



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5166 Name William Swanton Corps Capt

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

1. What is your name? ..... 1. William Swanton  
Reg Capt Wm Swanton
2. What is your full Address? ..... 2. St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 35 Years 0 Months
5. What is your Trade or Calling? ..... 5. Business
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, \* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Wm Swanton 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.

Wm Swanton SIGNATURE OF RECRUIT.  
Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at ..... on this 18/5/18 day of ..... 1918

Signature of Attesting Officer C. B. Dicks Lieut.

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the; .....

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

Date May 18 1918

Place St. John's } Approving Officer

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

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





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5166 Name William Swinton Corps CofC

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

1. What is your name? ..... 1. William Swinton
2. What is your full Address? ..... 2. Reg Bldg 1st Bde
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 30 Years ..... Months
5. What is your Trade or Calling? ..... 5. Postman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Wm Swinton 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.

William Swinton SIGNATURE OF RECRUIT.  
J. Raymond Signature of Witness.

"OATH TO BE TAKEN BY RECRUIT ON ATTESTATION."  
I, Wm Swinton 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 correctly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....

on this 18/5/18 day of ..... 1918  
Signature of Attesting Officer C. D. Dick

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the .....

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

Date May 18 1918  
Place St. John's ..... } Approving Officer.

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

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







## Descriptive 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 *Ruinton, William*  
Regiment from which discharged *1st. Newfoundland*  
Regimental number *5166*  
Intended address *Redclift Island, B. B.*  
Height on discharge *5 Feet 5 inches*  
Color of hair on discharge *Dark Brown*  
Complexion *Fair*  
Color of eye *Blue*  
Descriptive Marks   
Figure on discharge *Medium*  
Christian name of Father *Christopher*  
Christian name of Mother *Mary*  
Wife's maiden name in full   
Date and place of marriage   
Christian names of children   
Place and date of soldier's birth. *Redclift Island, Nov. 17<sup>th</sup>, 1892*  
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) *William X Ruinton*

(Rank) *Plt*

Station *St. John's, Nfld.*

Date *Sept. 19<sup>th</sup> / 18.*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

*W. Surden*

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

Station *St. John's, Nfld.*

Date *Sept. 19<sup>th</sup> / 18.*



Department of Militia, Newfoundland.  
Medical Department.

*Medical Report on an Invalid.*

NOTES.—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station ..... *St. Johns Nf.*  
Date ..... *Sept. 19. 18.*

1. Unit *1st. Newfoundland*
2. Regimental No. *5166*
3. Rank. *Private*
4. Name. *Linton, William*
5. Age last birthday. *25 years*
6. Enlisted on *18<sup>th</sup> May 1915.*
7. Former trade or occupation *Fisherman*
8. Disability

*Throats and Broncho Pneumonia.*

9. History *Developed measles in Bonaville St. Johns on 5-11-18. has pneumonia complicated. was cured treatment at M. I. S. Hosp. for 47 days. then transferred to Bonaville Convalescent Camp. for 50 days.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Most and temp. normal -  
nothing to be found in testis -  
He complains of pain in Rt. side  
low down -  
He seems to be a bit dull mentally.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature ..... *Geo. Burden*  
Rank or Qualification ..... *Asst. M.D.*

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....  
Date ..... Rank .....



# Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as aggravated by due to  
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. Yes  
169 lbs. full good.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).  
Remarks if any:— less than 70%

16. Is the disability permanent? no

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

18. The refusal of operation is:— (a) Reasonable. (b) Unreasonable.  
Remarks if any:—

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

General Hospital, Naval and Military Con- valescent Hospital, Jensen Tuberculosis Camp.	<u>no</u>
--	-----------

20. We recommend discharge from the Army permanently unfit  
 Remarks if any:—  
H. G. Maclean  
 President

Signatures. John L. Maclean  
Pension Sect

Place Sgt. Hns.  
Date Sep 21/18

APPROVED  
 Station DIRECTOR OF MEDICAL SERVICES  
 Date SEP 21 1918  
No.  
NEWFOUNDLAND

Clay Macpherson  
 Administrative Medical Officer  
 D. M. S. NEWFOUNDLAND.

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 886.

Regt. No. 5166 Rank Pvt Name William Quinton

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Sept. 21<sup>st</sup> 1918

Pensionable disability Less than for 26% months

Pension granted:

\$ \_\_\_\_\_ per month for \_\_\_\_\_ months

or Gratuity granted: \$50.00 in two instalments.

\$ \_\_\_\_\_ payable in \_\_\_\_\_ equal monthly instalments

Granted to:

Name Wm. Quinton

Address \_\_\_\_\_

*or CRIST*  
Date case disposed of OCT 8 1918

Approved by:

Members of Board

Wm. J. [Signature] Chairman  
Wm. [Signature]

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## MEDICAL HISTORY

OF

Surname

Linton

Christian Name

William

Table I.—GENERAL TABLE.

Birthplace:—Parish

Red Cliff Island P.A.

County

Nfld

## SPECIAL RESERVE

## REGULAR ARMY

Examined .....	on <u>18</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age.....	<u>25</u> years	days	years	days
Trade or Occupation .....	<u>Fisherman</u>			
Height .....	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight .....	<u>155</u> lbs.			
Chest Measurement {	Girth, when fully expanded....	<u>38</u> inches		inches
	Range of Expansion.....	<u>4</u> inches		inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number .....		<u>See</u>		
When Vaccinated .....	<u>1 month ago</u>			
Vision .....	R. E.—V=	<u>66</u>	R. E.—V=	
	L. E.—V=	<u>66</u>	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)	<u>Lamm Palmer</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted .....	at <u>S. Johns</u>	at		
	on <u>18</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment.....	<u>Reboreal 1166</u>			
	<u>Nfld Regt</u>			
Transferred to .....	<u>10</u>			
Became non-effective by .....	on	day of	191	on
(Signature)		day of		191
(Rank)				







Department of Militia, Newfoundland.  
Medical Department.

*Medical Report on an Invalid.*

NOTES:—

- (a) This report is solely concerned with Pensions.  
 (b) A single copy only is required.  
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.  
 (d) Be as brief as possible compatible with lucidity.  
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.  
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

*Statement of Case*

Station .. *St. John's, Nfld.,* .....

Date ..... *Sept. 19th., 1918* .....

1. Unit *1st. Newfoundland.*  
 2. Regimental No. *5166*  
 3. Rank. *Private*  
 4. Name. *Quinton, William*  
 5. Age last birthday. *25*  
 6. Enlisted on *May 18th., 1918*  
 at *St. John's*  
 7. Former trade or occupation *Fisherman*  
 8. Disability

**MEASLES AND BRONCHO PNEUMONIA**

9. History *Developed Measles in Barracks St. John's 5/6/18. Had Pneumonia complicating. Was under treatment at M.I.D. Hospital for 47 days, then transferred to Donsvans Con. Camp for 58 days*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Heart and temperature normal. Nothing to be found in lungs. He complains of pain in right side, low down.

He seems to be a bit dull mentally

11. Was sanatorium operation advised and refused?

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

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

Rank or Qualification .....ACSG. M. O.....

Remarks if any by Officer of Hospital.

Place ..... Signature .....

Date ..... Rank .....

### Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words.

13. For pension purposes, the disability x **may** be considered ~~as aggravated by~~ due to

(a) Service during this war. (b) Climate (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

**Yes. 169 lbs. Pulse good**

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

Remarks if any:— **Less than 20%**

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

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital, Naval and Military Convalescent Hospital, **No** Jensen Tuberculosis Camp.

20. We recommend discharge from the Army **Permanently Unfit**

Remarks if any:—

(Sgd) H. S. FRASER ..... President

Signatures. .... JOHN G. DUNCAN .....

..... J. SINCLAIR TAIT .....

Place **St. John's, Nfld.** .....

Date **Sept. 21st, 1918** .....

APPROVED

Station .....

Date .....



(Sgd) CLUNY MACPHERSON, Major

Administrative Member

CERTIFIED CORRECT COPY  
CLUNY MACPHERSON, Major

Per *SWB*

## ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters May 18/18

1. Name William Quinton Age (a) Declared 25  
(b) Apparent
2. Do you know of anything wrong with you? Nothing backside 2 years ago  
What severe illnesses have you had? none

3. Height 5ft 5" Weight 155  
4. Eyesight (a) Left 4/6 (b) Right 4/6  
5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~  
Measurement (a) Expiration 34 (b) Inspiration 38

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? Yes 1 month ago, 1 year before  
11. Name and address of next of kin Father Christopher Redcliffe St. John's

REMARKS--

All

W. Sandee  
Arthur [unclear]

Medical Examiners.





# The Royal Newfoundland Regiment

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

Depot: Headquarters, Royal Newfoundland Regiment

Date \_\_\_\_\_ 19\_\_\_\_

Regimental No. 5166  
Name Quinton, William  
Address Redcliff Island, B. B.  
Disease or Disability mesles and broncho-pneumonia

Finding of last Standing Medical Board, \_\_\_\_\_  
held on \_\_\_\_\_ 19\_\_\_\_

Present Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation For Standing Medical Board for discharge.

Category \_\_\_\_\_

Members  
of  
Board

}	<u>R. H. Sait Capt.</u>	O. C. Depot
	<u>W. Brown</u>	D. D. M. S.
	<u>S. W. Burden</u> <i>atg.</i>	M. O. Depot

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
30Number of Sheets one

Regiment of

Royal Newfoundland

Signature of O. C. Company

A. Dicks field

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5166 Quinton, Wm.</u>	Age on	25 years months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u>	<u>C. of E.</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours <u>136</u> years. with Reserve <u>163</u> years.	<u>Red Cliff Ld., N.S.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit Sept 30 - 18.</u>					

To be carried over

Army Form B. 121.

C.R. 5166

Extract from Daily Orders, Part 11. UNIT: The Royal Newfoundland  
Regiment, dated October 18th 1918.

Strength Decreases.

5166 Pte. Wm. Quinton.

Having been found Medically Unfit is struck off the  
strength from 5/10/18.

C.R. 5166

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

5166 Pte. Wm. Quinton

Discharged 30-9-18, Medically unfit

C.R. 5166

Extract from Preliminary Report of Medical Board held Saturday  
Sept. 23rd., 1918.

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5166 Pte. Wm. Quinton,

RECOMMENDED DISCHARGE - PERMANENTLY UNFIT.

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C.R. 5166

Extr. of from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, Sept. 19/18.

5166 Pte. W. Quinton.

Discharged from Donovans 19-9-18.

C.R. 5166

August 22nd, 1918

Rev. S.A. Dawson  
"Personage",  
King's Cove, B.B.

Rev. & Dear Sir:-

I acknowledge receipt of your letter  
of Aug. 12th concerning No. <sup>Private</sup> 5166 <sup>William Quinton</sup>  
which has been passed to the Officer Commanding Depot, St.  
John's who will reply direct concerning this soldier.

Yours faithfully,

Lieut. Col.

Chief Staff Officer

C.R. 5766  
Dossier 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 _____
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Dated June 13<sup>th</sup>, 1918

To Christopher Quinton, Red Cliff, B.B.

Regret to inform you that No. 5166, Private William Quinton is seriously ill with measles at Military Hospital St. John's.

W.F. Rendell, Lieut. Col  
Chief Staff Officer





# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 28 Sent by Reediff Rec'd by Kingsport Check ✓ No. \_\_\_\_\_

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

To W. F. Rendell  
Lieut Col.



Please wire particulars  
of my sons condition  
Christopher Juntor

Extract from Daily Orders part 11, from Unit The Royal Mfl .  
Regt. St. John's, dated May 20th, 1918.

#5166 Pte. William Quinton.

Attested for General Service with the Royal Mfld. Regt.  
from 18.5.18

Reg. No. 5166 Rank. Sgt Name. Quinton Wm  
Attested 18-5-18. Address. Red Cliff Is. B.B.  
Allotment..... Allottee.....  
Date of Allotment..... Returned from Overseas.....  
Embarked for Overseas..... Cause.....

Recd 20-5-18.

5-6-18. Adm. to M. I. S. Hosp. measles  
discharges from M. I. S. to Honouans  
19-9-18. do do do  
21-9-18 Head Quarters travelling by sea - Standing medical  
by measles / pneumonia  
21-9-18 Rec - Dis - Per. unfit  
Discharged medically unfit 30-9-18 Dis 083

Depot 5166

St John's Newfoundland

October, 16th, 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.

(SGD. J. M. HOWLEY,  
CAPT.

PAYMASTER & OFFICER IN CHARGE RECORDS

No.	Rank	Name	Date	Remarks
3953.	Pte.	Knight, E.H.	Sept. 23rd, 181	Med Unfit.
2077.	"	Fisher, F.J.W.	28th	do
3521.	"	Pollitt, John	do	do
5605.	"	Delaney, William.	Oct 5th	do
5166.	"	Quinton, William.	do	do
2757.	L/C.	Burge, Wm. G.	do	do
1214.	Pte.	Reid, D.S.	do	do
2385.	"	Gillis, Neil. A.	do	do
2027.	"	Ellis, Chas. A.	9th	do
3792.	"	Young, Isaac.	do	do
2804.	"	Squires, Wm. G.	do	do
3214.	"	O'Brien, J. J.	12th.	do
2397.	"	Norris, Donald.	do	do
2421.	"	Kennedy, Jas. F.	15th	do
3607.	"	Haggood, George.	do	do
3609.	A/Sgt.	Gover, Henry.	do	do
2736.	Pte.	King, Thomas.	do	do
2176.	"	Pennell, Geo. M. F.	do	do
1811.	"	Ash, John.	do	do
1775.	"	O'Donnell, Ed. V.	do	do
1411.	"	Gosse, Solomon.	do	do
1271.	"	Gly, Mark.	do	do
772.	"	Stone, George.	do	do
3304.	"	Quinlan, Michael.	do	do
3947.	"	Fritchett, Pearce.	do	do
3271.	"	Comers, John.	do	do

Sept. 23rd, 1918

From Officer Commanding,  
Depot

To Paymaster and Officer i.c Records,  
Militia Department

5166 Pte. Wm. Quinton  
5605 " Wm. Delaney

Above noted men were recommended for discharge as permanently unfit by Medical Board held on Saturday, Sept. 21st.

I am sending them herewith for your attention and necessary action, please. Their accounts on Company Pay Sheets have been squared up to and including 23-9-18. They have no allotments current.

CCD\*AJ

CCD\*AC

August 23rd, 1918

SIR:

Your letter to Lt. Col. Rendell has been passed to Depot for attention.

In reply I have to report that 5166 Pte. Wm. Quinton is at present convalescing at Donovans Convalescent Hospital and his discharge from there is due in three or four days time. He will then be dealt with by a Medical Board at the Depot and on their recommendation depends whether it is necessary for him to receive leave in order to complete his recovery.

I have the honour to be,

Sir,

Your obedient servant

Rev. S. A. Dawson,  
Kings Cove, B.B.

Med. Dep't

For report, please

*W. H. [unclear]*

Asst Adjutant  
Depot The Royal Newfoundland Regiment

St. John's, Nfld.  
AUG 22 1918

To assist report

5166 Plt. Quinston, Convalescent from  
measles, now at Donovans.

will return to Barracks in  
3 days, for examination by  
medical Board. Unnecessary to  
grant furlough, until result of  
medical Board is given.

22/8/18

MEDICAL DEPARTMENT,  
1ST NEWFOUNDLAND REGIMENT.

*W. H. [unclear]*  
M.O. Depot.

The Parsonage  
King's Cove

Aug. 12 1918.

To. Lieut. C.N. Rendell.  
St. Louis.

Dear Sir,

I have been  
requested by the parents of Pte. William  
Quinston, to ask if he can be given  
a time or furlough, to recuperate  
his health.

He has been for some time  
slowly recovering from measles &  
& they think a short time home  
would help to improve him  
greatly.

I understand he is now  
removed from Military Con. Hospital  
Military Road, to country camp.  
His people do not know his  
right number, which is 5 in  
the first thousands.

Thank you very much

if you can put this letter  
where it can be effected.  
if it is not in your charge,

I beg

to remain.

Yours sincerely,

S. A. Dawson.

Sucumbush

II

D.O.C.

Passed for reply  
direct, please.

22/8/18

W. H. Ruddle  
R-Col.

III

O. C. DEPOT,

FOR YOUR INFORMATION AND ATTENTION

McDonnell Major,  
District Officer Commanding,  
Newfoundland.

August 18



Quinton, <sup>Sw</sup> B.

5166

Ray Sept.

Certificate to be signed by the Soldier on Discharge.

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

Date Oct. 31<sup>st</sup> / 18 Sig. of Soldier Wm. William Quinton 5166

Place Redcliffe Sig. of Witness Gilbert Quinton

1910 - 1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 53<sup>10</sup>/<sub>100</sub>

Oct. 12<sup>th</sup> 1918

Received from the First Newfoundland Regiment  
the sum of Fifty three <sup>10</sup>/<sub>100</sub> Dollars.  
~~amount~~  
balance of Pay.

Ch. No.	4039	Initials	ku
Pay Ledger	389	Initials	wn
Gen. Ledger		Initials	

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

*[Handwritten signature]*

No. 3166 .

Rank PL-

Name Linton Wm

October 18th, 1918.

Pte. William Quinton,  
Redcliff Isld. B.B.

Dear Sir,-

I enclose herewith cheque for \$53.10, being balance of pay due you at date of discharge, also certificate of pay.

I also enclose Certificate of Discharge, dated Oct. 5th, 1918, together with special form which kindly sign and return to this office.

Yours truly,

CAPT.  
PAYMASTER & C. I/O RECORDS.

ENCLOSURES 4.

E/W.