batta. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's Rfd.

J. B. Quinn (Signature of Soldier.)

(Date) Aug. 20th 1918.

E. Walsh (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 3.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No reservations

J. J. Quinn

Witness E. Walsh.

CR 3019

Casualty Form - Active Service.

Regiment or Corps 1st New Zealand
 Rank L/C Surname Quinton Christian Name Joseph Joseph
 Religion C of E Age on Enlistment 22 years 2 months
 Enlisted (a) 10-8-16 Terms of Service (b) Quinton Service reckons from (a) 10-8-16
 Date of promotion to present rank..... Date of appointment to lance rank 2nd 17/8
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Clerk 1st New Zealand



COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D., From whom received
 R.F.P.38, No. 7473/46
 DATED 12/5/18

| Report | Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B. 215, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty |
|----------------|---|--------------------------------|-------------------|
| | | Embarked <u>Shampton</u> | <u>22.9.17</u> |
| | | Disembarked... <u>Rouen</u> | <u>29.9.17</u> |
| | | Joined Battalion <u>1</u> | <u>1 OCT 1917</u> |
| <u>3/1/17</u> | <u>887 SA</u> | <u>In Suffocation of Gases</u> | <u>1/1/17</u> |
| <u>10/1/17</u> | <u>2°</u> | <u>To duty</u> | <u>quit</u> |
| | | <u>France</u> | <u>3/1/17</u> |
| <u>10/1/17</u> | <u>397 A</u> | <u>486 BS</u> | <u>3/1/17</u> |
| | | <u>Rouen</u> | <u>3/1/17</u> |
| | | | <u>4/1/18</u> |

Seaton

Company Section
 8th D. 3rd Echelon

(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) Signaller, Shoeing-Smith, etc.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178 to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Linton Christian Name John Ingram

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined { on: 8 day of Aug 1916
 at St John's Spital

Declared Age 22 years 2 1/2 months

Trade or Occupation Clerk

Height 5 feet, 6 inches.

Weight 113 1/2 lbs.

Chest Measurement { Girth when fully Expanded. 30 1/2 inches.
 Range of Expansion 9 1/2 inches.

Physical Development

Vaccination Marks { Arm Right _____ Left None
 Number _____

When Vaccinated 14 years as ago

Vision { R.E.—V— 4/6
 L.E.—V— 4/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Major J. H. Peterson
 (Rank) _____ Medical Officer.



Enlisted { at Saint John's
 on 10 day of Aug 1916

| | | |
|-----------------------------|------------------------------|-------------|
| Joined on Enlistment | Corps. | Regt. No. |
| | ROYAL NEWFOUNDLAND REGIMENT. | <u>3019</u> |
| Transferred to | | |

Became non-effective by _____
 on _____ day of _____ 1916
 (Signature) _____
 (Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | 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 |
|--|----------------------|-------|------|--------------------------|-------|------|--------------------------------|----------------------------|--|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| 3 rd London General Wandsworth SW. | 5 | 1 | 18 | | | | L.W. thigh Pennis fractured | | Board held - see overleaf Disability - L.W. left thigh Fractured Penis Wound still unhealed Limitation of movement in left knee joint Cause - L.W. on Active Service Inability - To earn a livelihood sustained by 50% | See H. Leguier M.D. 3 rd London General Hospital Wandsworth SW |

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date | Brief details, and signature |
|-------------|---|
| 21. 8. 16. | <p> <i>W. B. S.</i> <i>S. S.</i> <i>W. C. S.</i> <i>W. C. S.</i> </p> |
| 15. 11. 16. | |
| 9. 1. 17. | |
| 25. 11. 16. | |
| 1. May 18 | <p> <i>Board held -</i> <i>Financing - Permanently Waived</i> <i>Grant approved - 1.5.18</i> </p> |
| | <p> <i>J. A. Payne, Maj. R.A.M.C.</i> <i>2nd General Hospital</i> <i>Wandsworth S.W.</i> </p> |

Table IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|---|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <p> <i>S. S. Troop</i> <i>Wandsworth S.W.</i> </p> | 31.1.17 | 2.2.17 | | | |
| | 3.2.17 | | | | |

COPY

Army

Medical Report on an Invalid

*General Assembly Hospital
Barnsley*

Station

Date

30.4.19



1. Unit **ROYAL NEWFOUNDLAND REGIMENT.**

2. Regimental No. *5019*

3. Rank *Lt Col*

4. Name *Quinton Joseph Ingram*

5. Age last birthday *25*

6. Enlisted { on *August 1916*
at *St John's Africa*

7. Former Trade or Occupation } *Clerk*

7A. If with previous service in Army

- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

Nil

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

L.S.W. Left thigh (Remot. Fractured)

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.

30 Nov 17.

10. Place of origin of disability.

Cambrin

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

*Received E & B wounds of Left thigh
Wounds were received at 12 Gen. Hosp Dec. 12. 17. C.D. treatment
Admitted here 5th Jan with large gutter wound on outer aspect
of thigh (4" x 2"). There has been slight discharge since
& wound slow in healing. Sinus 2" long persists*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

L.S.W.

Active Service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Wound still unhealed. Sinus 2" long & limitation of movement in left knee joint. Mr. Wankam C.S. suggests boarding as he will not be fit for 6. med. No opt. indicated at present.

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

} Yes

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

If so—(a) When?

(b) Where?

(c) Opinion?

✓
✓
✓

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

Excision of wounds at C. & C.

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

Permanently unfit

Lt Col Davis C.S.

Officer in medical charge of case.

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

Station

London General Hosp & Lt Col Bruce Porter C.S. Officer in charge of Hospital.

Date

29. 4. 18 Comd'g London Gen Hosp

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a) State whether the disability is clearly attributable to—

(i) Service during the present war; *Yes*

(ii) Climate; *Yes*

(iii) Ordinary military service; *Yes*

(iv) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or *Yes*

(v) Whether it is constitutional or hereditary. *Yes*

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

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

23. Is the disability permanent? *Yes*

24. If not permanent, how soon do the Board recommend re-examination? *—*

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. *50.*

26. If an operation was advised and declined, was the refusal unreasonable? *Vide 16*

27. Do the Board recommend—

(a) Discharge as permanently unfit, *Yes*

(b) ~~Change to England?~~

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium; *cl.*

(b) Hospital; *✓*

(c) Convalescent home; *✓*

(d) Asylum; or *✓*

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended. *✓*

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

30. Does the man require the constant attendance of another person? *No*

Station *3rd London General Hospital*
Wandsworth SW

Date *1.5.18*

A. E. Duden Capt. R.A.M.C. President.

F. J. Bell R. M. S. Members.

Approved _____
Station _____
Date _____

A. E. Duden Capt. R.A.M.C.
Administrative Medical Officer

COPY

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full *Luntton Joseph Moran*
Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT,
Regimental Number *3019*
Where born (Parish, Town and County), and when *Trincetron April 14. 1894*
Intended address *Trincetron April*
Height on discharge *Five Feet Eight* Inches
Colour of Hair on discharge *Brown* **Colour of Eyes** *Brown*
Descriptive marks *Large operation scar l. thigh* **Complexion** *Rose*
Figure on discharge *Medium*
Christian name of Father *John*
Christian name of Mother *Helena*
Wife's Maiden name in full
Date and Place of Marriage } *Nil*
Christian names of Children }
Nature and locality of civil employment desired *Office Work Trincetron April*



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) *Joseph Moran Luntton*

Station *Wandsworth*

(Rank) *L. Cpl*
Date *29. 4. 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.

R. D. Davies C.D. Medical Officer i/c Hospital.

Station *Wandsworth*

Date *29 April 1918*

| B Period of Service and in what Corps ... | Regiment | Years | Days | Service Abroad with Stations | Years | Days |
|---|--|-------|------|------------------------------|-------|------|
| | | | | | India | |
| | | | | S. Africa | | |
| Disallowed ... | | | | | | |
| Service towards Pension ... | | | | | | |
| Date inclusive to which pay has been issued | Sum due on account of advance of Pension } | | | | | |
| Sums due on account of public debts ... | | | | | | |

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____
Date _____

Officer in Charge _____
Records _____

COPY

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

No. 3019 Rank Sgt
Name (surname first) Linton Joseph Ingram
Regiment ROYAL NEWFOUNDLAND REGIMENT.

1. State what special qualifications you have for employment in civil life

Bookkeeping



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Juliffe Linton, Princeton, Nfld
Bookkeeping Three Years

3. What is the nature and locality of the employment you desire?

Nil

4. What is the name of your Approved Society?

Nil

5. Have you been employed whilst with the Colours? If so, in what capacity?

Nil

Date

26 April 1918

Signature

J. Linton

NOTE—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the case being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

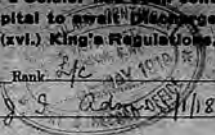
Soldier's Regt. No. 3019 Rank L/C

Name Binton J. S. Adams 11/18
(Surname first)

Corps or Regiment (also Unit if known) 1st Rnld

To Officer i/c of Records 58 Victoria St

Regimental Paymaster "



The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 11/5/18, has been sent to ^{the address below} ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 7 May 1918
to (full address) 58 Victoria St

London W5
Date 11/5/18 Registrar, R.A.M.C. 9 Chalfont Capt but { Officer Comm.
Place 3rd London Hospital, Hospital.
WANDSWORTH

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B-121.

Forms
B-121
29.

Regiment of 1st Newfoundland

Number of Sheets 1
Signature of O. C. Company Clark Coy Capt

Regimental Number and Name
No. 3019 Quinton J
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____

Enlistment
Age on 22 years 7 months
Place and Date of Enlistment St. John's N.F.
10.8.16
Period of $\left\{ \begin{array}{l} \text{with Colours } 2 \frac{1}{2} \text{ years.} \\ \text{with Reserve } \text{ } \text{ years.} \end{array} \right.$
Trade Clark
Religion C. of E.
Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay
Appointed 5/1/17

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
R.F.P.38, No. 7473/46
DATED 12/5/18

| Place | Date of Offence | Rank | Cause of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|---|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|
| <p><i>Discharged Medically unfit St. John's 17.8.18</i></p> | | | | | | | | | |
| <p>To be carried over</p> | | | | | | | | | |

Army Form B-121.

NOTIFICATION that a Soldier has been sent Home from Hospital to meet Discharge under para. 392 (xvi.) King's Regulations.



Soldier's } 3019
Regtl. No. } Rank *Lt. Col.*

Name *Dunton J. G. A.*
(Surname first)

Corps or Regiment } *1st Royal*
(also Unit if known) }

To Officer i/c of Records *58 Victoria St*

Regimental Paymaster *"*

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 1/5/18, has been sent to his home on

warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 7 May 1918

to (full address) 58 Victoria St

London SW
9c Hall
Capt. Wood

Date 1/5/18 Registrar, R.A.M.C. { Officer
Comm.

Place 3rd London General Hospital, Hospital.
H. M. ... St. W.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 383 (xvi), King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records, _____

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification—see A.O.L. 1623 of 1916.)

Soldier's surname Quinton, Christian names Joseph Ingram
(in full)

Regt. No. and Rank 2019 2nd Lt. Regt. or Corps 1st Rfd.
(If T.F. this should be stated)

His address on discharge will be Princeton Rd.

This information is for the Central Army Pension Issue Office only.

The Soldier states that _____ allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hosp.

Date 1/3/18

W. H. Adams
President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

No. 3019 Rank Pvt Regiment Regt Newfoundland
 Name Linton Joseph
 (Surname first)

1. State what special qualifications you have for employment in civil life.

Bookkeeping

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.

N.F.P.38, No. 7473/46
 DATED 12/3/18

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

Joseph Linton, Primeton, Newfoundland
Bookkeeping - Three years

3. What is the nature and locality of the employment you desire?

Nil

4. What is the name of your Approved Society?

nil

5. Have you been employed whilst with the Colours? If so, in what capacity?

nil

Date

April 28th 1918

Signature

J. G. Quinton

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full *Serjeant, Joseph Ingram*
Regiment from which discharged *1st R. W. F.*
Regimental Number *3019*
Where born (Parish, Town and County), and when *Princetown, N.F. 14.5.1894*
Intended address *Princetown, N.F.*
Height on discharge *five* Feet *eight* Inches
Colour of Hair on discharge *brown* **Colour of Eyes** *brown*
Descriptive marks *Large square scar on thigh* **Complexion** *fresh*
Figure on discharge *medium*
Christian name of Father *John Joliffe*
Christian name of Mother *Helena*
Wife's Maiden name in full
Date and Place of Marriage *Nil*
Christian names of Children
Nature and locality of civil employment desired *office work. Princetown N.F.*

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) *J. Ingram*

Station *Wandsworth.*

(Rank) *21st Lt*
 Date *29/12/18*

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.

D. D. Danks M.D. Medical Officer i/c Hospital.

Station *Wandsworth*

Date *April 29 1899*

B Period of Service and in what Corps ...

Disallowed ...

Service towards Pension ...

Date inclusive to which pay has been issued

Sums due on account of public debts ...

| Regiment | Years | Days | All Service Abroad with Stations | Years | Days |
|----------|-------|------|--|-------|------|
| | | | India | | |
| | | | O.C. H.Q. | | |
| | | | ST. JOHNS, N.F.L.D. | | |
| | | | P.F.38. No. <i>7173/46</i> | | |
| | | | DATED <i>12/5/18</i> | | |
| | | | Sum due on account of advance of Pension | | |

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____

Officer in Charge

Date _____

Records.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

TO: Director of War Service Records.
FROM: The Canadian Pension Commission.

June 14, 1949.
.....OTTAWA,.....

#3019 - L/Cpl. Joseph I. Quinton.
Royal Nfld Regt.

The marginally named

Died Feb. 21st, 1948.

Next of Kin Mrs. Alice Quinton (Widow);
222 LeMarchant Road,
St. John's, Newfoundland.

In the opinion of the Commission,
death was not related to service with the forces. (Deceased
was a class 1 pensioner at the time of death).

VM
Not on strength

J. Lackey
for
Secretary.

*Noted
RFB*