



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2472 Name Garland B. Rodgers Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Garland Butler Rodgers</u> |
| 2. What is your full Address? | 2. <u>T. Willingale</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Police man</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, Garland Butler Rodgers 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.

24/7/16

Garland Butler Rodgers SIGNATURE OF RECRUIT.
H. M. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Garland Butler Rodgers 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 11 day of July, 1916

Signature of Attesting Officer H. M. ...

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
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)

2472



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2472 Name Garland B. Rodgers Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Garland Butler Rodgers
2. What is your full Address? 2. T. Wallinggate
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 4 Months
5. What is your Trade or Calling? 5. Labourer
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, Garland Butler Rodgers 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.

5 Apr. 7/16

Garland Butler Rodgers SIGNATURE OF RECRUIT.
D. Wallinggate Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Garland Butler Rodgers 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 11 day of Apr 1916

Signature of Attesting Officer D. Wallinggate

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

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

2472

Name _____
 Apparent age 24 years 10 months Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion 3 1/2 inches
 Distinctive marks 2

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin _____

Trillingate Relationship father
 Particulars as to Marriage father

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-4-16</u>									
joined at <u>St John's</u> on <u>April 7th 16</u>									
<u>Countenanced St John's Station for 19th 16</u>									<u>Countenanced for 19th 16</u>
<u>James cont 25-10-16</u>									<u>invaluable to 14th 16</u>
<u>admitted to 2nd Btn 1st Div 14th 16</u>									<u>Admitted to 2nd Btn 1st Div 14th 16</u>
<u>admitted to 1st Btn 1st Div 14th 16</u>									<u>Admitted to 1st Btn 1st Div 14th 16</u>
<u>admitted to 1st Btn 1st Div 14th 16</u>									<u>Admitted to 1st Btn 1st Div 14th 16</u>
<u>for discharge 6-6-17</u>									<u>Admitted to 1st Btn 1st Div 14th 16</u>
<u>Admitted to 1st Btn 1st Div 14th 16</u>									<u>Admitted to 1st Btn 1st Div 14th 16</u>
<u>Discharged medically 11-6-17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-6-17</u> (date of discharge)									
" " Pension									



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

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 *Earland Beattie Rogers*

aged *21 years*

conducted at *Fruwington*

Date: *March 31st*

Recruiting Officer: *Wm. Scott*

NO. OF TEST

Apr. 7, 1914

FINDING

- 1 *No.*
- 2 *No.*
- 3 *No.*
- 4 *No.*
- 5 *No.*
- 6 *No.*
- 7 *No.*
- 8 *No.*
- 9 *No.*
- 10 *Negative*
- 11 *Negative. foreign Service in Army.*
- 12 *Negative.*
- 13 *Negative.*
- 14 *Negative.*
- 15 *Negative.*
- 16 *Negative.*
- 17 *Negative.*
- 18 *Negative.*
- 19 *Negative. C/o Both*
- 20 *Negative.*
- 21 *Negative.*
- 22 *Negative.*
- 23 *Negative.*
- 24 *Negative.*
- 25 *Negative.*
- 26 *Negative.*
- 27 *Negative.*
- 28 *Negative.*
- 29 *Negative.*
- 30 *Negative.*
- 31 *Negative.*
- 32 *Negative.*
- 33 *No.*
- 34 *5 ft. 8 1/2 in 5' 8 1/2"*
- 35 *140 pounds 23 3/4/55"*
- 36 *33 1/2 in.*
- 37 *Thick Pollax & mouth and face.*
- 38 *Parents*
- 39 *In me.*

Barry Barry synago Regent

2172

FD

Signature of Medical Examiner:

*C. D. Smith M. D.
William Roberts*

J. B. Rodgers.

C.R.

2472

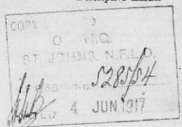
P. 100

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. <u>2472</u>	Army Rank <u>Private</u>
Name <u>Rodgers Barlaud Butler</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1 Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>22</u> years _____ months	
Description at the time of discharge.	
Age	_____
Height	<u>5</u> feet <u>9</u> inches
Chest measurement	girth when fully expanded _____ ins.
	range of expansion _____ ins.
Complexion	<u>Yellow</u>
Eyes	<u>Blue</u>
Hair	<u>Mid-Brown</u>
Tone	<u>Sisterman</u>
Intended place of residence	_____
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who signs the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Melancholia</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
_____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. _____	
Army Form B. 2068 has been issued to* _____	



To be filled in on the soldier quitting the Colours.

Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS.—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

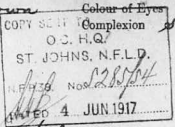
The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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



A Name in full *Rogers Garland B*
Regiment from which discharged *41, Newfoundland*
Regimental Number *2472*
Where born (Parish, Town and County), and when *Swillingate, Newfoundland*
Intended address *10 Dec 1895*

Height on discharge *5 Feet 9 Inches*
Colour of Hair on discharge *Ash - Brown* **Colour of Eyes** *Blue*
Descriptive marks *James Elize* **Complexion** *pallor*
Figure on discharge
Christian name of Father
Christian name of Mother
Wife's Maiden name in full
Date and Place of Marriage
Christian names of Children
Nature and locality of civil employment desired *Fishermen Newfoundland*



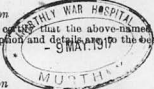
I declare that I am the soldier referred to above, and that all the particulars contained in the above Statement are, to the best of my knowledge, correct.

(Soldier's Signature in full) *Garland B Rogers*

(Rank) *Private*
 Date *4 May 1917*

Station

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.



F. C. Johnson Medical Officer i/c Hospital.
 Date

Station

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

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

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.
 Station _____ Officer in Charge
 Date _____ Records.

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. 2472

Rank Pte

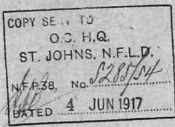
Name (surname first) Roger Garland

Regiment 2/1 Newfoundlrs



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

fishermen



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?

fishermen with father, James Rogers

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

fishermen

4. What is the name of your Approved Society?

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

Date May 4th 1917

Signature Garland B. Rogers

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the 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. 4 (b), item 9, of Army Council Instruction No. of 1916.

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

Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.

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

To the Officer i/c Records Newfoundland Contingent
58, Victoria St. London S.W.

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

Soldier's surname Pegues, Christian names Garland P.
(in full)

Regt. No. and Rank 2472 Pte Regt. or Corps 2/1st Newfoundland Coy.
(If T.F. this should be stated.)

His address on discharge will be Newfoundland Contingent Headquarters
58, Victoria St. London
S.W.

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

The Soldier states that* 2/6 a day allowance is being issued in respect of him.

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

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

Station Naval War Hospital.

Date 9th May 1917.

H.C. Ware Major
R.A.M.C.
President of Board
(Approving Officer).

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

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

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

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

To the Officer i/c Records Newfoundland Contingent
58 Victoria St London S.W.

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

Soldier's surname Rogers, Christian names Garland B
(in full)

Regt. No. and Rank 2472 Pte Regt. or Corps 2/1 Newfoundland Contingent
(If T.F. this should be stated.)

His address on discharge will be Newfoundland Contingent Head Quarters
58 Victoria Street London S.W.

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

The Soldier states that 2/6 a day allowance is being issued in respect of him.

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

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



H. C. Mackenzie
President of Board
(Approving Officer)

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

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

Original

Medical Report on an Invalid.

Station



Date

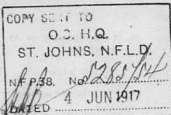


- 1 Unit *2/1 Newfoundland Regt.* 5. Age last birthday *22.*
- 2. Regimental No. *2442.*
- 3. Rank *Private.* 6. Enlisted { on *4/4/16.*
at *St. John's*
- 4. Name *Rogers, Garland B.* 7. Former Trade { *Fisherman.*
or Occupation }

8. Disability.

Melancholia (146)

Statement of Case.



Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

Janry 1917.

10. Place of origin of disability.

Ashford V.A.D. Hospital

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

From 17/11/16 to 16/1/17 treated at 3rd London General Hosp. Wandsworth for catarrh.

At Ashford, V.A.D. from 16/1/17 - 14/2/17, was discharged Recovered to Freshlight class II.

At Ashford was depressed, meditated suicide & confided in a Sister Charward.

Admitted 4. Scottish Gen. Hosp. 31/3/17. Diagnosed Diarrhoea. found depressed but not actually delusional, wrote letter to Sister at Ashford (letter attached) & was on 14/4/17 sent here for further observation.

Admitted Murthly War Hospital 14/2/17.

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

Exhaustion after illness.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Not so caused.

13. What is his present condition?

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

*Tends to be reticent & associal.
Dull, depressed and interprets religious views from tracts as indicating that his is a useless existence because he has been so much in hospital.
Acknowledges that meditated suicide but declares has put such ideas from him.*

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

Not applicable.

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

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

Not applicable.

If so—(a) When?

- (b) Where?
- (c) Opinion?

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

Not applicable.

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

Not applicable.

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

Not applicable.

19. Do you recommend

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

Yes discharge as permanently unfit.

L. H. Baugh, Lieut. R.A.M.C.
Officer in medical charge of case.

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

except

Station

Date



James T. Bruce
Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).
- (iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

not so caused

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

not applicable

21. Has the disability been aggravated by

(a) Intemperance? *no*

(b) Misconduct? *no*

(c) Any of the conditions mentioned in Question 20, and if so which?

yes aggravated by elements of active service

22. Is the disability permanent? *yes*

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

not applicable

23a. Is he fit for discharge from the Service as an out-patient, and will he require out-patient treatment on discharge from hospital? *No.*

— regarding the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{2}{4}$, $\frac{3}{4}$, or total incapacity.

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

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

not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

yes discharge as permanently unfit

Signatures:—

Station _____
Date _____

H. C. Moore Maj. Rame

President.
Saml Bruce Maj. R. Hill

Members.
J. C. Dixon Lieut. R.A.M.C.

Approved.

Station _____
Date _____

H. C. Moore Maj. Rame

Administrative Medical Officer.

Opinion of the Medical Board.

NOTES.—(1) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165 Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

not so caused

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

not applicable

21. Has the disability been aggravated by

(a) Intemperance? *no*

(b) Misconduct? *no*

(c) Any of the conditions mentioned in Question 20, and if so which?

yes aggravated by elements of active service

22. Is the disability permanent? *yes.*

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

not applicable

To be stated in months.

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

Total incapacity

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

yes

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

not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

yes discharge as permanently unfit

Signatures:—

Station _____
Date _____

H. C. Mear Maj. Plaue President.
Leunt Bruce Maj. R. Price Members.
J. C. Dixon Lieut. R. A. M. C.

Approved.

Station _____
Date _____

H. C. Mear Maj. Plaue
Administrative Medical Officer.

Admitted
30-12-16.

No. _____

Date Jan 16th 1917.

(1) To the Officer i/c Records,

58 Victoria St.
S.6. (Station.)

(2) The Officer Commanding,

9th Contingent
Quar. (Station.)

(3) The Paymaster,

58 Victoria Street
S.6. (Station.)

Regimental No. 2472

Rank and Name Pte Rogers G. B.

Regiment or Corps 1st 9th

has been granted a full discharge transferred on Jan 16th

His address while on leave will be
V. A. D. Hospital
Ashford.
Kent.

I consider the signature of _____

Horace Jagan Capt RA.M.C.(F)
Registrar, R.A.M.O.T.
3rd London General Hospital,
WANDSWORTH, S.W.
Officer in charge _____ Hospital,

(Station).

* Strike out that which is inapplicable.

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

No. _____

Date 14-2- 1917

(1) To the Officer i/c Records,

58 Victoria St,
London, S.W. (Station).

(2) The Officer Commanding,

Newfoundland C. F.,
Cypr. (Station).

(3) The Paymaster,

admitted 58 Victoria St
17-11-16 London S.W. (Station).

Regimental No. 2472 — A Co.

Rank and Name Pvt. Rogers G. B.

Regiment or Corps 1 Bato. G. E. F.

has been granted a furlough from 15-2-17 to 24-2-17

His address while on leave will be:—

40 General Post Office
Essex,
Surrey

I consider he is fit for ^{Duty} Class II
_{Light duty.}

Wt. 7269/9419-10/18-C and S-1,000,000 (E 456)

Amending Slip, Army Form W. 3016.

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

I consider he is fit for* {
i. Duty.
ii. Command Depot.
iii. Employment.

* Strike out that which is inapplicable.

No. _____

Date 14-2- 1917

(1) To the Officer i/c Records,

58 Victoria St,
London, S.W. (Station).

(2) The Officer Commanding,

Newfoundland C. F.
Cypr. (Station).

(3) The Paymaster,

Admitted 17-11-16 58 Victoria St.
London S.W. (Station).

Regimental No. 2472 — A Co.

Rank and Name Pvt. Rogers G. B.

Regiment or Corps 1 Bato. N. E. F.

has been granted a furlough from 15-2-17 to 24-2-17

His address while on leave will be:—

40 General Post Office
Essex
Surrey

I consider he is fit for ^(Duty) Class II
_(Light duty)

R. Parsons Capt.

for Officer in charge MILITARY HOSPITAL Hospital,
SHORNCLIFFE. (Station).

* Strike out that which is inapplicable.

Two copies to be made, and one copy sent to each Officer mentioned above and one copy filed.



P.S.



3 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Garland Rodgers,

Regl. No. 2472

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz :

Allotment begins May 1/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2145	Mother	Mrs James Rodgers Ducks Arm T'gates.		60
Commencing 2/7/16				
Total Allotment, \$				

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) R. D. McBridge
 In Officer Commanding
St. John's Company
Apr 29 1916

(Sig.) Garland Rogers
 (Rank) Pte.

NEWFOUNDLAND CONTINGENT

JUN - 4 1917

STATEMENT of ACCOUNT of No. 2472 Pte. Rogers L. B.
 "H" Company. From 12/5/17 To 8/4/17 (Dates inclusive)

(Substituting A.F.O. 1825) N.F.P/36.
 Embarked per S. S. Granfier
 From Liverpool Date 5/6/17
 Draft No. _____ CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d		
	9	Forfeited Pay									1	Pay	100	28		28	00				
	10	Allotments	60¢	28	16	80				2	Field Allowances	10¢				2	80				
	11/12	Total Stoppages				16	80			3	3	Other Allowances									
								3	9	0	4/5	Total @ 4.86 2/3									
	13	Fines									6a	Balance from Previous Pay Book				30	80	6	6	7	
	14	Clothing and Necessaries															3	3	3		
	15	Arms & Accoutrements																			
	16	Barrack Damages							6												
	17	Hospital Stoppages																			
	17a	Miscellaneous Stoppages							2	10											
5-6-17	19	Casual Payments						2	17	6											
25-5-17	20	1st Payment																			
1-6-17	21	2nd "						1	0	0											
	22	3rd "							0	0											
	23	Final "						2	0	0											
	24	Balance Debit Last Period																			
	28	" Due by Paymaster									27	Balance Due to Paymaster									
								£	9	9	10								9	9	10

Racecourse, Gyr

June 3rd

1917

CERTIFIED CORRECT

Raine

 O.C. "H" Company.

2014
2017
AKO

5532/1

NEWFOUNDLAND CONTINGENT.

N.F.P/35.

2472, Pte. G. B. Rogers,
1/1st. Newfoundland Regiment,
Red Cross Hospital, Esher.

10 26585
2

Reference your request dated 15th inst. Postal money
Order for £ 2. 0. 0. enclosed, together with receipt form,
which please sign and return to this Office.

Pay & Record Office,
59. Victoria Street,
London, S.W.,

Capt.,
Paymaster & C. i/c Records.

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

Please remit the sum of Two pounds — shillings

to ~~Esher~~ Red Cross Hospital Esher

on account of Pay & Allowances that may be due to me.

1986

5557/1

regtl No. 2472 rank Private

Name J. B. Rogers

Approved R. F. Walker

Medical Officer i/c

The Lanes Hospital.

Dated at Dec 15/11

1916

A 53
2

No. 4 Section Payment

1. Army Form W. 3484 A. for.
2472. Pte Garland. B. Rogers. 2/1 Newfoundland
Contingent

Returned

Transmitted with the Compliments of

the Minister of Pensions. to

The Medical Officer in Charge
Military Hospital
Nunbury.

as many of the Newfoundland
Contingent are not dealt with
at this office

Ministry of Pensions,

at Royal Hospital, Chelsea.

25th May 1917.



McC 24/4/1917

no 30-5-17

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

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

To the Superintendent,
Central Army Pension Issue Office,

33, Baker Street, London, W.



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

Soldier's surname Rogers, Christian names Garland B
(in full)

Regt. No. and Rank 2472 Pte Regt. or Corps 2/1 Newfoundland Contingent
(If T.F. this should be stated.)

His address on discharge will be Newfoundland Contingent, Headqu.
578 Victoria Street, London W1

The Soldier states that 2/6 a day allowance is being issued in respect of him.

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



H. C. Maxmay
President of Board
(Approving Officer)

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

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

Red Cross Hospital
Order
Dec 12/16

Please send me on a form for
me to fill up as I want some
money to buy some presents

Yours

Obediently

Ph. G. Rogers

No 2492

a Co

1st Field Regt

121 N WASHINGTON ST. WASHINGTON	
PAY & RECORDS OFFICE	
Rec'd No.	4299
Rec'd.	DEC 13 1916
Ack'd.	5381
Ans'd.	
File No.	

13/10/16
[Signature]



Ref. attached. Rodgers' Conduct Sheet
is in the possession of the S.C. 2nd Bn.
Newfoundland Regt., Ayr, Scotland.
Copy of A.F. B103 herewith.

NEWFOUNDLAND CONTINGENT.

Received with thanks

J. D. Anderson Lt
PAYMASTER & OFFICER I. C. NEWFOUNDLAND CONTINGENT

Lewis Bruce

MAJOR, R.A.M.C.
OFFICER IN CHARGE,



2472
Urgent

Murphy War Hospital
Murphy

to G. B. Rodgers

Please note this man is to be brought before a Medical Board with a view to his being discharged.

1ST INFANTRY DIVISION REGIMENT
PAY & RECORDS OFFICE

Ref. No.	2097
Rec'd.	MAY - 1 1917
Ack'd.	
Ans'd.	
File No.	

J. H. Baugh
Lt Col.
Major R. A. M. C.

Officer in Charge

over



POST OFFICE TELEGRAPHS.

British and Foreign Telegraphs, Ltd., London.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1d. being reckoned as 1d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions:

Murthly CHMS

Charges } s. d.
to pay }

Handed }
in at } *1/6*

Received } *347h*
here at }



TO { *Op Records New Zealand Contingent 58 Victoria Lane*

purpose transferring to you Mr Rogers 2472 Monday first week

to we provide civilians with

of clothes

H.S. War Pilot Murthly Perthshire

RECORD OFFICE
Ref. No. <i>2461</i>
Rec'd. MAY 17 1917.
And.
File No.

MESSAGES AND SIGNALS.

No. of Message

Prefix	Code	m.	Words	Charge	<i>This message is on file of:</i> _____ <i>Serial.</i>	Recd. at
Office of Origin and Service Instructions.			Sent			Date
			At	m.		From
			To			By
			By	(Signature of "Franking Officer.")		

TO

Warspital	Murthley	Perthshire
------------------	-----------------	-------------------

Reader's Number	Day of Month	In reply to Number	A A A
100	17/5/17.		

Reference	your	telegram	transfer	2472
Rodgers	in	uniform	to	Newfound-
land	Dept	Ayr	where	discharge
can	be	arranged	please.	

Synoptical.

From		
Place		
Time		

The above may be forwarded as now corrected. (Z)

Censor. Signature of Addressee or person authorised to telegraph in his name

* This line should be erased if not required.

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

Soldier's
Regtl. No. 2072 Rank Plat Name Roger Bealman B
(Surname first)

Corps or Regiment (also Unit if known) 2/1 Newfoundland
Coastal Det

To OFFICER in charge of RECORDS 58 Victoria Street
London S.W.

REGIMENTAL PAYMASTER 58 Victoria Street
London S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 9/5/17, has been sent to his home on warrant to await instructions as to his final discharge. He has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) 21st May 1917

to (full address) Newfoundland Coastal Det Depot Army

Place Lewis C Bruce Officer Comm.

Date 21 MAY. 1917 Newfoundland Hospital.

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



C.R.

2472

Extract from Nominal Roll of M.I.D. Regt. Embarked
Southampton, 11-10-18 from 2nd Bn. Depot, to 1st Bn.
B.M.F. Draft No.12.

2472 Pte. G.B. Rodgers.

C.R. 2472

Extract from Daily Orders Part 11 Unit The Royal
Mfld. Rgt., St. John's, Aug. 28th, 1917

2472 Pte. G. B. Rodgers.

Med Unfit Discharged from June 11th Correction Part 11
Orders July 12th.

Correct date of discharge July 11th 1917
Att.

C.R. 2472

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

2472 Pte. Garland B. Rogers,

Discharged July 11th 1917, medically unfit

C.R. 2472

Extract from Nominal Roll of Sick and Wounded from France
admitted to Military Hospital at Abbeville 6/1/17.

#2472 Pte. G. B. Rodgers

Enteritis²

C.R. 2472

Extract of Casualty List received from P.&R.O.
January 22nd. 1917.

2472, Pte G.B. Rogers. ✓

Military Hospital Shorncliffe France 6/1/17.
Transferred from Wandsworth 16/1/17. Enteritis.

C.R. 2472

Extract of Casualties received from Pay & Record
Office, London, dated January 17, 1917.

#2472 Pte. G.B. Rogers. ✓

The Medical Officer in Charge 3rd London General
Hospital, Wandsworth, S.W., reports 16/1/17 that the
abovementioned man was transferred on that date
to The V.A.D. Hospital, Ashford, Kent.

Authority:- A.F. 3016 from
3rd L.G. Hospital.



C.R. 2472

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

YORK RECORD OFFICE

No. H.A. 4261

4830 Pte. Marshall J.T.	7 Yorks. & Lance	Blepharitis	.....	Dis. to Base Dtls. ex 5 Gen. H. Rouen	14 Nov '16
18336 " Churchill J.	6 Yorks. R.	Keratitis	.....	Adm. 5 Gen. H. Rouen	14 Nov. 1916
1225 " Moon J.W.	16 N. Fus.	P.O.U.O. (Trench fever)		do.	
30902 L/C. Priestman H.	7 E. Yorks.	Trench Foot	.....	Trans. to Eng. ex 5 Gen. H. 14 Nov. 1916	
5062 Pte. Watson F.	3 Northd. Fus.	P.O.U.O.		do.	
25889 " Neave H.	8 KOYLI.	Contusion axilla L. (W)		do.	
34249 " Chapman E.	7 E. Yorks.	Trench Foot		do.	
43274 " Cassidy J.	10 W. Yorks.	GW. I (1) - IX (1) R.	..	To Eng. per HS. St. George ex 5 Gen. H. Rouen	14 Nov '16
18861 " Kershaw B.	9 W. Ridings	P.O.U.O.		do.	
11097 Sgt. Patrick H.	8 West Ridings	Sprain L. Leg slt.	...	Adm. 14 Gen. H. Wimereux	16 Nov. 1916
24061 Pte. Marshland F.	8 do.	Synovitis Knee slt.		do.	
30811 " Hannam A.	6 Yorks.	V.D.H. slt.		do.	
10608 Sgt. Richards F.	6 do.	do.		do.	
20092 Pte. Monkhouse D.	23 Northd. Fus.	Nephritis slt.		do.	
18788 " Armitage F.	8 KOYLI.	? Rheumatic Fever slt.		do.	
706 " Jacques F.	13 E. Yorks.	GSW. R. arm	.....	To Eng. per HS. Jan Breydel ex 5 BRCH. 16 Nov. 1916	
1419 " Whittam W.	16 W. Yks. att 93 MCC.	GSW. R. Leg		do.	
24562 " Smith J.	13 Durh. LI. att 68 MCC.	Influenza	.....	To Eng. per HS. St. Denis ex 5 BRCH. 16 Nov '16	
28200 " Ginn C.	12 E. Ycrks.	GSW. neck and back		do.	
947 " Milner A.	12 E. Yorks.	GSW. R. arm	.....	Trans. to 1 Con. Camp Boulogne ex 5 BRCH. 16 Nov '16	
1338 " Freeman F.	12 do.	GSW. L. wrist		do.	

CAVALRY RECORD OFFICE CANTERBURY

No. H.A. 4261

738 Pte. Leamy M.E. 6 Dragoon Gds. Inf. Conn. Tissue Dis. to Base Dtls. ex 5 Gen. H. Rouen 14 Nov '16

NEWFOUNDLAND CONTINGENT

No. H.A. 4261

2472 Pte. Rogers G.D. 1 Newfoundland ✓ Enteritis Cat. To Eng. per HS. St. George ex 5 Gen. H. Rouen 14 Nov '16

88

COPY OF TELEGRAM.

Dated
November 21, 1916.

Mr. James Rodgers,

Twillingate.

Regret to inform you that the Record Office
No. 2472, Private Garland

London, officially reports
E. Rodgers, has been admitted to Wandsworth suffering from
enteritis.

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

J. R. BENNETT,

Colonial Secretary.

C.R. 2472

Extract of Casualties received from Pay & Record Office,
London, dated November 20, 1916.

#2472 Pte. B.G. Rogers.

Enteritis.

At 3rd London General Hospital, Wandsworth, S.W. 17/11/16

(Sgd) Horace Fagan, Capt. R.A.M.C.T.
Registrar, R.A.M.C.T.,
3rd London General Hospital,
Wandsworth, S.W.

C.R. 2472

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R.O.
November 12th. 1916.

2472, Pte G.B. Rogers.

1/Newfoundland Enteritis Adm. 5 Gen. Hos. Rouen 4th
November 1916.

C.R. 2472

Extract from Casualties List No.H.A. 3914

2472 Pte.Rodgers, G.B.

Enteritis, Adm: 5 Gen.Hos.Fouen, 4th Nov.'16.

C.R. 2472

Extract from Hospital Roll Subscribed St. John's for Overseas
per S.S. "Mistral" July 19, 1916

2472 Pte. Rodgers G.B.

C.R. 2472

Garland B. Rodgers was attested for General Service with
the NEWFOUNDLAND CONTIN ENT on April 7th.1916
Regimental No. 2472 was allotted to Pte G.B. Rodgers

AUTHORITY:

Record Ledger,

Dept. of Milit. S.,

March 25th 1919

Rogers. W.B.

2472

May & Sept

2472

No. 289

From

W. H. G. G. G.

Despatching
Office
Stamp.

Registered Letter Addressed -

Mr. G. H. B. G. G.

Millington

Arrival
Office
Stamp.

ST. JOHN'S EAST
JUL 17 1893
NEWFID

Received by

L. G.

to 2472

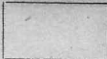
By mo ledgers g/b.

8/4/17

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
June 23	By Pay 15 days @ 1 ⁰⁰			16 50	16 50
30	" " 7 " @ 2 ⁰⁰			14 00	30 50
July 11	" " " do			22 00	52 50
	Bonus			13 70	66 20
	Clothing			25 00	91 20
June 2	To Pay at Sydney		3 00		88 20
26	" "		15 00		73 20
28	" "		10 00		63 20
30	" Allotment		13 20		50 00
July 10	To Pay		50 00		-
	War Service Gratuity				
	" " @ 7 ⁰⁰			280 00	280 00
	Clothing				
	Bonus		13 70		266 30
Dec 11	To Pay	6712	56 40		179 90
Feb 3	" "		20 00		159 90
May 7	" "	18862	70 00	20 00	179 90
June 7	" "	22072	70 00		109 90
July 7	" "	777	39 90		-
			391 20	391 20	0

PAY LEDGER to 220/1...
 Date 4-4-21 by Al

815 Albany Ally



Proceedings on Discharge.

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

No. <u>2472</u>		Army Rank <u>Private</u>
Name <u>Rodger Garland Tauter.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>1st Newfoundland Regt.</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>July 11th 17.</u>		
Place of discharge <u>St. John's Newfoundland</u>		
1. Description at the time of discharge.		
Age <u>22</u> years <u>7</u> months	Descriptive marks.	
Height <u>5</u> feet <u>7 1/2</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>fair</u>		
Eyes <u>Blue</u>		
Hair <u>Wk. Brown</u>		
Trade _____		
Intended place of residence (To be given as fully as practicable) { _____ _____		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
To be filled in on the soldier quitting the Colours.	3. Military character:— _____	
	4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____	
	Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 459 was awarded in this case.	
	Initials of Commanding Officer.	
	Army Form B. 2068 has been issued to*	

NEWFOUNDLAND CONTINGENT

STATEMENT OF ACCOUNT OF No. 2472 Pte. Rogers L. B.
 "H" Company. From 12/5/17 To 8/6/17 (Dates Inclusive)

Substituting A.F.O. 3625) N.S.P.R. 36, 1917
 Embarked per S. S. Franklin
 From Liverpool Date 25 JUN 1917
 Draft No. 38

DE. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	8	Forfeited Pay									1	Pay	1.00	28	28	00				
	9	Allowments	6.00	28	16	80					2	Field Allowances	1.00			2	80			
	10										3	Other Allowances								
	11/12	Total Stoppages									4/5	Total @ 4.85 2/3								
					16	80	3	9	0							20	80	6	6	7
	13	Fines									6a	Balance from Previous Pay Book						3	3	3
	14	Clothing and Necessaries							6											
	15	Arms & Ammunition																		
	16	Barack Damages							6											
	17	Hospital Stoppages							10											
	17a	Miscellaneous Stoppages							10											
	19	Cash Payments			2				17	6										
	20	1st Payment							0											
	21	2nd "			1				0											
	22	3rd "							0											
	23	Final "			2				0											
	24	Balance Debit Last Period																		
	25	" Due by Paymaster																		
					9	9	10													

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

Racecourse, Ayr
June 3rd 1917

CERTIFIED CORRECT
Grant
 O.C. "H." Company.

*258 N
 11/6/17*

1917

DUPLICATE COPY

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2472 Pte. Rogers G. B.
 Company. From 12/5/17 To 5/6/17 (Dates inclusive)
 Classification (See procedure)

(Substituting A.F.O. 1825) N.F.P/36.
 Embarked per S. S. Franklin
 From Liverpool Date 5/6/17
 Draft No. CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay							
	9	Allotments	606	28	16	80			2	Field Allowances	100	28	28	00			
	10								3	Other Allowances	176			28	00		
	11/12	Total Stoppages							4/5	Total @ 4.88 2/3							
					16	80								30	80		
	13	Fines			3	9	0							6	6	7	
	14	Clothing and Necessaries							6a	Balance from Previous Pay Book				3	3	3	
	15	Arms & Accoutrements								<p>This account is, in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.</p>							
	16	Barrack Damages					6										
	17	Hospital Stoppages															
5-6-17	17a	Miscellaneous Stoppages															
	19	Casual Payments			2	17	6										
15-5-17	20	1st Payment															
	21	2nd "			1	0	0										
1-6-17	22	3rd "			2	0	0										
	23	Final "															
	24	Balance Debit Last Period							27		Balance Due to Paymaster						
	25	" Due by Paymaster															
					9	9	10							£	9	9	10

Racecourse, Ayr
June 3rd 1917

CERTIFIED CORRECT.
W. H. Lewis
 O.C. "N." Company.

W. H. Lewis
 46.14.17

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DATE OF DISCHARGE

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

Date Aug 13th 1917 Pte. Garland B. Rodgers (Sig. of Soldier).

Name Garland B. Rodgers Wm. Waterman (Sig. of Witness).

Proceedings on Discharge



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

No. <u>2472</u>	Army Rank <u>Private</u>
Name <u>Rodgers</u> <u>Sarland Butler</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland</u> <u>Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age <u>22</u> years _____ months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Sallow</u> Eyes <u>Blue</u> Hair <u>Mid-Brown</u> Trade <u>Butcherman</u> Intended place of residence _____ (To be given as fully as practicable)	Descriptive marks.
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Melancholia</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.



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 *Rodger Garland*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *2272*
 Intended address *Twillingate*
 Height on discharge *5* Feet *9*
 Color of hair on discharge *Dark Brown*
 Complexion *fair*
 Color of eyes *blue*
 Figure on discharge *medium*
 Christian name of Father *James*
 Christian name of Mother *Elysa*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*
 Place and date of soldier's birth. *Twillingate 20 Dec, 1894*
 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) *Garland Rogers*

Station *Saint Johns*

Date *June 26 1917*

(Rank) *Pte*

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. Burden

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

Station *A. Johnson*

Date *June 26/17*

Casualty Form—Active Service.

Regiment or Corps *21st Newfoundland Rgt.*Regimental No. *2472* Rank *Pte* Name *Garland Rogers.*Enlisted (a) *7. 14. 16* Terms of Service (a) *War* Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (c) *4*

Report		Place	Date	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			
		<i>Embarked Southampton.</i>	<i>11. 10. 16.</i>	
		<i>Disembarked Rouen.</i>	<i>12. 10. 16.</i>	
		<i>Joined Barr.</i>	<i>22. 10. 16.</i>	
<i>88 F.A.</i>		<i>Adm. Frontline Transf. 36. C. C. F.</i>	<i>3. 11. 16.</i>	<i>F.D. 5374</i>
<i>H.S. George.</i>		<i>Invalided to England on 5. Gen Hqs. Rouen.</i>		
		<i>Enteritis Catarrhal</i>	<i>14. 11. 16.</i>	
				<i>W. 30 83.</i>
		<i>Signed J.M. Marshall Captain.</i>		
		<i>for 040 101 Reg. Inf. Section.</i>		
		<i>G. A. Q. Bnd F. Chdon.</i>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shoeing Smith, etc., also special qualifications in technical Corps duties.

Descriptive Return of a Soldier discharged on account of Disability.

INSTRUCTIONS.—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Customs Hospital. (The soldier should be examined at the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting. The form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer S.C. Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W. Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink on, & W.

Certified



A Name in full Rogers Garland J.
 Regiment from which discharged 2/1st Newfoundland
 Regimental Number 2472
 Where born (Parish, Town and County), and when Swillingate, Newfoundland
 Intended address 10th Dec. 1895.

Height on discharge 5 Feet 9 Inches
 Colour of Hair on discharge Red Brown Colour of Eyes Blue
 Descriptive marks Complexion Fallow
 Figure on discharge
 Christian name of Father James
 Christian name of Mother Eliza
 Wife's Maiden name in full
 Date and Place of Marriage
 Christian names of Children
 Nature and locality of civil employment desired Fisherman Newfoundland

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) Garland J. Rogers

(Rank) Private

Station Monthly War Hospital

Date 4th May 1917

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.

(Signed) J. K. King Medical Officer i/c
Lieut. Genl. Hospital.

Station Monthly War Hospital

Date 9th May 1917

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad, with Stations	Years	Days
			India		
			S. Africa		
Disallowed					
Service towards Pension					

Date inclusive to which pay has been issued

Sum due on account of advance of pension }

Sums due on account of public debts ...

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge

Date _____ Records.

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. 2472

Rank

Name (surname first) Roger Garland

Regiment 2/1st Newfoundland



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

Fisherman

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?

Fisherman

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

4. What is the name of your Approved Society?

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

Date May 4th 1917

Signature Garland J. Rogers

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the 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. 4 (b), item 3, of Army Council Instruction No. of 1916.

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

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 question are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name *Garland Butler*. 2. Surname *Peters*.....

3. Rank *Pte.*..... 4. Regt. No. *2472*.....

5. Address in full to which future payments of gratuity are to be forwarded. *5. Georges Street, St. Johns.*.....

6. Date of enlistment in the Regiment *1st April 1916*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable

8. Relationship of such dependents.....
not applicable

9. Address in full of such dependent.....
not applicable

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *no.*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *1 Year 100 days*.....

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. *Yes. \$86.40*

Paid by Capt Howley

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

16. Have you, during the present war, served in the Imperial Forces? *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *not applicable*

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

(b). If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge *July 11th 1917* (b) Reason for leaving *Disability*

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. *Yes: Belville Wood: from October to November 1916*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee? *Yes, receiving \$50 a month including Pension*

And I make this solemn declaration, conscientiously believing it to be true, and knowing what it is of the same force and effect as if made under oath.

Signature of Applicant: *Garland B. Rogers.*

Place of Residence:

Declared before me at: *Johns*

This *27th* day of *July* 19*19*

Frederic B. ...
Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
11-12-18	100.10		4.00	280.00
			Len P.D.P.	100.10
				179.90
Certified Correct.			Paymaster.	

WWB/LO

May 5, 1919.

To:-- Capt. Howley, O. I. C. Records.
From:-- Vocational Officer.

Garland Rogers, 2472. 5 George Street, CITY.

The man named in the margin has secured a position on the staff of the Evening Telegram and now discontinues his course under us with my approval.

W. J. McCall.
Vocational Officer.

SEPARATION ALLOWANCE.

Claimant..... ^{Mr} Rogers, James (~~father~~) (mother)
On account of Garland A. Rogers No. 2472 Rank. Pte

Decision..... Approved
Payable from date of Samuel's
marriage

Date..... 28/5/19
W. A. Ruddle Lieut. Col
M. Bowley Capt

Instructions.....
.....
.....

Allotment of 60^p per day payable to Mr James Rogers
his mother from 29/4/16 to 30/6/17
Discontinued on account of his being discharged
L. P. Sgt

2-12-16

Royal Newfoundland Regiment
(Separation Allowance Branch)

(Father)

Notice

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.

Garland Butler Rogers Pte. Royal Newfoundland 2472

2. Age of soldier. Married or Single

34 years

Single

3. Name in full of father of soldier. Age. Occupation. Permanent address

Samuel Rogers

76

Fisherman

4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.)

*See Certificate
Dr Woods
Enclosed*

5. Names of your other children. Address in Occupation. Married or single.

25/9/10

George Rogers - 36

agr.

full.

Glenport Inclusive fisherman Married

2/12/16

Walker Rogers - 27 x

"

"

Samuel Rogers - 24 x

"

"

6. State amount earned by yourself per month.

No money

7. State date and place of death of your wife.

wife living

8. State amount and source of any other income.

No other income

9. What is the value of your real property.

*About 300. House
& garden*

10. State actual amount contributed by soldier during year prior to enlistment.

*About \$500 - fishing
for Soldier & father & mother combined*

11. Was this amount contributed weekly or monthly.

in a year

12. Did this amount include payment of son's board, etc.

Yes

13. State your son's trade or occupation prior to enlistment. *Fishkill*
14. State amount of his wages per week. *Not processed for pay across*
15. State name and address of his last employer. *No employer*
16. State amount of support monthly from son since enlistment *No thing Mother got ~~from~~ monthly allotment*
17. State amount of "Assigned Pay" received by you from son monthly *There was no check sent - No 16 -*
18. From what date have you received "Assigned Pay" *Nothing*
19. Actual amount contributed by other children. weekly. monthly. *Nothing*
20. If not receiving support from other children, state cause. Answer fully. *They are all married & have families to support*
21. Are any of these children in your employ. *No*
22. Have you made a previous claim for Separation Allowance? If not, why. Give particulars. *No. Did not know anything about it.*
23. What is the value of your personal property? *About \$200 as per in No. 9. No personal property*
24. With whom do you reside at present? *with my Son*
25. Are you already in receipt of Separation Allowance from any source if so, how much? *No.*
26. Are you in receipt of assistance from any Patriotic Fund. If so, how much? *No.*
27. Was the soldier at the time of enlistment an employee of the Nfld. Government. *No*
28. In what capacity and in what place. *No.*

29. Is he in receipt of a salary as such while serving in the Royal Wfld. Reg't. *No*
If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under oath, and in virtue of the Evidence Act.

Signature of applicant..... *James Rogers* ^{his} *W. M. R.*

Place of residence..... *Colloport (Friedrichs)* *Wallingford*

Declared and subscribed before me at..... *Wallingford Colloport*

this..... *Seventeenth*..... day of *March* 1919.....

Signature of Barrister of the Supreme Court, stipendiary magistrate, Notary Public or Justice of the Peace } *George Edward* *Dill*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the soldier first mentioned above, is the sole support of the applicant.

Signature of clergyman..... *E. Hunt*

Signature of member of Patriotic Fund Committee..... *Rodger Sweetland*

I certify that my brother, Walter Rogers was married prior to the date of my enlistment
Garland Rogers

Twillin, Ala.
March 17th 1919

To Whom it may Concern
I hereby Certify that

James Rodgers, Father of
#2472 Pt. Garland Rodgers has
been an invalid for several
years, during the last three I
have been his medical adviser.
He suffers from Chronic Pulmonary
T.B. and has earned nothing
during the above period.

A. Wood M.D.

NOTICE.

ROYAL HENRI FOURTH REGIMENT.

MEMORANDUM.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Hild.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.
Garland Butler Rogers *4th* *Rifles* *2478*
2. Age of soldier. Married or Single.
22 *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.
Eliza Rogers *63* *Housewife* *Gillingham*
4. Give name of your husband. Age. Occupation Where Employed.
James Rogers *76* *Fisherman* *No Employment since 11 years.*
5. If your husband is not supporting you state the reason.
Chronic Pul T.B.
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
Chronic Pulmonary T.B.
7. If you are a widow, state date and place of death of your husband.
Not a widow.
8. Have you married again since death of above mentioned husband?
Husband not dead.
9. Names of your other children. Address in full. Age. Occupation Married or Single.
Geo Rogers *Gillingham* *36* *fisherman* *Married*
Walter Rogers *"* *"* *"* *"* *"*
Samuel Rogers *"* *"* *"* *"* *"*

10. State amount earned by (a) Yourself *Nothing*
(b) Your husband.
-
11. State amount and source of any other *No income*
income.
-
12. State value of real property belonging *About \$200*
to you and your husband. *House & Garden husband*
-
13. State value of personal property *Nothing*
belonging to you and your husband.
-
14. If husband is dead state value of *Nothing*
real and personal property left by
him.
-
15. Actual amount contributed by soldier *About \$200.00 per*
during the year prior to enlistment. *himself - mother & father
& Grand*
-
16. Was this amount contributed weekly or *Year*
monthly.
-
17. Did this amount include payment of son's *Yes*
board, etc.
-
18. State your son's trade or occupation prior *Fisherman*
to enlistment.
-
19. State amount of his wages per week. *Nothing*
-
20. State name and address of his last *No Employer*
employer.
-
21. State amount of monthly support *\$18.00 a month*
from son since enlistment. *allowance*
-
22. State amount of allotment received *Abt. \$150.00*
by you from son since enlistment.
-
23. State from what date did you receive *June 1916*
allotment?
-
24. Actual amount contributed by Weekly Monthly.
other children. *Nothing*
-
25. Are any of these children in the employ
of you or your husband? *No - all - married*

- All married & have families to support*
26. If not receiving support from other children, state cause. Explain fully. *None*
27. With whom are you residing at present? *San Samuel Rogers*
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No. Had not know anything about it*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*
31. Was the soldier at the time of his enlistment an employee of the H.M. Government. *No*
32. In what capacity and in what place? _____
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Elega Rogers*

Place of Residence..... *St. John's, Twillingate*

Declared and subscribed before me at..... *Twillingate, St. John's*

this..... *22nd* day of..... *May*..... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *E. Roberts Esq.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *E. Hunt*

Signature of member of the Patriotic Fund Committee. *Rodger Sweetland*

Please don't send a copy unless blank paper like this!

May 13, 1919

W. J. Martin, Esq.,

Registrar of Vital Statistics,
City.

Dear Sir:-

Will you kindly advise me
dates of Marriages of the undermentioned
sons of James Rogers of Gills Port,
Twillingate, namely:-

George Rogers Age 36

Walter Rogers Age 27

Samuel Rogers Age 24

Thanking you in advance.

Yours truly

Captain,
Paymaster & O.I./w Records

June 4th., 1919

Mrs. James Rodgers,
Gills Port,
Twillingate.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been granted you, payable from the date of marriage of your son Samuel. I enclose cheque for One hundred and forty dollars (\$140.00) in payment of same.

Yours truly

Paymaster & Officer i/c Records
Captain,

5, Georges Street, ~~401075~~

Feb. 22nd, 1919.

Captain, J. W. Howley,

Dear Sir, as I will be leaving the Country in March. I would like therefore if it is possible for you, to pay me the whole of my Gratuity Money on the first of March, trusting that you will grant me this favor,

I am faithfully yours,

2472, Ex. Pte, Garland, B. Rogers.

5, Georges Street, City.

Captain J. W. Howley,
Militia Department,
St. Johns.

Gwillingate

Aug 14/17

Captain. J. J. O'Grady

Sir. I have been discharged from the service and I understand that I am entitled to a badge. Please
ex Private Garland B Rogers 2472.. B Company.
2/1st N.Y. LD Regiment. Gwillingate

App. certified
& forwarded
to HQ.

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2472 Pte. Garland B. Rogers

Voucher No. 31864.

Cheque No. 31864.

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount
June 28	416.		Pay on a/c	\$10
				\$10 00

CERTIFICATE

Dissect Sheet No. _____

Recap. Sheet No. 616.

Checked by

C.C.O.

M. Bowley
PAYMASTER

RECEIPT

June 28th, 1917

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
~~Ten~~ _____ Dollars
and _____ Cents in Payment as above stated.

June 1917.

\$ 10.00

[Sig.] *Garland B. Rogers*

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2472 Pte. G.B. Rogers

Voucher No. 51787.

Cheque No. 51787.

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

Date	Req'n No.	Invoice No.	Particulars.	Amount
June 25	412.		Pay on a/c	\$15
				\$15 00

CERTIFICATE

Dissect Sheet No. _____

Recap Sheet No. 412.

Checked by *[Signature]*

[Signature]
PAYMASTER

RECEIPT

June 25th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Fifteen Dollars

and _____ Cents in Payment as above stated.

June *[Signature]* 1917.

\$ 15.00

[Sig.] *G B Rogers*

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with **#2472 Pte. G. B. Rodgers**

Voucher No. **233.**

Cheque No. **233.**

Reg'l A/c No. _____ Name _____

C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount.
July 10	Q.		Balance of pay	\$11 30
			Bonus 1 week @ \$1.10 per day plus \$6.00 Board Allow.	13 70
			Clothing	<u>25</u>
				\$50 00
				\$50 00

CERTIFICATON

Dissect⁴ Sheet No. _____

Recap. Sheet No. **9.**

Ammonia Dick
PAYMASTER

Checked by *[Signature]*

RECEIPT

July 10th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Fifty----- Dollars

and ----- Cents in Payment as above stated.

July 1917.

\$ 50.00

[Sig.] *Cheque mailed July 16/17.*

MAY 8 1919

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

Please pay to Mr. G. Rogers, No 2472
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10.00

G. W. McCall
Vocational Officer

G. Rogers

April 19th, 1919

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

Please pay to **Mr. G. Rogers, No 2472**
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension	\$10
Allowance	40
Total	50

W. W. Nichell
Vocational Officer.

G. Rogers

APR 26 1919

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

Please pay to **Mr. G. Rogers, No 2472**
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension \$10

W. H. McCall
Vocational Officer
G. Rogers

April 5th, 1919

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

Please pay to Mr. G. Rogers, No 2472
the sum of nine dollars and thirty four cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension	\$10
Allowance	40
Total	50

B. W. Mitchell.
Vocational Officer.

G. Rogers

April 12th, 1919

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

Please pay to **Mr. G. Rogers, #2472**
the sum of **nine dollars and thirty four cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.34

Pension	\$10
Allowance	40
Total	50

W. W. Nicholl
Vocational Officer

G. Rogers

2472 ✓

July 16th, 7.

Pte. Garland B. Rodgers,
Twillingate.

Dear Sir,-

I enclose herewith cheque for £50.00, being the balance due you made up as follows:-

Balance of pay	£11.30
Bonus 1 week @ £1.10 p. day	
plus £6.00 Board Allow	13.70
Civilian clothing	<u>25.00</u>
	<u>50.00</u>

I also enclose certificate of Discharge, dated July 11th, 1917, together with Special form, which kindly sign and return.

Yours truly,

Lieut.
Officer i/c Records.

4

March 15/22.

Mr. Garland B Rodgers,
934 Mass Avenue,
Cambridge, Mass.

Dear Sir:-

I beg to inform you that the Medical Board that examined you, has reported as to your condition, and state that your disability, due to service, has now passed away

You are therefore, not entitled to any further pension.

Yours faithfully,

Secretary.

BT.

THE BOARD OF PENSION COMMISSIONERS
FOR Nfld. 261

REGT. NO. 2472 RANK Pte NAME Garland Rodgers
CORPS SERVED WITH Royal Newfoundland Regiment
REGT RANK HELD WHEN DISABILITY WAS INCURRED _____
DATE OF MEDICAL BOARD Jan. 18/22.
PENSIONABLE DISABILITY NIL NIL
PENSION GRANTED -
\$ NIL PER MONTH FOR _____ MONTHS
ADDITIONAL ALLOWANCE FOR WIFE -
\$ _____ PER MONTH FOR _____ MONTHS
ADDITIONAL ALLOWANCE FOR CHILDREN
\$ _____ CHILDREN AT \$ _____ PER MONTH EACH
OR GRATUITY GRANTED -
\$ _____ PAYABLE IN _____ EQUAL MONTHLY
INSTALLMENTS.
TOTAL MONTHLY PAYMENTS \$ _____ TOTAL AUTHORIZED AMOUNT \$ _____

GRANTED TO -
NAME Garland Rodgers
ADDRESS 934 Mass Ave.
Cambridge, Mass.

DATE CASE DISPOSED OF MAR 18 1922

APPROVED BY -
MEMBERS OF BOARD

[Signature]
[Signature]

11/3/22
B.S.V.

[Signature]
[Signature]
11/7/22

REMARKS -
NAME OF WIFE _____
PARTICULARS OF CHILDREN -
NAME _____ DATE OF BIRTH _____ EXPIRES _____

JAN 30 1922

BY THE DIST. MANAGER DIST. A. P. C. No. 261
U.S. VETERANS BUREAU

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:

Medical Report required; review date:—

The Secretary, Board of Pension Commissioners for Newfoundland.

AS SOON AS POSSIBLE

Regimental No. 2472

Rank Private

Name GARLAND REDGERS

ADDRESS: 264, Massachusetts Avenue, Cambridge, Mass., U.S.A.

Unit ROYAL NEWFOUNDLAND REGIMENT.

DESCRIPTION OF PENSIONER:

Apparent Age 27 years

Height 5' 9"

Colour of Eyes Blue

Complexion Fair

Colour of Hair Dark Brown

Weight 115 lbs

Marks of Identification:

JANUARY 24, 1919: Only gets Diarrhoea when he eats meat. Pulse 76. Mental condition improving.

July 17, 1919: Condition Improved. Has attacks of Diarrhoea on eating much. Mental condition improved. Status now all right.

March 16, 1920: Five pounds under weight than when he enlisted. Emaciated. Weak. Not able to work hard. Heart and lungs negative. Abdomen Negative. Feet and Limbs function properly. Nothing else abnormal noted.

March 25, 1921: His Cardiac Vascular condition is negative. See Laboratory Report. His mental condition is clear. See Neuro Psychiatric Report. His Gastric condition is now in the Subacute Stage but with the specific dietary ordered there should be progressive improvement.

Laboratory Report Height 69". Weight 115 Lbs. Blood pressure. Systolic, 120. Diastolic, 80. Pulse at Rest, 96-20. After exertion 156-28, After two minutes rest, 84-20. Urinalysis: Chemical: Appearance, Turbid, Color: Straw. Reaction: Neutral. Spec. Grav: 1019. albumen: Very Questionable Trace. Sugar: Negative. Sediment: Mucus: None. Red Blood Cells: None. Pyocytes: Rate. Casts: None. Epithelium: Normal: Bacteria: None. Crystals: Amorphous Phosphates. Detritus: Small Amount. Fresh Voiced: Yes.

Emaciated. Eyes, Ears, Nose and Throat No Pathology. Teeth, Poor Condition. Heart; Apex Best Visible 5th Interspace just inside nipple line, rather rapid and nervous acting; No murmurs. No Enlargements. Lungs: No Dulness. Harms, nor change in Breath Sounds. Abdomen and Genitalia No Pathology. Penis, Hemorrhoids, Varicose. None. Extremities: No loss of function. Stomach and Intestines, Some improvement, in the enteries but this claimant must exercise care in diet or he will have recurrence. Meat diet is especially contra-indicate. Fish, Cereal, stale bread, raw eggs and warm milk and lime water is the diet especially suitable.

U.S. WAR RISK INS. RECORD

FEB 2 - 1922

MEDICAL DIV. FOREIGN RELATIONS UNIT.

Mc

NEURO PSYCHIASYR EXAMINATION

Complaints: Cannot eat meat as it causes diarrhoea. Feels Run down.

Cause: R.F.E. But aggravated.

Progress: Stationary.

Mental: Claimant is alert and cooperative and shows normal interest in surroundings. Does not appear to be reticent or evasive. Memory Good For Remote and Recent Events. He gives History of Being in a "Nerve Hospital" in England But shows a lack of insight into his condition at that time.

Emotional tone Normal.

Thought Processes and Psychomotor Activity Normal.

No Delusions, Obsessions, Phobias, Ideas or Reference, Unusual Beliefs or Hallucinations elicited.

Neurological Examination: Pupils round, equal and regular and react to light and distance. No Ptosis, Squint, Nystagmus, or Exophthalmos. All Deep and superficial reflexes present and normal in reaction. Gait, Stationary and speech steady. No tremors, Paralysis, Atrophies, Incoordinations or Sensory Disturbances.

Physically: Poorly Developed and Undernourished, Emaciated But Symmetrical and Proportionate. No Remarkable Stigma or Degeneration.

Conclusions: Claimant is clearly oriented, alert and cooperative. No evidence of a psychosis or deterioration elicited. Claimant is calm, and composed and examination reveals no evidence of nerve tension, Exhaustion or Organic functional disturbance. Evidence does not warrant diagnosis of a Neuro-Psychiatric Condition at this time.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED

NEPHRITIS AND MENTAL TROUBLE.

... 22-341 ... 1922 ...

RECEIVED
JAN 27 1922
FOR REL. SECT.

RECEIVED
JAN 27 1922
RECORDS

Disability for which pension has been awarded:

JAN 30 1922

3
MEDICAL REPORT.

BY THE DIST. MANAGER DIST. 1
U. S. VETERANS BUREAU

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? **Yes**
- (2) Give a definite detailed description of the present condition.

Claimant states that he feels fairly well as long as he does not eat meat, has diarrhoea and pains in stomach unless he stays on a very restricted diet.

Development fair, nutrition poor.

Tongue clean.

Teeth in good condition.

Head and special senses otherwise negative.

Chest is fairly well formed and resonant over all lung areas.

Muscular development of the shoulder girdles and arms is poor.

Lungs, no rales or abnormal breath sounds heard at this examination.

Heart action regular, pulse of fair quality, rate 80, no valvular murmurs, area of cardiac dullness within normal limit.

Abdomen, normal in shape and contour, no evidence of fluid, no masses, spasm or tenderness on deep palpation, abdominal rings are tight, no evidence of hernia, hemorrhoids, varices, varicocele or any disease of the genitals.

Skin is warm, moist, slightly pale in color.

No pathology of the osseous structures.

Joint movements are free and painless, no surface heat, redness, swelling, edema or cyanosis.

See special urinalysis report attached, also special NP report.

REMARKS - Urine findings sufficient to continue old diagnosis of nephritis chr. par. but insufficient to establish new diagnosis of nephritis.

Special Questions:—

Urinalysis

R. Mestre-----URINALYSIS-----Jan. 17, 1922.

Chemical	Sediment
Appearance---clear	Mucus---small amount
Color---pale yellow	Red Blood Cells none
Reaction---acid	Pycocytes---few
Spec. Grav.---1010	Casts---rare-hyaline
Albumen---negative	Epithelium---few bladder & renal
Sugar---negative	Bacteria---none
	Crystals---none
	Detritus---normal
	Fresh voided---x

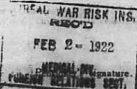
This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

No complaint.

Signature

of Witness

Dr. E. Steele Jr.



Garland B. Rogers.

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Nephritis chr., Parenchymatous

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

None

4. (a) To what extent, if any, have the disabilities diminished or increased since last examination?

remains the same, symptoms have diminished

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

not as far as known

5 Will disabilities materially increase or diminish? probably increase with age

6 Are the disabilities permanent? potentially yes

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? no

(b) Should he continue to do so? no

(c) If so, is any alteration in the form of the present appliance recommended? no

(d) If any appliance is necessary? no

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? yes

(b) Nature of treatment advised dietetic

(c) Is pensioner willing to accept treatment advised? yes

(d) If not, is his refusal reasonable? no refusal

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

advised and refuse to accept the same for the following reasons:

The foregoing report submitted by

Pensioner's signature Garland B. Rogers

Signature Fred E. Steele
Fred E. Steele PAS(R) Medical Examiner.

Place Boston, Mass.

Date Jan. 18, 1922

Members
(of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination? no

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination? no

(b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? no
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? no
(State date of death and names of children who have died.)

Place Boston, Mass.

Date Jan. 18, 1922

Head of District Office,
(or Medical Practitioner.)

RECEIVED
FOR REL. SECT.

FEB 20 1922

REPORT OF NEURO-PSYCHIATRIC EXAMINATION

COPY OF THIS EXAMINATION
SENT YOU BY THE DIST. MANAGER DIVISION
FOREIGN RELATIONS BUREAU

UNITED STATES VETERANS BUREAU

JAN 30 1922

C. No. ²⁴¹ BY THE DIST. MANAGER DIVISION
Office U.S. VETERANS BUREAU
Army Ser.

1. Claimant's Name: **ROGERS, Garland**
(Last) (First) (Middle) **M.**
(check)
2. Service, Rank and Organization **Royal Newfoundland Reg.** Overseas ~~Essentially~~
3. Present address **125 Chestnut Street, Cambridge.**
4. Age **27** 5. Color **W.** 6. Principal prewar civil occupation **Fishing.**
7. Date of induction **April 1916.** 8. Date of discharge **July 11, 1917.**
9. to 11. Social, occupation and family history:

MILITARY HISTORY.

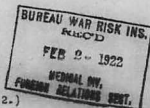
SOCIAL HISTORY. See history March 25, 1921. Feeling well. Is working regularly as porter in Harvard University. No complaints.

(Solar).

12. & 13. Chief present complaint and history of present illness **Complaints of stomach trouble. "If I eat meat or other heavy food I become ill."**

14. Physical examination: **See Form 2545, Jan. 17, 1922.**

15. Neurological examination: **Essentially negative. No pathology of nervous system found. All deep and superficial reflexes present and normal. No pathological reflexes. No sensory disturbances. Cranial nerves all intact. Special senses normal. Pupils react normally to light and accommodation.**



(Continued on page 2.)

Cl's name **ROGERS, Garland**

From **Royal Newfoundland Regt., 361.**

684

16. Mental Examination: Claimant is intelligent, alert, accessible and co-operative. Memory is good. Orientation is precise. Emotional tone normal. Thought processes and psycho motor activity show no characteristic disorder. No delusions, hallucinations, ideas of reference, obsessions, phobias or any unusual beliefs elicited. Judgment for abstract problems good. Fund of general information and knowledge of current events good.

COPIES OF THIS EXAMINATION
SENT TO U.S. VETERANS BUREAU
FOREIGN RELATIONS SECTION

JAN 30 1922

BY THE DIST. MANAGER DIST. 1
U.S. VETERANS BUREAU

17. Diagnosis: **None.**

18. Prognosis: **Good.**

19. Treatment recommended: **None.**

20. Is claimant bedridden? **No.**

21. Is claimant able to travel? **Yes.**

22. Do you advise hospital care? **No.**

23. Will claimant accept hospital care?
Yes.

24. Has claimant a vocational handicap? **No.**

25. Vocational training: In your opinion is it advisable that claimant resume his former occupation? **Yes.**

If not: (a) Is training feasible?

(b) Courses desired:

(c) Courses recommended:

26. Recommendations: answer the following with "yes" or "no" or qualify under "Remarks". Is patient suffering from a disorder requiring:

(a) Constant supervision and totally unable to make a social adjustment? **No.**

(b) Supervision and with it is able to adapt himself to social usage? **No.**

(c) A minimum of supervision and with it is able to adapt himself to social usage? **No.**

(d) Is patient suffering from a residuum of a previous disorder and able to adapt himself to social usages without supervision? **No.**

27. Final disposition of case: **Examined and discharged.**

28. Remarks: **Neuro psychiatric examination at this time is entirely negative. Claimant states that he had a nervous breakdown while in the service, but he also states that this was entirely due to inadequate and improper nutrition and to digestive disorders and as soon as this was remedied, his nervous condition improved. No special recommendations to make at this time.**

29. Did you examine the man yourself on this date? **Yes.**

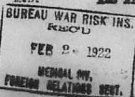
30. Place: **DSYB, 600 Washington St., Boston, Mass. on Jan. 17, 1922.**

31. Name: **G.A. JOHNSON**

E.D.

AAS XP 8822

Title



St. No. 176

LABORATORY

JAN 30 1922

Date: Jan. 17, 1922

BY THE DIST. MANAGER DIST. 1
U. S. VETERANS BUREAU

Claimant's Full Name Rogers, Earlwood

(19A)

Address 934 Trass Ave Cambridge Trass

To Dr. Steele

URINALYSIS

Chemical
Appearance clear
Color pale yellow
Reaction acid
Spec. Grav. 1.010
Albumen negative
Sugar negative
Bile
Urea
Acetone
Indican

Sediment
Mucous small amount
Red Blood Cells none
Eryocytes few
Casts rare hyaline
Epithelium few bladder renal
Bacteria none
Crystals none
Detritus normal
Fresh voided
Long standing

Examination of FECES

Color
Consistency
Reaction
Mucus
Cells

Bile acids
Free fat
Bacteria
Occult blood
Parasites

Examination of SPUTUM

Tubercle Bacilli

Examination of BLOOD

Differential Count

Polymorphonuclears
Small Lymphocytes
Large "
Large Mononuclears
Transitional
Eosinophiles
Basophiles

Color index
White blood cells
per C.M.F.
Red blood cells
per C.M.F.
Hemoglobin
Plasmodium

Complement Fixations

Genococcus

Other bacteria

General Remarks

Exam. by R. Justice

SUREAU WAR RISK INS.
REC'D
FEB 11 1922
MEDICAL DIV.
FOREIGN RELATIONS SECT.

The Board of Pension Commissioners for Newfoundland.

DISABILITY

Pension No. 261

CLAIM FOR PENSION.

I hereby make claim for pension and solemnly declare that the answers given by me to the following questions are true.

1. What is your full name? Garland Butler Rogers Regt. No. 2472
2. What is your address? 125 Chestnut St.,
Cambridge, Mass. U. S. A.
3. (a) Are you married? Yes On what date? June 30th, 1919.
 (b) What is your wife's maiden name? Alfreda Riggs.
 (c) When was she born? July 30th 1895-
 (d) Is she living with you? Yes
 (e) Is she supported by you? Yes
4. (a) How many children living under the age of sixteen years (if boys) or seventeen years (if girls) have you?
 (b) Are they living with you? Yes
 (c) Are they being supported by you? Yes
 (d) Have any of them contracted marriage? No
 (e) Give full particulars of children hereunder:—

PARTICULARS OF CHILDREN

(Name in Full)	(Sex)	Date of Birth (Day, Month, Year.)
<u>Violet Rogers</u>	<u>female</u>	<u>Jan 6th 1921.</u>

*Noted
20/1/22*

Garland B. Rogers.

Signature of Pensioner.

IMPORTANT

This claim form must be signed in the presence of either a representative of the Board of Pension Commissioners, a Barrister, Solicitor, Notary Public, Justice of the Peace, or any person authorized to administer an oath, who will make the following declaration:

I solemnly declare that I was present and saw the claimant (described above) sign this claim for pension form and to the best of my knowledge and belief he is the claimant and represents himself to be.

Date Jan. 16, 1922 C. B. Bauhuck Signature
6 Wadsworth House Cambridge, Mass. Address
Secy. Dep. Phys. Educ. Occupation
Wadsworth University

HARVARD UNIVERSITY
DEPARTMENT OF PHYSICAL EDUCATION

Cambridge, Massachusetts

Nov 13th 21

G. J. Whittier,
Sec. F. W. S. A.
St John's.

Dear Sir: I am just in receipt of a letter from the Board of Pension Commissioners, stating that they have received the report of the Medical Board that examined me and that I will be paid the sum of \$2.50 Per month as a pension. Now Sir, I am sure that the report sent from here, if considered fairly, by the Pension Commissioners would grant me more than a paltry sum of \$2.50 a month in fact the special diet that the doctors has ordered me to take is costing me about ten dollars per month as extra. I consider the sum allotted to me an insult and I kindly ask you to use your good office in getting me re-boarded as I feel that an injustice has been done me

HARVARD UNIVERSITY
DEPARTMENT OF PHYSICAL EDUCATION

Cambridge, Massachusetts

21
in this matter. I am enclosing herewith
the sum of \$2.00 as my membership fee
for 1921-22. My membership for 1920-21
expired about the first of this month a
fact that I was not aware of until looking
over my membership card. Every cent of
Person money that I have received
since coming to this country has been
given for me through the Great
War Veterans Association. If at any
time you are collecting funds for any
special effort in connection with the
Association I would like to be informed
if it so that I could contribute to the same.

fraternally Yours,

Person No 261

Garland B. Rogers,
934 Mass Ave.,
Cambridge, Mass.
U. S. A.

J. G. HIGGINS
PRESIDENT

MAJOR B. BUTLER, D.S.O., M.C.
VICE PRESIDENT.

C. KEARLEY
ASST. VICE-PRESIDENT.

CAPT. G. J. WHITTY, O.B.E., M.C.
DOMINION SECRETARY

HAROLD MITCHELL
ASST. SECRETARY.

Great War Veterans' Association
of Newfoundland.

GREAT WAR VETERANS' BUILDING
WATER STREET.

S. John's, Newfoundland.

May 25th, 1921.

Major W. H. Parsons,
Pensions Dept.,
C I T Y.

Dear Sir,-

I am attaching herewith letter received from Mr. Garland B. Rogers, Pension #251. Will you kindly note his statement as regards special dieting?

We should be glad if you would look into his case and see if it is at all possible to have his case reconsidered.

Yours very truly,

[Signature]
DOMINION SECRETARY.

Encl.

GJW"HN.

	Date	Initials
RECEIVED	27/5/21	W.H.P.
INDEXED		
FILED		

File.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to
No.

H. John's,

June 28th, 1921

Dear Capt. Whitty,

I have to acknowledge receipt of your letter with enclosure from Mr. Garland B. Rogers regarding his pension. This matter has been taken up with him several times. His condition according to all the medical examiners is one not caused by but aggravated by service, as a matter of fact Mr. Garland's doctor at Twillingate in writing to us stated that he had it years ago. We are giving him what is considered the aggravation, but if a medical certificate is forwarded stating his total disability I will have his case up for reconsideration.

Yours Truly

Secretary

Capt. Whitty, M.C.

Sec. G.W.V.A.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 261

Regt. No. 2472 Rank Pte Name Garland Rodgers

Corps Served with Royal Newfoundland Regiment

Date of Medical Board March 23, 1921

Pensionable disability 5% for 12 months

Pension Granted: \$2.50 per month for 12 months

Total Authorized amount \$30.00

or Gratuity Granted:
\$ Payable in equal monthly instalments.

Granted to:-

Name Garland Rodgers

Address 934 Mass. Ave.
Cambridge, Mass.

Date case disposed of MAY 8 - 1921

Approved by:

Members of Board

[Signature] Chairman
[Signature]
[Signature]

NOTED
DATE 2-5-21
INITIALS B.S.

NOTED
DATE 7/8/21
INITIALS M.H.

Remarks:

APR 1 1921 FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

BY THE SUPERVISOR DIST. #1
U.S. PUBLIC HEALTH SERVICE

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date... Feb. 25, 1921...

AS SOON AS POSSIBLE

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2472

Rank Private

Name GARLAND RODGERS

ADDRESS: 934 Massachusetts Avenue,
Cambridge, Mass., U. S. A.

Unit ROYAL NEWFOUNDLAND REGIMENT

DESCRIPTION OF PENSIONER:

Apparent Age 27 YEARS

Height 5' 6"

Colour of Eyes BLUE

Complexion FAIR

Colour of Hair

DARK BROWN

Weight

Marks of Identification:

JUNE 27TH., 1917:

COMPLAINS OF DIARRHOEA AND PAIN AFTER EATING HEAVY FOOD. SAYS HE HAD THIS TROUBLE BEFORE ENLISTMENT. SAYS HIS CONDITION IS IMPROVING BUT FEELS WEAK.

DECEMBER 7TH., 1917:

DIARRHOEA STILL PRESENT AND PAINS IN ABDOMEN. SAYS HE FEELS BETTER.

JANUARY 24TH., 1919:

ONLY GETS DIARRHOEA WHEN HE EATS MEAT. PULSE 76. MENTAL CONDITION IMPROVING.

JULY 17TH., 1919:

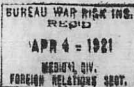
CONDITION IMPROVED. HAS ATTACKS OF DIARRHOEA ON EATING MUCH. MENTAL CONDITION IMPROVED. STATES NOW ALL RIGHT.

MARCH 16TH., 1920:

FIVE POUNDS UNDER WEIGHT THAN WHEN HE ENLISTED. EMACIATED POORLY NOURISHED. WEAK. NOT ABLE TO WORK HARD. EYES, EARS, NOSE, AND THROAT O.K. HEART AND LUNGS NEGATIVE. ABDOMEN NEGATIVE. FEET AND LIMBS FUNCTION PROPERLY. NOTHING ELSE ABNORMAL NOTED.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

NEPHRITIS AND MENTAL TROUBLE



THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

FORM FOR HISTORY AND MEDICAL EXAMINATION OF PENSIONERS

2

At Office Newfoundland

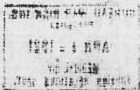
Date

The General Board of Pensions
Commissioners for Newfoundland

OF MEDICAL EXAMINER

Medical Report (to be filled in by the

Blank area for medical examination report with faint horizontal lines.



Disability for which pension has been awarded:—

3.
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?
- (2) Give a definite detailed description of the present condition.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature.....
of Witness.....

Pensioner's signature.....

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (To be completed when treatment advised has been refused.)

vised and refuse to accept the same for the following reasons:

The foregoing report submitted by Pensioner's signature

Signature..... Medical Examiner.

Place..... Date.....

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination? (State date of death.)

12 Have any of pensioner's children died since last medical re-examination? (State date of death and names of children who have died.)

Place..... Date..... Office of Supervisor Dist. No. 1, Boston, Mass. Head of District Office, (or Medical Practitioner.)

APPROVED BY [Signature]

RECEIVED

MAR 20 1921

The Board of Pension Commissioners for Massachusetts APR 26 Rec'd

APR 1 1921

BY THE U.S. PUBLIC HEALTH SERVICE

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date... Mar. 25, 1921

The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2472 Rank Pvt.

Name GARLAND ROGERS (Rogers-anthony)

Unit Royal N.F.

DESCRIPTION OF PENSIONER:

Apparent Age 25 Height 5 ft. 6 1/2 in. Colour of Eyes Blue
Complexion light Colour of Hair dark brown Weight 115 lbs.

Marks of Identification:

Hgt. 5ft 6 1/2"
Wgt. 115
S.F.S. 120
D. 488
20

Pulse at rest 96-20
" " exerc. 126-28
" " 2 min. rest 94-20

Mentality clear; see N.P. report.
Nephritis none

Urinalysis:

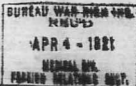
Chemical
Appearance turbid
Color straw
Reaction neutral
Spec. Grav. 1019
Albumen very questionable trace
Sugar negative

Sediment.

Mucus none
Red blood cells none
Leucocytes none
casts none
epithelium normal
bacteria none
crystals amorphous phosphates
detritus small amount
fresh voided yes
R. Mestre,

Associated.

Eyes, ears, nose and throat no pathology.
Teeth; poor condition.
Heart; apex best visible 5th intercostal
just inside nipple line, rather rapid
and nervous acting; no murmurs; no en-
largement. Lungs; no dullness, crackles,
nor change in breath sounds. Lids and
genitalia no pathology. Hernia, hemor-
rhoids, varicose none. Rectum, no loss
of function. Stomach and intestines, some
improvement in the enteritis but this claim-
ant must exercise care in diet or he will
have recurrences. Best diet is especially
contra-indicate. Fish, cereal, stale bread,
raw eggs, and warm milk and lime water is the
diet especially suitable.



RECEIVED
1921

1921

MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 12. **Yes**
- (2) Give a definite detailed description of the present condition.

**His cardiac vascular renal condition is negative; see laboratory report.
His mental condition is clear; see N.P. report.
His gastric enteric condition is now in the subacute stage but with the specific dietary & ordered I look for progressive improvement.**

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature **Edward J. Flood M.D.**
of Witness.....

Pensioner's signature... **Carlton Rogers**

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish?

6 Are the disabilities permanent?

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment ad-

(To be completed when treatment advised has been refused.)

vised and refuse to accept the same for the following reasons:

The foregoing report submitted by Pensioner's signature

Signature Medical Examiner.

Place

Date Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

(b) If so, is he receiving the additional allowance for a wife?

10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?

(State date of death and names of children who have died.)

Place

Date Head of District Office, (or Medical Practitioner.)

261

Ernest W. H. Parsons M. C. P. A. M. B.

Cambridge Mass

St. John's R. & L. S.

July 12th 20

Dear Sir: I am

in receipt of a letter from the Board of Pension Commissioners stating that the Medical Board that re-examined me at the War Risk Insurance Bureau of Boston rated me as having no disability. In view of that report I do not come within the class for whom pensions are granted. I wish to say Sir, that according to the report that the doctor read out to me after examining me did state that I still have a disability. For instance the report read - that I was not able to work hard and that I was still underweight. It is only reasonable to assume in view of these facts stated above that I am not back to a normal condition yet. All I ask the Board of ^(Pension) Commissioners to do is to allow me a pension until I have been placed back to a normal condition, after which I am manly enough to refuse help from an ungrateful country. I ask therefore, that I be given another board, as I feel that I should be still under a pension. If I am refused a re-examination

I shall leave the matter with the G. W. V. A. which organization will I feel sure use its good office on my behalf. I shall also write the War Risk Insurance Bureau for a report of my condition, for I am convinced that there has been a "mistake" somewhere.

Trusting Sir that you will make arrangements for re-examination at your earliest convenience.

Believe me Sir, to be

faithfully Yours,
Garland B. Rogers
Pension No 261.

Address

39 Inman Street

Cambridge.

Mass.

July 2, 1920.

Dear Sir:-

I beg to advise you that the Medical Board that re-examined you has reported as to your condition and has rated you as having no disability.

In view of this report you do not come within the class of those for whom Pensions or Gratuities are granted.

Yours faithfully,

Asst. Secy.

Mr. Carland B. Rogers.
29 Inman Street,
Cambridge, Mass.



261

DEPARTMENT OF

SOLDIERS' CIVIL RE-ESTABLISHMENT

FILE

IN YOUR REPLY REFER TO FILE NO. SCR.1553-G-2.

Ottawa, 9th June, 1920.

The Board of Pension Commissioners,
St. Johns, Newfoundland.

RE: 2472, G. Rodgers, Royal Newfld. Regt.,
39 Inman St., Cambridge, Mass., U.S.A.

Gentlemen:

I beg to forward herewith a report on the marginally named ex-member of the Newfoundland Forces, which has been received from the Chief Medical Advisor, Bureau of War Risk Insurance, Washington.

It would appear that treatment is not required at the present time, but it is presumed that if you wish further action taken in the case, you will deal direct with the Bureau of War Risk Insurance.

Yours faithfully,

for Director Medical Services.

SCHEME OF REPORTS OF PHYSICAL EXAMINATION

MEDICAL

Place 101 Milk St., BostonDate Apr. 10, 1920WAR RISK INSURANCE
Administration Division

MAY 17 1920

ERR-3 MAIL SECTION

1. Claimant's name: RODGERS, GARLAND Regimental #2472 C
2. Service, Organization and Rank: Pvt. Royal Newfoundland Regt.
3. Present address: 39 Inman St., Cambridge, Mass.
Previous
4. Age 25 Color W Occupation Fisherman
5. Brief military history of claimant's disability: Diarrhoea and pain in abdomen. Brought on while in France by poor food and bad drinking water.

6. Present complaint: Weak*no claim 5/21/20 AC EC*

7. Physical examination: Emaciated poorly nourished. Eyes, ears, nose and throat neg. Heart and lungs O.K. Abdomen neg. feet and limbs normal. Nothing else abnormal noted.



8. Diagnosis: Enteritis Chron. 373 9. Prognosis: good
10. Is claimant able to resume former occupation? no
11. Do you advise it? no
12. Is claimant bed-ridden? no 13. Is claimant able to travel? yes
14. Do you advise hospital care? no 15. Will claimant accept hospital care? no
16. Is there a reasonable presumption that the applicant has a disability due to or traceable to his military service? yes
17. What is the degree of his vocational handicap resulting from the disability?
18. Does his physical and mental condition render training feasible? yes
19. Remarks: Examined and advised

BUREAU OF WAR RISK INS.
RECEIVED

MAY 22 1920

MEDICAL DIV.

FOREIGN RELATIONS SECT.

Signature E. V. FITZGERALDGrade A.A. SURGEON U.S.P.H.S.

EJF/VLG

2/c

261
June 8th., 1920.

Mr. Garland B. Rodgers,
59 Inman Street,
Cambridge, Mass.,
U.S.A.

Dear Sir:-

In reply to your letter of May 28th., with reference to your claim for pension. I wish to state that papers for your record, which was held by the War Risk Insurance Bureau, in Boston, have not reached this Office yet, but immediately on receipt of same, and their recommendation noted, your account will be adjusted, and pension cheques forwarded you as has been done in the past.

I might also state that I am writing the War Risk Insurance Bureau, asking that your record papers be forwarded to us at once.

Yours faithfully,

Actg. Secretary.

JBO'R/GEC.

261

June 8th., 1920.

War Risk Insurance Bureau,
Washington,
D.C.

#2472 Ex-Pte. Garland B. Rodgers.

Dear Sirs:-

We have received a communication from the marginally noted man, stating that he was before your board for Re-examination about two months ago, but up to the present time no copy of said Board has been received by us. We would be glad if you would make inquiries as to whether it has been forwarded to us or not.

Yours faithfully,

Actg. Secretary.

JBO'R/GEC.

THE BOARD OF PENSIONERS
FOR NEWFOUNDLAND.

Pension No. 261

Regt. No. 2472 Rank Pte. Name Garland Rodgers,
Corps Served with ROYAL N.W.FOUNDLAND REGIMENT

Date of Medical Board May 28th., 1920.

Pensionable disability 100% for 12 months

Pension Granted: \$5.00 per month for 12 months

Total Authorized amount \$

or Gratuity Granted:

\$ Payable in equal monthly instalments.

Granted to:-

Name Garland Rodgers,
Address 39 Inman Street,
Cambridge, Mass.

received
W. H. M. M. M.
W. H. M.

Date case disposed of

Approved by:

Members of Board

[Signature] pro. Chairman

[Signature]

L.B.O.
[Signature]

Remarks:

In case of illness probably my or person
should be except the allowed. 102.
[Signature]

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

TO MEDICAL EXAMINER:
Medical Report required; review date:—

ST. JOHN'S, Newfoundland.

Date MARCH 3RD, 1920.

AS SOON AS POSSIBLEThe Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. 2472.

Rank PRIVATE

Name RODGERS GARLAND

Unit ROYAL NEWFOUNDLAND

ADDRESS: 39 Inman Street,
Cambridge Mass

DESCRIPTION OF PENSIONER:

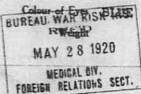
Apparent Age 35

Height 5'9"

Complexion FAIR

Colour of Hair DARK BROWN

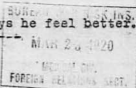
Marks of Identification:

JULY 17TH, 1917..

Still has diarrhoea at times when he takes solid food two or three stools per day.

DECEMBER 7TH 1917

Diarrhoea still present and pain in abdomen. Says he feel better.

JANUARY 24TH, 1919

Only gets diarrhoea when eats meat. Pulse 76. Mental condition improving.

JULY 17TH, 1919

Condition improved. has attacks of diarrhoea on eating much.
Mental condition improved. States now all right.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

ENTERITIS ALSO MENTAL TROUBLE.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

NAME OF EXAMINEE
MEDICAL EXAMINER
THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DATE OF EXAMINATION
PLACE OF EXAMINATION
NAME OF MEDICAL EXAMINER

FOREIGN RELATIONS DEPT.
MEDICAL DIV.
MAY 2 1920
BUREAU WAR RISK INS.

REASON FOR APPLICATION
NATURE OF DISEASE

DESCRIPTION OF SERVICE
DATE OF ENTRY INTO SERVICE

DESCRIPTION OF DISEASE
DATE OF ONSET

DESCRIPTION OF SERVICE
DATE OF ENTRY INTO SERVICE

CLAIMS
MAR 20 1920
COMPTROLLER

Disability for which pension has been awarded:—

3
MEDICAL REPORT.

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *yes*
- (2) Give a definite detailed description of the present condition. *5 lbs under weight when inducted into service. Emaciated, poorly nourished. Weak. Not able to work hard. Eyes, ears, nose and throat O.K. Heart and lungs neg. abdomen neg. Feet and limbs function properly. Nothing else abnormal noted.*

BUREAU WAR RISK INS.
REC'D
MAY 28 1920
MEDICAL DIV.
FOREIGN REL. SECT.

Special Questions:—

BUREAU
MAY 20
1920

This is to certify that I have read, or have heard read, the above description of my disabling condition; that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Complains that \$5.00 per month not sufficient pension

Signature *E. Fitzgerald*
Witness *G. A. Surgeon W.P.S.
101 South St
Boston, Mass*

Pensioner's signature *Garland Rogers*

Harland Hodges

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.) *Enteritis*

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? *much improved*

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

5 Will disabilities materially increase or diminish? *diminish*

6 Are the disabilities permanent? *no*

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? *no*

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort? *yes*

(b) Nature of treatment advised. *Careful dietary*

(c) Is pensioner willing to accept treatment advised? *yes*

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised (to be completed when treatment advised has been refused)

and refuse to accept the same for the following reasons:

The foregoing report submitted by Pensioner's signature *Edward J. Fitzgerald*
Signature *A. A. Sulem M.D. P.H.S.* Medical Examiner.

Place.....
Date.....
Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second last paragraph of page 1 hereof the medical practitioner will fill in such answers.)

9 (a) Has pensioner married since last medical re-examination?

9 (b) If so, is he receiving the additional allowance for a wife?

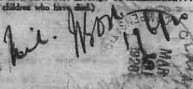
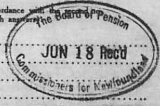
10 (a) Has a child been born to pensioner since last medical re-examination?

10 (b) If, so, is he receiving the additional allowance for a child?

11 If pensioner was married, has his wife died since last medical re-examination?
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination?
(State date of death and names of children who have died.)

Place.....
Date.....
Head of District Office, (or Medical Practitioner.)



Major W. H. Parsons
St. John's.

Cambridge
May 28/20

Dear Sir: I am writing

to inform you that I was before a medical board for re-examination about two months ago. The war risk insurance bureau of Boston was the board before which I was called and as I have heard nothing as to the returns of the board I am writing you to see if I am still under a pension or whether it has been discontinued, though I do not think the latter can be the case in view of the fact that the doctors report showed that my health was not back to normal yet.

Trusting that you will see to the matter for me at your earliest convenience.

I am Sir, respectfully yours
Garland B Rogers, Reg 202472

Present address

39 Inman Street

Cambridge Mass.

U.S.A

W.H.P.
J.H.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 261.

Regt. No. 2472 Rank Sgt Name Garland Rodgers
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 17-7-1919

Pensionable Disability 10% for 6 months

Pension Granted:

\$5.00 per month for 6 months

Total Authorized amount \$30.00

or Gratuity Granted:

\$ Payable in equal monthly instalments

Granted to:

Name Garland Rodgers

Address 31 Hillway St

Notes family

Date case disposed of JUL 24 1919

Approved by:

Members of Board

P. McFall Chairman all
W. B. Bosson Mar

Remarks:

FOURTH BOARD

Form Z179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld. Date JULY 17th., 1919.
 No. and Rank 2472 PRIVATE Age 24 Height 5'9"
 Name BORGERS GARLAND Complexion FAIR
 Unit Royal Newfoundland Eyes BLUE Hair DARK BROWN
 Address 31 HOLLOWAY STREET
 Former Trade FISHERMAN
 Enlisted at ST. JOHN'S On 7/4/16 (The Board will please note how the soldier's appearance corresponds with above description).
 Disease or Disability Original ENTERITIS ALSO MENTAL TROUBLE

Subsequent

Present Condition (Compare with previous Board)

Condition improved, has attacks of diarrhoea on eating meat. mental condition improved. status now alright.

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

10 to 6 months

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

10 to 6 months.

Recommendation of Medical Board

Members of Board

St John's

17/7/19

Approving Medical Officer

Cluny Macpherson,
Major

H. P. Johnson, Major
 J. P. Macdonald, Captain
 J. P. Kelly

Sept. 20, 1919.

272 W.B. Rogers, Esq.,
39 Inman Street,
Cambridge, Mass.,
U.S.A.

Dear Sir:-

In reply to your letter of September 15th, with attached form from Dr. Wood, and also a Certificate of Vaccination, which is evidently an error, and which I am returning here-with.

It is regretted that the Board of Pension Commissioners cannot increase your Pension. Dr. Wood, in his certificate of Sept. 12th, states that, previous to your going over-seas, you suffered from severe Diarrhoea, lasting several weeks, and also had an attack of dry Pleurisy, with a family history of tuberculosis.

If you will send us on a Certificate, stating that your disability is more than it is, and showing us how we can help you, we shall be glad to take up your case again.

Yours faithfully,

261
Secretary.

WHP/ST

Date	Title
16.9.19	Wood

Swillingate
Sept 12th 1919

To Whom it may Concern:-

I hereby certify that Godard B. Rodgers of this town, has several times previous to his enlistment suffered from an enteritis - in the form of a severe diarrhoea lasting several weeks and that he also had once an attack of dry Pleurisy. I never considered him healthy and always considered that a mistake had been made by the medical officer at St John's when he was passed for the front, believing that his bowel condition to be possibly tubercular. Family History is mainly that of Tuberculosis.

A J Wood M.D.

city.

sep. 15/19

Major W. H. Parsons:

Dear Sir, enclosed you will find my medical certificate which you requested me to send you some while ago, when I wrote to you in connection with my Pension which I am receiving. I regret that it has been so long before I could get it. It was sent to me by our family doctor, namely Dr Wood ^{of Northgate} according to the letter which you sent me that upon receipt of my certificate that you would arrange for to have me re-boarded. This will not be possible now Sir, for I am leaving to-morrow for Boston, I trust however, that you will be able to arrange to have my pension raised even without re-boarding me, as my absence from the country will make it impossible for me to accede to your request. Trusting that you will do your best for me I am Sir, Yours faithfully
Garland B. Rogers 2472 Reg. Number,
Pension No, 361.

my future address will be
39. Inman Street

Cambridge Mass. U.S.A.

P.S. Not necessary to alter the address to which my Pension is being sent. You may send it to the same address.

August 7/19

267

Mr. Garland B. Rogers,
31 Holloway Street,
City.

Dear Sir:-

I have to acknowledge your letter of August 1st relating to your disability.

Your pension has been assessed by a Medical Board and unless you can supply us with a Medical Certificate stating that your disability is greater than the Medical Board has rated we cannot alter their rating.

If you will forward this Medical Certificate I will have your case taken up by the Medical Board again.

Yours faithfully,

Secretary.

WHP/LBD.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 261

Regtl. No. 272 Rank Pvt Name Garland Rodgers
Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan. 24th 1919

Pensionable disability 20% for Six months

Pension granted:

\$10.⁰⁰ per month for Six months

or Gratuity granted:

 payable in equal monthly insts.

Granted to:

Name Garland Rodgers

Address 5 George Street

City
FEB 4 1919

D. J. Smith

Date case disposed of

Approved by:

Members of Board

D. M. Grant Chairman
D. J. Smith
W. P. Jones

Remarks:

Report of Medical Board.

Station St. John's, Nfld Date **JANUARY 24th., 1919.**
 No. and Rank **2472 - PRIVATE** Age **24** Height **5'9"**
 Name **RODGERS GARLAND** Complexion **FAIR**
 Unit **Royal Newfoundland** Eyes **BLUE** Hair **DARK BROWN**
 Address **GEORGE STREET**
 Former Trade **FISHERMAN**
 Enlisted at **ST. JOHN'S** On **7 1/4/16** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **ENTERITIS ALSO MENTAL TROUBLE**

Subsequent

Present Condition (Compare with previous Board)

*Only gets diarrhoea when eats meat. Pulse 76
 Mental condition improving.*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *20%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *20% Dis worth*

Recommendation of Medical Board

Members of Board

Clay Macpherson
 Major

W. J. Patterson
 Major

Approving Medical Officer.

NEWFOUNDLAND.
REPORT OF MEDICAL BOARD
ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station" ST. JOHN'S NFLD. Date DECEMBER 7th., 1917
 No. 2472 Age 22 Height 5'9"
 Rank PRIVATE Complexion FAIR
 Name RODGERS, GARLAND Eyes BLUE Hair DARK BROWN
 Unit 1ST NEWFOUNDLAND
 Address TWILLINGATE Former Trade FISHERMAN
 Enlisted at ST. JOHN'S NFLD. on APRIL 7th., 1916

Disease or disability ENTERITIS, ALSO MENTAL TROUBLE

Present condition *Disinfecta still present pains in abdomen
 says feels better*

HAS HE BEEN EMPLOYED AND BY WHOM? *A. M. D. Co. Grand Falls, for
 the past month*

AVERAGE WEEKLY EARNINGS *\$1.90 a day Been working
 6 days a week.*

Estimated disability

20%

Recommendation of Medical Board

Class

Members of Board

*H. H. Shaw
 J. S. Jordan, Dist
 L. B. Peters, Major*

Approving Medical Officer.

Clayton Macpherson
 D. M. S. NEWFOUNDLAND.



Duplicate
Certified true copy
J.S.S.



Medical Report on an Invalid.

Station Monthly War Hospital
Date 9th May 1917

- 1. Unit 2/1st Newfoundland Regts. Age last birthday 22
- 2. Regimental No. 2472
- 3. Rank Private
- 4. Name Regers Garland P.
- 5. Enlisted { on 7.4.16.
at St John's.
- 6. Former Trade or Occupation { Fisherman.

8. Disability.

Melancholia (146)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. January 1917.
- 10. Place of origin of disability. Ashford V.A.D. Hospital.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

From 17/11/16 to 16/1/17 treated at 3rd London General Hospital for Enteritis. At Ashford V.A.D. from 16/1/17 to 14.2.17 was discharged recovered to furlough class 2. At Ashford was depressed, meditated suicide and confided in a Sister Charnand.

Admitted 4 Scottish Gen. Hos. 31.3.17. Diagnosed Diarrhoea found depressed but not actually delusional, wrote letter to Sister at Ashford (letter attached) and was on 14/2/17 sent here for further observation.

Admitted Monthly War Hospital 14.2.17.
- 12. (a) Give your opinion as to the causation of the disability. Exhaustion after illness
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Not so caused.

13. What is his present condition?

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

Leads to be reticent and Associate Gall depressed and interprets religious views from tracts as indicating that his is a useless existence because he has been so much in Hospital. Acknowledges that meditated suicide but declares has put such ideas from him

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

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

Not applicable

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

If so—(a) When?

(b) Where?

(c) Opinion?

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

19. Do you recommend

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

Yes discharge as permanently unfit

Signed

W. H. Raugh Lieut R.A.M.C.

Officer in medical charge of case.

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

Signed

Station *Northamptn Hospital*

Levan C. Bruce

Date *9th May 1907*

Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

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

Not so caused.

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

Not applicable.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) says the conditions mentioned in para 21 & 4 is which

Yes aggravated by conditions of actual service

22. Is the disability permanent?

Yes.

he
23a. Is fit for discharge from the service as an out-patient, and will he require out-patient treatment on discharge from Hospital?

applicable.

total incapacity.

23. In ascertaining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

Not applicable.

26. Do the Board recommend

(a) Discharge as permanently unfit,

(Yes) Discharge as permanently unfit.

or

(b) Change to England?

Signatures:—

H.C. Mann Major R.A.M.C. President.

Lewis G. Bruce Major R.A.M.C.

Station *Murphy War Hospital*

Date *9th May 1917*

J.B. Nixon Lieut R.A.M.C.

Members.

Approved

Station *Murphy War Hospital*

Date *9th May 1917*

H.C. Mann Major R.A.M.C.
Administrative Medical Officer.

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1103 and 1165, Pay Warrant, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between diseases resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

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

Not so caused.

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

Not applicable.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) any of the conditions mentioned in questions 21 & 4 as which → No of aggravated by conditions of actual service.

Is the disability permanent?

No.

If not permanent, what is its probable minimum duration?

Not applicable.

stated in months.

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

Total incapacity.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

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

Not applicable.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(Yes) Discharge as permanently unfit.

(b) Change to England?

Signatures:—

H.C. Mann Major R.A.M.C. President

Lewis G. Bruce Major R.A.M.C. Members

J.G. Nixon Lieut R.A.M.C. Members

Station *Newboldy War Hospital*

Date *9th May 1917*

Approved

Station *Newboldy War Hospital*

H.C. Mann Major R.A.M.C. Administrative Medical Officer.

Date *9th May 1917*



Medical Report on an Invalid.

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- 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

Date

St John's
June 21/17

- | | |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>22</i> |
| 2. Regimental No. <i>2992</i> | 6. Enlisted on <i>7 April. 1916.</i> |
| 3. Rank. <i>Pte.</i> | at <i>St John's</i> |
| 4. Name. <i>Looper - Ewald</i> | 7. Former trade or occupation <i>Sisterman</i> |

8. Disability

~~Is~~ *Entirely*
no mental trouble.

9. History *Had trouble with bowels before enlistment did not say anything about this. Had an attack in France Nov. 1916. has been troubled with it since. Was also in a mental disease hosp. in Nov. April 1917.*

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.)

Still has ~~diarrhea~~ diarrhea at times. ~~Other~~ ^{Other} ~~keeps~~ ^{keeps} ~~solid~~ ^{solid} food. 2 to 3 stools per day.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

[Faint handwritten notes]

Signature

[Handwritten Signature]

Rank or Qualification

[Handwritten Rank]

Remarks if any by Officer in Hospital.

[Faint handwritten notes]

Place

Signature

Date

Rank

[Faint handwritten notes at the bottom of the page]

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:- *Complain of the ache and pain of the eating heavy food - says he had the trouble before entering. Says his condition is improving but feels weak*

14. 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:-

20% 6 months - Cur.

15. Is the disability permanent? *may improve*

16. Has the disability been aggravated by

- (a) Intemperance.
- (b) Misconduct.

17. The refusal of operation ~~sanatorium~~ is:- ✓

- (a) Reasonable.
- (b) Unreasonable.

Remarks if any:-

18. We recommend discharge from ~~retention in~~ the Army

20% for six months

Remarks if any:-

Signatures.

L. Peterson, m.d. President
President, Board
J. W. & D. Dawson

Place *St. John's*

Date *Jan. 27th 1917*

APPROVED

Station

Date



Chas. Macpherson, Major
Administrative Medical Officer.

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

MEDICAL HISTORY

JUN 1917

OF Christian Name *Garland P.*

Surname *Rogers*

Table I.—GENERAL TABLE

Birthplace:—Parish		County			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	... ..	on	7 day of April 1916	on	day of 191
		at	St Johns St. #	at	
Declared age	... ..		21 years 4 m. days	years	days
Trade or occupation	... ..		Fisherman		
Height	... ..		5 feet 8 1/2 inches	feet	inches
Weight	... ..		123 lbs.		lbs.
Chest Measurement	{ Girth when fully expanded Range of expansion		35 1/2 inches		inches
			2 inches		inches
Physical development	... ..			
Vaccination marks	{ Arm ...	Right	Left	Right	Left
	{ Number ...				
When vaccinated	... ..			
Vision	... ..	R.E.—V.=	6/6	R.E.—V.=	
		L.E.—V.=	6/6	L.E.—V.=	
		(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease		(b)		(b)	
(b) Slight defects but not sufficient to cause rejection					
Approved by (Signature)		<i>Liquid</i> <i>Lamont Paterson</i>			
(Rank)		Major Medical Officer.		Medical Officer.	
Enlisted	... ..	at	St Johns.	at	
		on	7 th day of April 1916	on	day of 191
			Corps		Corps
			Regtl. No.		Regtl. No.
Joined on enlistment	... ..		1 st Wfld Bgt.		
			2472.		
Transferred to	... ..			
Became non-effective by	... ..	on	day of 191	on	day of 191
(Signature)					
(Rank)					

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of typhus, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special typhus case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London Gen. Hospital Hantsworth	17	11	16	16	1	17	Enteritis.	60	Transf. Diarrhoea and vomiting. Examination of stools, negative for typhoid & paratyphoid. Recovered sent to Ashford Recovered to Furlough Class ii	Signed H. W. Williams Capt. R.A.M.C. (D) Signed G. Colville
Ashford P.A.D.	16	1	17	14	2	17	"	29	Recovered to Furlough Class ii	Signed G. Colville
4th London Gen. Hosp. Kobhill, Haagaw.	31	3	17	14	4	17	Diarrhoea SUC	15	transferred to Monthly Mental Hosp.	Signed James Ramsden Capt. R.A.M.C. (D)
Monthly War Hospital Moorbury	14	17							A case of typical melancholia. He has hallucinations and delusions of unworthiness. He is an unsuitable case for military service.	Monthly War Hospital 9th Mo ay 1917. Signed Lewis C. Jones Major, R.A.M.C. officer in charge

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

Date	Brief details, and signature
4/7/16.	1 st Inoculation L.P.
11/4/16	2 nd " L.P.
16/8/16	Successful vaccination H.F.W.
7/10/16	3 rd Inoculation Para T. H.F.W.
6.10.16	Fit for Foreign Service A.F.W.
<p>Monthly Mess Nos. Monthly 9th May 1917.</p>	<p>Recommended by Medical Board for discharge as permanently unfit. Discharge approved.</p>
	<p>Signed Lewis C. Bruce. Major R.A.M.C. Officer in Charge.</p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Sessions

2472 Rogers Garland B. J 61

new address.

934 Mass. Ave.

Cambridge,
U. S. A.

Filed
as per.

December 4th. 1917.

Private Garland Rogers,
Twillingate.

Dear Sir,-

Kindly present yourself to Dr. I.
LeDrew, Twillingate, for re-examination, on
whatever date between December 10th. and 17th.
the Doctor notifies you to appear.

Yours faithfully,

Secretary.

JH/.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

December 4th., 1917

Capt. J. M. Howley,

Secty. Pensions & Disabilities Board.

2472 Pte. Garland Rodgers
Twillingate

Dear Sir:

The marginally noted man should report to
Dr. I. LeDrew, Twillingate, for re-examination, on
whatever date between December 10 th and 17th. the
Doctor notifies him to appear.

Yours faithfully,

Cluny Macpherson

Major, D. M. S.

24/12

BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Form to be signed by pensioner on receipt of pension and returned to the Secretary
of the Board

Received of *The Board of Pension Commissioners for Newfoundland*

the sum of Eight _____ ^{xx}/₁₀₀ Dollars,

being payment of pension or gratuity to Oct 11/18 \$ 8⁰⁰/₁₀₀

Date _____



Garland B. Rogers Signature of Pensioner

E. Humphries Signature of Witness

N.B.—This form must be signed, and returned immediately on receipt, otherwise your next payment may be delayed.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

December 19th., 1918

From:- D. M. S.
To:- B. P. C.

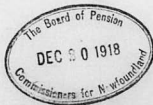
2472, Pte. Garland Rodgers
Twillingate.

The marginally noted man should report
to Dr. I. LeDrew, Twillingate, for re-examination,
on whatever date the Doctor notifies him to appear.

Cluny Macpherson

Major, D. M. S.

L.B.D.
Attention phase
C.D.



Dec. 20th 1918

Garland Rodgers, Esq.,

Twillingate.

Dear Sir:-

Kindly report to Mr. I. LeDrew, Twillingate, for re-examination, on whatever date he notifies you to appear.

Yours faithfully,

The Secretary,

THE BOARD OF EXAMINERS COMMISSIONERS FOR Nfld.

Per

CCG/LBB.

REGIMENTAL NO. 2472.

PENSION NO. 261.

NAME. GARLAND RODGERS

JULY 17TH, 1918.

Still has diarrhoea at times when he takes solid food, two or three stools per day.

DECEMBER 7TH, 1917.

Diarrhoea still present and pain in abdomen. Says he feels better.

JANUARY 24TH, 1918.

Only gets diarrhoea when eats meat. Pulse 76. Mental condition improving.

JULY 17TH, 1919

Condition improving. Has attacks of diarrhoea on eating much. Mental condition improving. States now alright.

DISABILITY:- ENTERITIS AND MENTAL TROUBLE

REGIMENTAL NO. 2472.

PENSION NO. 261.

NAME. GARLAND RODGERS

JULY 17TH. 1918.

Still has diarrhoea at times when he takes solid food, two or three stools per day.

DECEMBER 7TH. 1917.

Diarrhoea still present and pain in abdomen. Says he feels better.

JANUARY 24TH. 1918.

Only gets diarrhoea when eats meat. Pulse 76. Mental condition improving.

JULY 17TH. 1919

Condition improving. Has attacks of diarrhoea on eating much. Mental condition improving. States now alright.

DISABILITY:- ENTERITIS AND MENTAL TROUBLE

261.
Rogers Garland B.

$\frac{500}{250}$ from $8\frac{1}{2}$ to $10\frac{1}{2}$.
 $\frac{50}{2}$ - $11\frac{1}{2}$ - $31\frac{12}{2}$

.50

29.17

29.67

C.R. 2472

RECEIPT.

FOR ISSUE OF RIBBON OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Ribbon of British Victory Medal-1914-1919.

NO. 2472 NAME Garland B. Rogers,

DATE March 1st

PLACE Cambridge U.S.A.

Home address Killington

RECEIPT.

C.R. 2472

FOR ISSUE OF RIBBON OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Ribbon of British Victory Medal-1914-1919.

NO. 2472 NAME Garland B. Rogers
DATE March 1st
PLACE Cambridge Mass.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

SEP 23 1921.

The accompanying Victory Medal and/of British War Medal

is/are forwarded herewith to

Garland B. Rodgers

in respect of his service as No. 2472 Rank Pte.

Name G.B. Rodgers

Royal Nfld. Regt.
~~Middlesex Regiment~~

Receipt of the same should be acknowledged hereon.

Received Victory Medal and War Medal

Signature 2472 Garland B. Rodgers

Date October 3rd, 1921

Address 934 Mass Ave; Cambridge, Mass.

[P.T.O.]

Receipt for Army Book 64

No. ⁴² ~~2437~~ Name *G. Rodgers*

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

Name *Garland B. Rodgers 2472*

Date th *Aug 29/20*

Place *Cambridge Mass. U.S.A.*

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

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here

July 5th. 1921. 1919.

The accompanying King's Certificate, on his discharge,
(No. 885) is forwarded herewith to
Garland Rodgers.

in respect of his service as No. 2472 Rank Pvte

Name G. Rodgers. Corps Royal Wfld Regt.

Receipt of the same should be acknowledged hereon.

Received King's Certificate

Signature Garland B. Rodgers, 2472.

Date July 12th/21.

Address 934 Mass Ave; Cambridge Mass.

Casualty Form—Active Service.

Regimental Number **2472**
C.R.
1973

Rank **Pte** Regiment or Corps **21 Newfoundland Regt**
 Surname **Rodgers** Christian Name **Garland**
 Religion **C.P.E.** Age on Enlistment **21** years **4** months.
 Enlisted (a) **7/4/16** Terms of Service (a) **war** Service reckons from (a)
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B. 213, Army Form A. 84, 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. 84, or other official documents
			Embarked Southampton	11 OCT 1916	
			Disembarked ROUEN	2 OCT 1916	
		Joined Battalion		22 OCT 1916	
	88 La.	Adm. Branchitis trans 36 CCS		3/1/16	S.D. 5374
	MS. St George	Invalided to England on 5 th Jan 1916 Enteritis Catarrhal		14/1/16	W 3083
			J. A. Birchall for Officer i/c No. 1 Battalion General Headquarters		CAPTAIN.

(a) In the case of a man who has re-engaged for, or called into Section D, Army Reserve, particulars of such re-engagement or callistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.

Regimental Number **2472**
C.R.
1973

Rank **Cte** Regiment or Corps **21 Newfoundland Regt** Surname **Rodgers** Christian Name **Garland**
 Religion **C.P.E.** Age on Enlistment **21** years **4** months.
 Enlisted (a) **7/4/16** Terms of Service (a) **war** Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents
Date	From whom received			
		Embarked Southampton	11 OCT 1916	
		Disembarked ROUEN	12 OCT 1916	
		Joined Battalion	22 OCT 1916	
	88 Ia.	Adm. Bronchitis trans 36 C.C.S.	3/1/16	S.D. 5374
MS	St George	Invalided to England as 5 Gen Hosp Officer	14/11/16	w 308.3
		Enteritis Catarrhal		
		J. H. Bruchell		
		for Officer i/c No. 1 Detachment		
		General Headquarters		

(4) In the case of a man who has re-engaged for, or called into Section D, Army Reserve, particulars of such re-engagement or callistment will be entered.
 (5) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.

Copy

Regiment or Corps ^{2/1} NewfoundlandRegimental No. 2472 Rank Pte Name Garland RodgersEnlisted (a) 7-4-16 Terms of Service (a) War Service reckons from (a) _____Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (i) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 35, or other official documents.
Date	From whom received				
		Embarked Southampton		11-10-16	
		Disembkd Rouen		12-10-16	
		Joined Battalion		22-10-16	
	88 F.A.	Adm. Bronchitis Transf. 36 C.C.S.		3/11/16	S.D. 5374
	M.S. St. George	Invalided to England ex 5 Gen.		14/11-16	Rouen
		Enteritis Catarrhal			W: 3083
COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.F.S. No. <u>128054</u> 4 JUN 1917					
			Sgd. Jm. Burchell		Captain
			for O/C		No 1. Reg. Inf. Section
			G. H. 2.		3rd Echelon.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


W. P. Gelfink & Son Ltd., Printers, Old Bailey, E.C.
 (86) W 617/2124 1000s 4/10s 22 50

Forms
B. 121
22.

Regiment of 1st Newfoundland

Number of Sheets 1

Signature of O. C. Company Alford
Carr

Regimental Number and Name <u>2472 Rodgers G.</u>		Enlistment		Tests		Good Conduct Badges, Service Pay or Proficiency Pay	
Age on <u>21</u> years <u>4</u> months		Place and Date of Enlistment <u>St. Johns</u>		Religion <u>C of E.</u>			
Period of <u>3 1/2</u> years		with Colours <u>1 1/2</u> years		Place of Birth <u>Newfoundland</u>			
with Reserve <u>3 1/2</u> years							

Place	Date of Offence	Rank	Case of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	By whom awarded	REMARKS
<u>Racecourse</u>	<u>4.10.16</u>	<u>Pte</u>		<u>Dirty rifle</u>	<u>Sgt. Miffie</u>	<u>2 days C.B.</u>	<u>Capt. Bernard</u>	<u>S.D.</u>
				<u>Medically Unfit</u>	<u>11 1/4</u>			

COPY SENT TO
 O.C. H.Q.
 ST. JOHN'S, N.F.L.D.
 N.F.L.D. No. 285/54
 DATED 4 JUN 1917

To be carried over

Army Form B. 121.

HARVARD UNIVERSITY
DEPARTMENT OF PHYSICAL EDUCATION

2472

Cambridge, Massachusetts

Oct 14th/20

Militia Department
St. John's N. F.

Gentlemen: will you
kindly send all mail for me to 934 Mass. Ave,
Cambridge instead of to 39 Inman Street, as I
have changed my adress,

Yours sincerely,

Garland B. Rogers,

934 Mass; Ave
Cambridge. V. S. A.

Militia Department

St John's

Newfoundland.

Noted
7/ } Record
} Sessions
} Tax Office
} Court & Lib. Gen. Q

AB64 rec'd AM

Cambridge

Aug. 29th / 20

Dept. Militia
St. Johns

Gentlemen: enclosed
you will find receipt for Army
Book and also a receipt for
Ribband of Victory medal received
by me. I would be very grateful
to your department if you could
locate my kit bag which was
given in to the Quartermaster's store
when I left for France in 1916. It
contained several things which I
would like get as a reminder
of the Great War.

Thanking you for past favors

I am Respectfully yours

2472. Garland B. Rodger
39 Inman Street,
Cambridge, Mass

Ribbon posted
Oct 1st 1919

Cambridge V. S. A.

sep 23rd/19

Hon. A. E. Heckman,
Minister of militia,
St. John's.

C.R. 2472

Dear Sir, I

understand that the war ribbons
are now being issued to the
returned soldiers of the Royal
Newfoundland Regiment, and
I kindly ask you to please send
mine to me and if there is any
medal due to me to see that it
is sent to me, for reference,
my Regimental number is 2472
Name Garland B. Rogers. Private

29
enlisted April 7th 1916, discharged
July 11th 1917 served in France.
Other particulars together with these
can no doubt be found in the
Records, trusting that you will
send them at your earliest
convenience, Believe me
to be Sir, your obedient
servant Garland B. Rogers
39 Inman Street
Cambridge Mass
V. S. A.