



FIRST NEWFOUNDLAND REGIMENT

*Meth.*

ATTESTATION OF

No. *3132*

Name *Roland G. Richards* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... *Roland Godfrey Richards*
2. What is your full Address? ..... *Glenwood*
3. Are you a British Subject? ..... *Yes*
4. What is your age? ..... *18* Years *2* Months
5. What is your Trade or Calling? ..... *Buy Goods Clerk*
6. Are you Married? ..... *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... *No*
8. Are you willing to be vaccinated or re-vaccinated? ..... *Yes*
9. Are you willing to be enlisted for General Service? ..... *Yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... { 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? ..... *Yes*

*Roland Godfrey Richards* 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.  
*6 Oct. 1916* ..... SIGNATURE OF RECRUIT.  
*Chas. H. Aye* ..... Signature of Witness.

*Roland Godfrey Richards* 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 required, and the said recruit has made and signed the declaration, and taken the oath before me at *St. John's* on this *6th* day of *October* 1916.  
*Chas. H. Aye Capt* Signature of Attesting Officer.

† CERTIFICATE OF APPROVING OFFICER.  
 I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date ..... 191 ..... } Approving Officer.  
 Place ..... }  
 † The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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



# FIRST NEWFOUNDLAND REGIMENT

Weth.

## ATTESTATION OF

No. 3137 Name Roland G. Richards Corps

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

1. What is your name? ..... 1. Roland Godfrey Richards
2. What is your full Address? ..... 2. Stenwood
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 Years 2 Months
5. What is your Trade or Calling? ..... 5. Dry Goods Clerk
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, Roland Godfrey Richards 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 Oct. 16/16 Roland G. Richards SIGNATURE OF RECRUIT.  
 Chas. M. Aye Signature of Witness.

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

I, Roland Godfrey Richards 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 St. John's on this 8th day of October 1916.

Signature of Attesting Officer Chas. M. Aye Capt.

**†CERTIFICATE OF APPROVING OFFICER.**

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

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

Date.....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. M. E. (1)  
N. F. 1915

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 *Poland Richards*

aged *18 yrs. - months* conducted at *bd B.*

Date: *Sept 18/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no MD*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *6/6 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*
- 33 *no*
- 34 *5'6"*
- 35 *122 lbs*
- 36 *3 1/2 - 35°*
- 37 *\$20<sup>00</sup> per month*
- 38 *parents Mr Charles Richards Glenwood.*
- 39 *none.*

*3132*

*Do get birth certificate  
note app on his papers. A.W.B.*

*9i*

Signature of Medical Examiner:

*Geo Bonney*



C.R. 3132.

**Extract from Medical Board held on Friday Afternoon July 4th**

**3132 Pte. Richards, R.**

**Recommended discharge from the Army.**

**Admission N.&M. Convalescent Hospital.**

C.R. 3/32

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 25th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 24-7-19.

3132 Pte. Roland Richards.



C.R. 3132

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 18th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge depot, with effect from 10-7-19

3132 Pte. R. Richards.

C.R.

3132

Extract from Medical Board held on Friday July 4th, 1919.

3132 Pte. R. Richards

Recommended Discharge from the Army.

ADMISSION N & M CONVALESCENT HOSPITAL.

C.R. 3132

Extract from telegram from Mil. to Syn. dated April 14, 1919.

With reference to ym telegram Jan. 28th., 5132 Richards if not  
paid may we pay.

CR. 3132

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 18th 1919.

3132, Pte. R. Richards.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

**C.R. 3132**

**Extract from Daily Orders Part 11 By B.J.Barton, D.S.O.  
Commanding 2nd Battalion Royal Nfld. Regt. 28-2-19.**

**The following having reported back from the  
1st Battn. is taken on the strength and posted to "H" Coy.**

**3132 Pte. R. Richards.**

**25-2-19.**

C.R. 3132

Extract from Casualties received from Pay and Records Office

London dated 18th. Feb. 1919.

3132 Pte. Richards R, was discharged from  
Chelsea V.E.D. Hospital 14/2/19 reported at P.&.R.O.  
same date. and proceeded on furlough to 24/2/19  
Category Grade III.

C.R. 3132

Extract from Medical History of the Royal Navy. Regt  
Edward S. S. O'Brien, Jan. 20th, 1913.

3132 Richards.

C.R. 3132

Jan. 20th, 1919

Mr. Charles Richards  
Glenwood

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning your son, No. 3132, Private Roland G. Richards, to the effect that he is now progressing favourably

Yours faithfully,

Lieut. Col.

Chief Staff Officer.



C.R. 3132

Extract from Casualties received from Pay & Record Office,

London, Jan. 13, 1919.

3132 Pte. R.G. Richards.

Writes from Chelsea V.A.D. Hospital 13 Grosvenor Crescent  
London. S.W. on 9-1-19.

C.R. 3132

Extract of Casualties from Pay & Record Office London dated, Dec.  
20/12/18.

3132 R.G. Richards.

Was granted Xmas leave from Queen Alexandria Military Hospital, Mill.  
S.W., from 21/12/18 to 1/1/19.

Officer Commanding Hospital.

C.R. 3/32

Extract from Casualties received from Pay & Record Office  
London,

3132 Pte. R.G. Richards.

Writes from Holmleigh Hospital, College Road, Harrow, 26-11-18.

C.R. 3132

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 21/11/18.

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TO ENGLAND.

#3132 Pte. R. Richards

28/10/18.

C.R. 3132

Nov. 13th 19.

Mr. Charles Richards,  
Glenwood.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the ~~Associated~~ War Contingent Association, to the effect that your son No. 3132, Pte. Roland Richards, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

CR. 5132

Extract from telegram from Syn. to Mil. dated April 16, 1919.

In answer to your telegram April 15th., 3132 Richards was  
paid April 2nd.,

**NEWFOUNDLAND POSTAL TELEGRAPHS.**
**Cable Connection with all the World**
**C.R.**  
 3/32

**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

**Sent. Nov. 1st, 1918**
*Dated*
**Charles Richards, Glenwood**
*To*

Regret to inform you that Record Office, London,  
 officially reports **No. 3132, Private Roland G. Richards**  
**at Charing Cross Hospital, London suffering from valvular**  
**disease of heart**

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

**J..RBennett**
**Chge Dept of Militia.**

Minister of Militia.

**FOR TYPEWRITER**

C.R. 3132

Extract from Casualties Dist No. H.A. 30748.

3132 Pte. R. Richards.

L/Mfld. R. Adm. 32 Sty. Hos. Wimereux 23rd, Oct'18.  
Debility.

M.M.



C.R. 3132

Extract from Nominal Roll of Sick and Wounded admitted to various Hospitals on various dates. Dated 21st Oct. 1918.

3132 Pte. R. Richards

Royal Newfoundland Regt..... V.D. H.

Admitted Charing Cross Hospital 28/10/18.

C.R. 3132

Extract from General Roll embodied St. John's for Overseas 19-8-19.

~~1555~~

3132. Pte. R. Richards

R. Richards

C.R. 3132.

F. F. O.

58 76/866/P.&.A

Officer Commanding,  
2/Bn. Royal Nfld. Regt.  
Hazeley Doon Camp,  
WINCHESTER

13th April 9.

3132 PTE. R. RICHARDS.

REMITTANCE FROM NEWFOUNDLAND

With reference to the attached  
letter from the above named soldier:

£5:0:8d was mailed to you  
under cover of this office No. 5232/750 dated  
8/4/19 please.

Major,  
Chief Paymaster &.O.1/c.Records.

WF/BC

The Chief Paymaster,  
Royal Newfoundland Regiment,  
London, S.W.

Can you give me any information regarding the attached letter.

Hazeley Down Camp,  
Winchester,  
Mph. 1st 1919.

NEWFOUNDLAND REGIMENT  
PAY & RECORDS  
Ref. Nos. 116 2/40  
APR 1919  
ACKD  
Ref. Nos. 001 5876/866.  
13/4/19.  
Kearney  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
P.S.

Hazley Bowi Camp  
Wmchester  
31<sup>st</sup> / 3 / 19.

Sir,

I have had money cabled  
from Home, (Mrs E. J. Richards, Glenwood  
Newfoundland) on, or about the 28<sup>th</sup>  
Jan. / 19., amounting to the sum of  
£6. and have not received, or heard  
anything regarding its whereabouts.  
Could you supply me with information  
as to where it is; I thought it  
might possibly be at the P. & R. O.,  
if so, please let me know how or  
what time I can receive such  
money.

3132 Pte. R. Richards  
(H60) 2nd. Royal N.F. Co. Regt.  
Hazley Bowi Camp  
Wmchester  
Ants.

Ref.

passed to you please

MAR 2 1919







No. 1879/1/P.&.A

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
VAD Hospital,  
13 Grosvenor Cres. London.

3rd February 1919

*Feb 3* 1919

3132 Pte. Richards R.G.

With reference to the following telegram from the Minister of Militia, 29/1/19 (938)

"Pay to- 3132 Pte. Richards  
£5:0:8

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

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

*3132 Richards*  
*retained to credit of his a/c.*  
*J. Vennings*  
*Commandant*

Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

Army Form W. 3016.  
(In Books of 200.)

No. .... Date 20 DEC 1918 191

~~\*(1) To the Officer i/c Records~~

~~\*(2) The Officer Commanding~~

\*(3) The Paymaster

58 Victoria St Station.

\* Strike out that which is inapplicable.

Regimental No. 3132

Rank and Name Pte Richards R G

Regiment or Corps 1 New Zealand Coy

has been granted  
a furlough from

21-12-18 to 1-1-19

His address while  
on leave will be

Ellesmere  
Christchurch  
Newport St

I consider he  
is fit for

\* Strike out that  
which is  
inapplicable.

- \* I. DUTY. ac 51905718
- \* II. COMMAND DEPOT.
- \* III. EMPLOYMENT.

Officer in charge CAPT. & DR. MR. Hospital  
for COLONEL, A.M.S.  
Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

Conspectus Extracted  
28<sup>th</sup> / 18<sup>th</sup> Nov, 26

Gentlemen,  
if there are  
any Letters or Parcels  
fr. Rev R. G. Richards  
No 3132.

would you kindly  
forward to,

~~Halsbigh Hospital~~  
~~College Rd~~  
~~Harrow.~~

~~And Collige.~~

Yours,  
Rev R. G. Richards  
no 3132  
Royal N. F. J. D

NEWFOUNDLAND GOVERNMENT  
PAY & RECORD OFFICE.  
Ref. Nos. 10938  
rec'd 28 NOV 1918  
rel. nos. 1091

C. & F.  
R. & C.  
B & E  
P. S.

Chelsea U.A.D Hospital

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE,
Ref. Nos IN 368
Rec'd 13 JAN 1919
Ack'd April
Ref. Nos. 001

Personnel Bureau  
London S.W.  
January, 9

Dear Sirs

BRANCH
Comd
P & F.
R & C
S & F
TS

There are  
any letters or parcels  
for 3132 R.G. Richards  
would you kindly  
forward to above  
address.

and oblige,  
3132 R.G. Richards  
Avenue Postal Lt.

Comally Enclosed



Wednesday 13/11/18

O.K. £ 3-0-0 M.R 13/11/18

Victoria House  
Charing X Road  
London

Receipt No. 9719

Newfoundland Caymans  
Victoria H. London

I beg to  
apply for a draw of £3 enabling me  
to buy a few articles before I go to a  
Convalescent Camp.

HC

Yours truly  
H. Richards 2132

CHARING CROSS HOSPITAL

a.w. [signature]

R.M.C.

P. 10. 10. 18

R. Richards.

3132

Pay Dept

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

# MEDICAL HISTORY

Surname Richards OF Christian Name Reiland

Table I.—GENERAL TABLE.



Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined ... ..	on <u>18</u> day of <u>Sept.</u> 19 <u>16</u> at <u>St. John's</u>		on _____ day of _____ 19 <u>1</u>	
Declared Age ... ..	<u>18</u> years <u>2 months</u>		years _____ days _____	
Trade or Occupation ... ..	<u>dry goods clerk</u>			
Height ... ..	<u>5</u> feet <u>6</u> inches		feet _____ inches _____	
Weight ... ..	<u>122</u> lbs.		lbs. _____	
Chest Measurement {	Grith when fully expanded ... .. <u>35</u> inches		inches _____	
	Range of Expansion .. .. <u>3 1/2</u> inches		inches _____	
Physical Development ... ..				
Vaccination Marks {	Arm ... ..		Right _____ Left _____	
	Number ... ..			
When Vaccinated ... ..				
Vision ... ..	R.E.—V= <u>6/6</u>		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)	<u>Lammert Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted ... ..	at <u>Saint John's</u> on <u>6</u> day of <u>October</u> 19 <u>16</u>		at _____ day of _____ 19 <u>1</u>	
Joined on Enlistment ... ..	Corps. <u>Newfoundland</u>		Corps. _____	
	Regtl. No. <u>3132</u>		Regtl. No. _____	
Transferred to .. ..	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
Became non-effective by ... ..	on _____ day of _____ 19 <u>1</u>		on _____ day of _____ 19 <u>1</u>	
(Signature)				
(Rank)				





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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admission 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				
Chang Am Hsp	28	10	18	21	11	18	V D H 293	24	Heart enlarg. Antic mumm. gen. calcis upward	a v of 1170
	21	11	18	20	12	18				
	1	1	19	14	2	19	"	48	Fit for discharge 7.2.19. Condition improved Antic mumm. Eustachian Distention Hypertrophy hyp. tubercles	G. Downes Amalman



A.T. Serum } 1st  
Dose and Date

2nd

### FIELD AMBULANCE NOTES.

Morphia }  
Dose and time

Date of wound or }  
onset of illness

Religion

Meth.

18. 2<sup>6</sup>/<sub>12</sub> 12

Army Form W. 3118.

### FIELD MEDICAL CARD.

9 Div  
No. 3132 Rank Pte

Name

Unit

Richards, R.

1st Reg. Hampds

J-18  
9 DIV

~~Battle Casualty~~ ~~Accidentally Wounded.~~ "Sick"

(Strike out description which does not apply).

No. of F.A. 108

Date of admission

F.A. diagnosis

19/10/18

Debility

J. M. Stevenson  
Lt. M. B. USA

Additional F.A. Notes to be written on back of card

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

V.A.N. ?

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 1210 OCT 1945  
Date of entry 36. C. C. S.

Case.

No. of Hospital  
Date of entry 37 Oct 23. 10. 1945

Pain in precordial region 10 days.  
boils on stomach:  
Heart: M. L. and M. H. aortic valve.  
Precordial friction:  
Pulmonary systolic bruit.

UK B' [Signature]

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.



Army Form B. 103.

Regimental Number *71.22...*

**Casualty Form—Active Service.**

Regiment or Corps *1st Royal New Brunswick*

Rank *Pte* Surname *Richardson* Christian Name *R.*

Religion *Methodist* Age on Enlistment *18* years *2* months

Enlisted (a) *6-10-16* Terms of Service (a) *Duration* Service reckons from (a) *6-10-16*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation *Clerk* Signature of Officer *J. M. Gunnor Lt.*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	3 APR 1918	
			Disembarked...	6 APR 1918	
	<i>Officer to Report</i>	<i>Joined unit 12-4-18</i>	<i>Truce</i>	<i>19/10/18</i>	<i>B.213</i>
	<i>36 cases</i>	<i>" Security</i>		<i>29/10/18</i>	<i>CO 8607</i>
	<i>32 Pte's N/B</i>		<i>Wauveux</i>	<i>23/10/18</i>	<i>RA 307 U.S</i>
	<i>St Denis</i>	<i>Transferred to England</i>		<i>28/10/18</i>	<i>W 3083</i>
			<i>J. M. Gunnor</i>	<i>Capt</i>	
			For Officer i/c	No 1 Infantry Section	
			3rd Echelon,	General Headquarters	✓

(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, &c.

## MEDICAL TRANSFER CERTIFICATE.

To accompany a Man Transferred from one Hospital to another).

Army Book 172.

Extract from Admission and Discharge Book of *Chitose I. A. D.* Hospital at..... Date *Feb 14. 19*.....

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary, (b) Secondary, (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
	<i>Newfoundland</i>		<i>3/32</i>	<i>Richards R. Pl.</i>	<i>19</i>	<i>3</i>		<i>Jan 1</i>	<i>Feb 14</i>	<i>mut</i>	<i>V. D. H.</i>	<i>Repatrial</i>

State whether the Patient

- (a) Was transferred from an Expeditionary Force.....  
 (b) Has already been granted 10 days' furlough.....  
 (c) Was admitted whilst on short leave from Overseas.....  
 (d) Was admitted from a Home Service Unit.....

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

*C. M. [Signature]*

Medical Officer in Charge.

**CONFIDENTIAL.**

Army Form W. 3463B.

**Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.**

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

**PART A.** Soldier's Name Richard Richard  
(Surname) (Christian names in full)

Unit from which discharged Royal Newfoundland  
Regimental Number 3132 Rank on discharge Pte Age on discharge 18  
Married, widower with children, or single single  
Occupation before enlistment Trapper  
Special qualifications (if any) for employment in civil life }  
Nature and locality of employment desired Trapper.

Full postal address to which proceeding on discharge } Lake view Glenwood Newfoundland  
Name of Approved Society (if any) }

**PART B.** Nature of medical unfitness \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years \_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191\_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

**Report to the Local Committees of the War Pensions Committee  
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART** Soldier's Name Richard Poland  
(Surname) (Christian names in full)

**A.** Unit from which discharged Royal Newfoundland Reg  
 Regimental Number 3132 Rank on discharge Plt Age on discharge 18  
 Married, widower with children, or single Single  
 Occupation before enlistment Printer  
 Special qualifications (if any) for }  
 employment in civil life }  
 Nature and locality of employment desired Printer

Full postal address to which }  
 proceeding on discharge } Lake View Glenwood Newfoundland  
 Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness \_\_\_\_\_  
**B.** \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years  
 \_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_  
 Anything against the soldier to render his recommendation undesirable \_\_\_\_\_  
 Date of discharge \_\_\_\_\_ 191\_\_\_\_.  
 Station \_\_\_\_\_  
 Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.  
 NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.



## Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

**PART A.** (Soldier's Name) Richard Roland  
(Surname) (Christian names in full)

**A.** Unit from which discharged Royal Newfoundland Regt.  
Regimental Number 3132 Rank on discharge 4th Age on discharge 18  
Married, widower with children, or single Single  
Occupation before enlistment Drapery  
Special qualifications (if any) for employment in civil life }  
Nature and locality of employment desired Drapery  
Full postal address to which proceeding on discharge } Lake View Greenwood Newfoundland  
Name of Approved Society (if any) P

**PART B.** Period of service, and in what Corps ... ..

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed ... ..

Service towards pension ... ..

**PART C.** Number of G.C. badges \_\_\_\_\_ medals \_\_\_\_\_  
Wounds and actions in which received \_\_\_\_\_

**PART D.** Where born (parish, town and county), and date Portugal Cove, St. Johns  
Colour of hair on discharge Black Colour of eyes Brown Complexion Tan  
Christian name of father Charles  
Christian name of mother Jane

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in set on pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to, and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

Rank

Station

Date

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class\* \_\_\_\_\_ of the Reserve.

Strike out whichever inapplicable.

Military character

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

Officer i/c Records.

Station

Date \_\_\_\_\_ 191\_\_

\* Insert P., or P.(T).

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No. **3132** . 3. Rank... **Pte.**.....
4. Name... **Richards-Roland**.....  
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

**V.D.H.**

11. Date of origin of disability. **OCT. 14/18.**

12. Place of origin of disability. **FPRES.**

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

**On duty-went over & blown up by shell which affected his Heart, Taken to C. C.S. & THENCE to Wimereaux, there 4 days. Thence to Charing Cross Hp. for 5 weeks. Thence to Holmleigh Hp. Harrow. Thence to Chelsea. V.A.D.**

14. State whether the disabilities are
- |   |                     |                   |
|---|---------------------|-------------------|
|   | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war                     | Yes                 |                   |
| (ii.) Previous active service                           |                     |                   |
| (iii.) Climate in pre-war service                       |                     |                   |
| (iv.) Ordinary military service before the war          |                     |                   |
| (v.) Serious negligence or misconduct on the man's part |                     |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? **Complains of pain in ears. Has Eustachian Obstruction with Hypertrophy of the Turbin. Aortic murmur has much improved.**  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— **Grade -iii.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

**C.S. WALTON.**

Station .. **CHELSEA V.A.D. HP.**

Medical Officer in charge of case.

Date .....

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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **V.D.H.**

(b) The present condition thereof.

**Pulse 96. Short of breath Pain around the Heart. Pain in the Ears deaf in R Ear.**

22. State whether the disabilities are:—

- (i) Service during the present war .. .. .
- (ii) Previous active service.. .. .
- (iii) Climate in pre-war service .. .. .
- (iv) Ordinary military service before the war .. .. .
- (v) Serious negligence or misconduct on the part of the soldier .. .. .

(a) Attributable to

(b) Aggravated by

**Yes.**

**No.**

Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

**Explosion Shell.**

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

**60% 3 Months.**

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

**Yes.**

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

**Yes.**

28. Is treatment being recommended on Army Form B. 179c?

**Advise N.&.M. CONV. HP.**

29. Does the soldier require :—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures :—

**N.S. FRASER** .....

} President or Chairman.

Station ... **ST. JOHN'S** .....

**J.S. TAIT** .....

} Members.

Date ... **July 4/19** .....

**L. PATERSON, MAJOR** .....

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ... **JUL 4 1919** .....

(SGD) **CLUNY MACPHERSON, MAJOR**  
Officer in charge, Central Hospital.

} Only applicable in cases of Patients in Hospitals.

Date ... No. ....

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T) ).

Station .....

O.C. Discharge Centre.

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 *Roland Richards*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3132*

Intended address *Glenwood.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Charles.*

Christian name of Mother *Laura.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns. Sept 9<sup>th</sup> 1900*

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) *R Richards.*

*Rtc*  
(Rank)

Station *St Johns*

Date *3-7-19*

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.

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

Station

Date

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(T) in substitution for a man fit for General Service.

No. 3132 Rank Pvt Regiment Newfoundland

Name Pvt R. G. Richards  
(Surname first)

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

*Draper*

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.

*Royal stores.*



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

*Wrecker*

4. What is the name of your Approved Society? \_\_\_\_\_

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

*Lewis Gunner*

Date *4 Feb 1914*

Signature *W. R. Richards*

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.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3132	Pte	Richards	Potand
Year	Unit.	Age.	Service.	
	1st Royal Newfoundland.	19.		
Station and Date.	Disease			
6.XI.18	<p>Pt. complains of pain left side chest Oct. 14<sup>th</sup>. Pt. vomited green matter &amp; had diarrhoea. No digestive trouble usually; but has vomited once or twice after food. Pt. never faints, has dyspnoea, no oedema.</p> <p>Abn. bys. Teeth fair, gums pyorrhoea. Tongue nil.</p> <p>Abdomen: Boils on abdomen now healing.</p> <p>Bowels regular in colour &amp; amount.</p> <p>Circ. bys. Apex beat 5<sup>th</sup> int. space 1 1/2" in 2<sup>nd</sup> nipple line. Pultroria seen (ap. beat) - loud thrumming apex beat, aortic diast. blowing sound.</p> <p>Resp. bys. Rales left side ant. post. few rales.</p> <p>Urine.</p> <p style="text-align: right;">Eyes seen 15<sup>th</sup></p>			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

# The Royal Newfoundland Regiment

Class for Demobilization:—

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No 3132

Name Richard's Roland

Rank Plt

Address St. Glenwood

Present Medical Category E

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standard Medical Board

Members of Board

R. J. East Major  
O.C. Discharge Depot.

H. Paterson  
Senior Medical Officer

M. O. Depot

# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3132Rank PTEName Roland Richards  
(Surname) (Christian Names)Unit and Corps } Royal Newfoundland

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France. Belgium.  
8 months.

(b) In what capacity?

Lewis Gunner.

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

V.D.H.  
14 Oct. 1918

when we went over I  
was badly ~~of~~ shook up  
with a shell which made  
me very sick and I vomited  
quite often, after which caused  
a pain around my heart.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Charing Cross,  
Harrow. V.A.D.  
Chelsea V.A.D.

4. Did you suffer from the disease or injury mentioned in above answer to Question 3, or anything like it, before joining the Army? If so, give details and dates.

No

2128

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

\_\_\_\_\_

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

\_\_\_\_\_

7. What is the name and address of your last employer before joining the Army?

Royal Stores,  
St. Johns, Newfoundland

8. (a) What was your occupation before joining the Army?

Drapier

(b) What was your trade before joining the Army?

\_\_\_\_\_

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Chelsea V.A.D. Hos Signed (Soldier) Pte R. Richards

Date 3 Feb. 1919 Signed W. W. Allen  
Witness.

July 24, 1919

#3132 Pte. Roland Richards,  
Glenwood.

Dear Sir:-

Please find enclosed Discharge Certificate #3202.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3132 Rank Pte Name Richards R.  
 Intended place of residence Glenwood  
 2. Occupation Dry Goods Clerk  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

### DEMOBILIZATION

**Eligible for War Service Gratuity**

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

Place, ST. JOHN'S

Date JUL 8 1919

M. H.  
Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 8 - 1919

R. Richards  
Signature of soldier  
W. J. Reaton  
Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 01 JUL 8 - 1919

R. Richards  
Signature of soldier  
W. J. Reaton  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service..... <u>18-9-16</u> .....	No. of days on Military
Discharged from service..... <u>JUL 10 1919</u> ..... Plus 14 days	Service..... <u>1040</u>

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty ~~eight~~ <sup>fourteen</sup> days from date.

Place, ST. JOHN'S

Date JUL 10 1919

N. R. Cooper  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 24/1919

A. Bowley  
Officer in Records  
The Royal Newfoundland Regiment

ADB 2079 / 3202

26  
30  
31  
28  
31  
20  
31  
20  
24

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3131 Rank PLC Name Richardson R  
 Date of Enlistment 18 9 16 Address Stenwood District St. John's  
 Occupation Dry Goods Clerk Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 60% 3 mo

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1.	172
B 178	W 3494	B 122		Board 1st.	" 2.	
B 178a	D 400A	B 1915		do 2nd.	" 3.	3463
B 179	D 400B	Form L.		do 3rd.	" 4.	1237
B 179a	D 400C	Form K.		do 4th.	" 5.	
B 179b	B 103	ME 2.			" 6.	
B 179c	B 120	M 93.		3494		

Date 8-7-19 L.O.C. Discharge Depot H.M. St. John's

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Richardson in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Amblehurst

Date 8-7-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2273 to his home at Glenwood and Release Certificate No. 3333 issued.

Date 8-7-19 *J.A. Snowball*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 24-7-19

Date 8-7-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 10-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	172-1 3463-2 1237-1
E 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93	<u>3494</u>		

Date 8.7-19 *J.A. Snowball*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUL 10 1919

Date 17 *J.R. Coole Capt*  
O. C. Discharge Depot.

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

Date .....

# Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*R. Richards*

Signature of Man.

Reg. No. *3132*

*J. J. Snow*

Signature of the Vocational Officer or his Representative.

Place

*at Johns*

Date

*8-7-19.*

191

July 26th 1919.

#3132, Pte. ~~Richard~~ Richards,  
Glenwood.

Dear sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of War Ser-  
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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 26th. 1919.

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

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

Christian name... *Poland* ..... 2. Surname... *Richard*

3. Rank... *Pte* ..... 4. Regt. No... *3132*

5. Address in full to which future payments of gratuity are to be forwarded... *Greenwood*

6. Date of enlistment in the Regiment... *Oct 6/16*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No.*

8. Relationship of such dependents... *No.*

9. Address in full of such dependents... *No.*

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 Hfld. If so, give dates and particulars of such service... *No. France Belgium*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *2 yrs 8 mos.*

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

..... *No* .....

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.

..... *No* .....

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

..... *No* .....

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No* .....

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

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

19. Are you now serving in the Regt.? .....

If not give? (a) Date of discharge. *July 9<sup>th</sup> 1919* (b) Reason for discharge. *Demol*

..... *Demol* .....

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.

..... *France + Belgium from March /17 - Oct /18* .....

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.

..... *No* .....

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: *R. Richards*  
 Place of Residence: *Glennwood*  
 Declared before me at: *St Johns*  
 This *8th* day of *July* 19*19*.....

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits. *Chu M. Carthy*  
*J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster



ROYAL NEWFOUNDLAND REGIMENT

DR.

To 3132 Pte. R. Richards

To Cost of Conveyance from Portugal Cove to  
St John's and return.

\$2.00

ACCOUNT	<i>Frank</i>
CH. NO.	<i>3831</i>
IND. LEDGER	_____
PAY. LEDGER	_____
GEN. LEDGER	_____

*J. C. B.*

*Paid*  
*R. Richards*  
*July 26/14.*  
*# Mess off*  
*to Sgt Richards*



BB\*EB

July 17th 1920.

Major Howley,  
O. I. C. Pay & Records.

R. Richards 3132 \_ \_

Kindly pay to the man named above,  
the sum of six dollars and sixty six cents,  
in payment of four days allowances up to July 10th. Charge same  
to the Civil Re-establishment Committee.

\$6.66

ACCOUNT	<i>BRK</i>	INITIALS	<i>[Signature]</i>
CHK. NO.	<i>705</i>	INITIALS	<i>[Signature]</i>
INCL. LEDGER		INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

*7*  
*Check*

*Howley*

Major

Vocational Officer.

*R. Richards*

Oct 11 1920

Major Howley  
O. I. C. Records

Please pay to R. Richards, 3132  
the sum of fifty dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$50.00

Pension \$10.00

ACCOUNT	
CHK. NO. <u>3081</u>	INITIALS <u>EW</u>
INL. LEDGER	INITIALS <u>[Signature]</u>
PAY LEDGER	INITIALS <u>[Signature]</u>
GEN. LEDGER	INITIALS <u>[Signature]</u>

J. C. R.  
[Signature]  
Vocational Officer

R. Richards.

ST. JOHN'S, July 8<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. R. Richards

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to July 10<sup>th</sup> /19

*A.C.S.*

3132 Mr. R. Richards 41 50

ACCOUNT	<u>Btm.</u>
OR NO	<u>2537</u>
INITIALS	<u>Rew</u>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 41.50

*W. B. [Signature]*

Billeting Officer.

R. Richards.

*A.J.*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheets

Regiment of *St. John's Newfoundland.*

Signature of O. C. Company *Chas. R. Ayre Capt.*

Regimental Number and Name  
No. *3132* *Richard's Co.*  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_

Enlistment  
Age on *18* years *7* months  
Place and Date of Enlistment *St. John's Nfld. 6.10.16*  
Period of { with Colours *2 2/5* years.  
                  with Reserve \_\_\_\_\_ years.

Trade *By Goods Clerk*  
Religion *Walt.*  
Place of Birth \_\_\_\_\_

Good Conduct Badges, Service pay or proficiency pay

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
<i>St. John's Nfld.</i>	<i>11.2.17</i>	<i>Pte.</i>		<i>Absent from church Parade</i>	<i>Lt. H. Knight A/CO</i>	<i>Admonished</i>	<i>12.2.17</i>	<i>C. R. Ayre. Capt.</i>	<i>Forfeits 1 day pay R. W. Nfld.</i>
<i>St. John's</i>	<i>23.3.17</i>	<i>Pte.</i>		<i>Absent from Picquet.</i>	<i>A/CO Gardiner</i>	<i>Admonished.</i>	<i>24.3.17</i>	<i>C. R. Ayre. Capt.</i>	<i>Forfeits 1 Day pay. by R. W. Nfld.</i>
<i>Berry</i>	<i>29.7.17</i>	<i>"</i>		<i>Disobeying Orders.</i>	<i>Cpl. Stratton</i>	<i>9 hrs detention.</i>	<i>30.7.17</i>	<i>Major Rendell.</i>	
<i>Hayley Down Camp</i>	<i>5.2.18</i>	<i>"</i>		<i>Insulted to an N.C.O.</i>	<i>Cpl. Wardlaw</i>	<i>3 days L.D.</i>	<i>8.2.18</i>	<i>Lieut. Emmen.</i>	<i>[Signature]</i>
<i>Demobilized St. John's - 24 7/17</i>									
To be carried over									

Army Form B. 121.

# The Royal Newfoundland Regiment

313V

## DEMOBILIZATION OF

Reg. No. 313V Rank RFC Name Richard R.  
 Date of Enlistment 18.9.16 Address Glenwood District Lewis  
 Occupation Dry Goods Clerk Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 60% 3 mo  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	17V	1
B 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	1 D 400A	2 B 1915		do 2nd	" 3		
B 179	D 400B	Form L		do 3rd	" 4	3463	✓
B 179a	1 D 400C	Form K		do 4th	" 5	1237	1
B 179b	B 103	ME 2			" 6		
B 179c	1 B 120	M 93		3494	1		

Date 8.7.19

H. New H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 8.7.19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied AMC trust

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2273 to his home at Lpharwood and Release Certificate No. 3333 issued.

Date 8-7-19

*J. H. Snowball*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-7-19

Date 8-7-19

*J. H. Snowball*  
Depot Paymaster

Discharge approved for 10-7-19

Forwarded with following documents to O.C Discharge Depot.

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

*172-1*  
*3463-2*  
*1237-1*  
*3444-1*

Date 8-7-19

*J. H. Snowball*  
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 10 1919

*H. P. Cooper, Capt.*  
for O. C. Discharge Depot.

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

Date July 21 1919

*[Signature]*

C.R.

3132

Roland G. Richards was attested for General Service  
with the NEWFOUNDLAND REGIMENT ON October 6th 1916  
Regimental No. 3132 was allotted to Pte. R.G. Richards

AUTHORITY:

Record Ledger,

Dept<sup>3</sup> of Militia,

March 25th 1919.

Reg. No. *3132* Rank *PLt* Name *Richard Roland*  
*Plumwood.*  
Attested ..... Address .....  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *7-19.*  
Embarked for Overseas ..... Cause *Discharge*

*5.7.19* Rec. Discharge from the Army  
Admission to *N.M. Convalescent Hosp*

*8.17.19* PASSED TO DEMOBILIZATION OFFICER  
*10.7.19* ~~DISCHARGE~~ APPROVED ON DEMOBILISATION.



C.R. 3132

St. John's Nfld.  
Sept 7<sup>th</sup> - 21.

Att. of  
Officer in charge Records  
Col. W. F. R. Russell  
Dept. of Administration  
Military Bldg.  
City.

Dear Sir:

I would be very pleased if  
you would forward the War Medals,  
to which I am entitled, namely:  
"The General Service, and British  
Victory Medals, respectively, to my  
present address:

Thanking you in anticipation of  
receiving them here unless they  
have been previously sent out elsewhere.

Audbury Hospital:  
Sept 7<sup>th</sup> - 21.

I am  
Yours respectfully  
R. G. Richards  
No 3132.

C.R. 3132

Sept. 9th, 1921

No. 5152 Ex Pte. A.G. Richards  
Sudbury Hospital  
St. John's, West

Dear Sir:-

Your letter of Sept. 7th notifying  
your present address has been received and noted.  
Your service medals will be forwarded to this  
address when they are ready

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.