



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5662 Name Thomas Verge Corps S.A.

Questions to be put to the Recruit before Enlistment

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Thomas Verge</u> |
| 2. What is your full Address? | 2. <u>Southern Home Grand</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Millman</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> |

I, Thomas Verge 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 by me to the above questions.

Thomas Verge SIGNATURE OF RECRUIT

Pete Power SIGNATURE OF WITNESS

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Verge 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 10 day of June 1915

P. Power Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915 } Approving Officer.
Place.....

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5662 Name Thomas Verge Corps S.I.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Thomas Verge
- 2. What is your full Address? 2. Southern Arm Lane B
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 21 Years Months
- 5. What is your Trade or Calling? 5. Millman
- 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, Thomas Verge 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 hereinafter made.

Thomas Verge SIGNATURE OF RECRUIT

Pte. Power Signature of Witness

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Verge 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 answered 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 15 day of June 1915.

Brooks Lieut Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191.....

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 services, 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

5662.

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

Name Thomas Gerge
 Apparent age 21 years 0 months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frederick Gerge
Southern Arm | Relationship Brother
Green B. Particulars as to Marriage

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

(a)	(b)	(c)	(d)
-----	-----	-----	-----

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	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>10-6-18</u>									
Joined at <u>St. Louis</u> on <u>June 10-1918</u>									
<u>Discharged St. Louis. Nov. 30/1918.</u>									
<u>Embarked at St. Louis S.S. Columbia to Halifax N.S. 22.7.18</u>									
<u>Boarded at Hazelton Camp. Near Hazelton. Mentally deficient 15 9/16</u>									
<u>To hospital for discharge 16-10-18</u>									
<u>Arrived hospital 3-11-18</u>									
<u>Discharged hospital 30 7/8</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-11-1918 (date of discharge) 17 1/4 years 174 days
 " " Pensions " " " " " " " " " " " "

C.R.

5762

Extract from Daily Orders, Part 11, UNFIT: The Royal Newfoundland Regiment, dated Dec. 10th. 1918.

STRENGTH. DECREASES.

5662 Pte. Thos. Verge.

Having been found Medically Unfit is Discharged from ³⁰~~28~~/11/18.

C.R. 5662

15554/1514/R. & G.

Chief paymaster & O. i/c Records
Newfoundland Contingent
London. S. W. 1.

Vice.

Officer Commanding,
3/Bn. R. Field., Regt.
Bazely Down Camp,
Winchester, Hants.

Versa/

Ray & Record Office.

Sept. 27th 1918.

26 September 8

REPATRIATION DRAFT NO. 74

With regard to the draft which
embarked 23/9/18 it is observed
that.

- 4171 Pte. E. Lee
- 5561 Pte. D.R. McDonald
- 5662 Pte. T. Verge/

did not proceed. Will you
Please say why and if it
is still your intention to
repatriate them.

Through an oversight
Lee and Verge were
not warned to proceed
with repatriation
draft No. 74, they
will proceed with
the next draft.

Pte. McDonald is
now for repatria-
tion.

Sgd. J.W. MARCH.
Major for
Lieut. Col.,

Major.

(In. Ref. No. 8487)

Chief Paymaster & O. i/c Records.

copy

C.R. 5662

Abstract from Telegram to Military: St. John's, dated October 17th., 1918.

Being sent here for discharge.

5662 Verge.

C.R. 5662

Extract from Medical Board Held on Saturday Nov. 16th,
1918.

5662 Pte. T. Verge.

Recommended Discharge-Permanently Unfit.

MM.

C.R. 5662

Extract from daily Orders part 11, Depot. St. Johns
dated Nov. 14th., 1918.

The undermentioned returned from Overseas and reported
at depot. 8/11/1918.

5662 T. Verge.

BC.

C.R.

5662

Extract from Nominal Roll of Repatriation Draft Embarked
for Newfoundland 16-10-18.

DISCHARGED UNDER A.F. B.179.

5662 Verge, T.

MM.

C.R. 5662

Extract from Daily Ord no part 11, from Unit The Royal
Nfld. Regt. St John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5662 Pte. Thomas Verge.

C.R. 5662

Extract from Daily Orders Part 11, from Unit, The Royal Nfld.,
Regiment, St. John's, dated June 11th 1918.

5662, Pte. Thomas Verge.

Attested for General Service with The Royal Nfld. Regt.,

10/6/18.

V. Verge

C.R. 5662

~~1110~~

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. 5662 Army Rank Private

Name George Thomas
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. *Description at the time of discharge.*

Age 21 years _____ months

Height _____ feet _____ inches

Chest measure-
ment { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Intended place of residence (To be given as fully as practicable) _____

Descriptive marks.

COPIES SENT		
To	No.	DATE
M. of M.	<u>15247/102</u>	<u>18 SEP 1918</u>
O.C. 1st. BN.		
" 2ND BN.		
		<u>23 SEP 1918</u>

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

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

3. Military character:— _____

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

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* _____

* Strike out if not applicable.

[OVER.]

Medical Report on an Invalid.

Station 1st Div. Inf.
 Date 10-5-18

- 1. Unit Regt. W. 1st.
- 2. Regimental No. 5662
- 3. Rank Pvt.
- 4. Name VERGE Thomas.
- 5. Age last birthday 27 yrs.
- 6. Enlisted { on 10 Jan 1918
 at S. 50th St. N.Y.

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

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question 11.)

Mental Deficiency

To	No.	DATE
M. OF M.	<u>15292/101</u>	<u>23 SEP 1918</u>
O.C. 1ST. BN.		
O.C. 2ND BN.		

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. ?
- 10. Place of origin of disability. ?
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Just after joining depot Company officer finding he could not make an official order got him forwarded him for medical examination. He has continuously reported sick with vague pains in abdomen, legs, back and head. and has been put in hospital for legs etc.

Condition existed prior to enlistment and has thus not been aggravated by military service.

Constitutional

Na.

*His face presents a stupor, loss of
 typified one of very low order of intelligence.
 He has a convergent squint, vision
 too poor to shoot.
 unfit for any military service.*

13. What is his present condition?
 Weight should be given in all cases when
 it is likely to afford evidence of the
 progress of the disability.

14. If the disability is an injury, was it
 caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

na.

15. Was a Court of Inquiry held on the
 injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

na.

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

na.

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

na.

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?

na.

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

na.

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

*Discharge as permanently unfit
 for any military service.
 W. H. C. P. C.*

 Officer in medical charge of case.

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

Station _____

 Officer in charge of Hospital.

Date _____

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

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

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

MEDICAL HISTORY

OF

Surname

J. Juge

Christian Name

J. Juge

Table I.—GENERAL TABLE.

Birthplace:—Parish

Southern Arm N.S.B.

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on *10th* day of *June* 191*8*. on day of 191

at *Sydney*. at

Declared Age... *21* years days years days

Trade or Occupation... *Millman*

Height... *5* feet *4 1/4* inches feet inches

Weight... *121* lbs. lbs.

Chest Measurement { Girth when fully expanded... *34* inches inches
Range of Expansion... *3* inches inches

Physical Development... Right Left Right Left

Vaccination Marks { Arm...
Number...

Right	Left	Right	Left
<i>/</i>	<i>/</i>		

When Vaccinated

Vision

R.E. - V = 4/6 6/12
L.E. - V =

R.E. - V = COPIES SENT

L.E. - V =	To	No.	DATE
	M. OF M.	<i>1524/154</i>	<i>1918</i>
	CH. 1ST. CH.		<i>23 SEP 1918</i>
	2ND. LN.		

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

Lamm & Peterson

(Rank)

Major

Medical Officer.

Medical Officer.

Enlisted

at *Sydney*

on *10th* day of *June* 191*8*

at day of 191

Corps

Regtl. No.

Corps

Regtl. No.

Joined on Enlistment...

Royal Newfoundland Regiment

5662

Transferred to...

Became non-effective by

on day of 191

on day of 191

(Signature)

(Rank)

LAST PAY CERTIFICATE

OFFICE COPY N.F.P. 94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 5662 Rank Pte Name Verge J. Unit NEWFOUNDLAND REGT. who was Transferred
to Newfoundland on 16/10/18 Authority D.O. Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	s	d	CR.	£	s	d
PERIOD: From <u>28/9/18</u> To <u>15/10/18</u>	Balance Dr. from <u>28/9/18 - 16/10/18</u>				Balance Cr. from <u>28/9/18 - 16/10/18</u>	118	00	
	Allotment 18 days @ 50	19	00	11	Pay 18 days @ \$ 1.00			
	Cash Payments: <u>5/10/18</u> <u>15/10/18</u>			15	Field Allowance 18 days @ \$ -104	11	80	
				15	Other Allowances days @ \$			
	Other Debits: <u>Barrack Damages</u> <u>Laundry</u> <u>Post</u> <u>Stamps</u> <u>Supplies</u>				Other Credits:			
				6				
				2				
				5				
	Total Debits				Total Credits			
	Balance due by Paymaster	9	00	13	Balance due to Paymaster	19	80	14
			1				14	
			11				1	
			6				4	
			14				1	
			1				4	

COPIES SENT		DATE
TO		
M. OF M.	<u>W.P.</u>	<u>30-10-18</u>
O.C. 1ST. DIV.	<u>16854/550/124</u>	
.. 2ND. DIV.		

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

10 Coy 16. 10. 1918
(Place 10 Coy DOWN NAME) (Date)

Made up/checked in accordance with information received in the Pay & Record Office 10 Coy to 10 Coy
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

MORNING SICK REPORT

MEDICAL INSPECTION REPORT*

{ Squadron,
Battery, or
Company.

Unit 2nd Bn R N Yld

Station Hughes Park Date 19-8-18

Regtl. No. 5662 Rank Pli

Name George Thomas
(Christian Name in full; Surname first)

Married? _____ Religion _____

Completed years of Age 21 Service 4/12

If for duty † _____

Whether a defaulter _____

Lines or barracks _____ Room _____

Disease defect vision

Disposal—Medical Officer's Remarks and Signature—

The Oculist Winchester

[Signature]
Orderly
N.C.O.

* Strike out whichever is not applicable
† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "Joining the station," &c., should be stated against their names.

From : Ophthalmic Surgeon. Central Military Hospital

To : Medical Officer in Charge 2nd Bath. R. Hfld.

Hazely Down

Aug. 20th 1918.

" REPORT OF VISION "

No. 5662 Pte Berge J......

Has V.A. R.E. $\frac{6}{36}$

R.E. $\frac{6}{36}$

" " L.E. H/M only

With correct-
ing lenses.

L.E. H/M only.

Glasses not indicated.

L.E. Amblyopia ex anopsia. convergent Squint.

Robert Lockhart
.....
Capt. M.C. USA.
~~R.M.C.~~
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's
Medical History Sheet for future reference please.

Verge, Mos

5662

Hay Sept.

COPY.

4700

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]



Proceedings on Discharge

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

No. 5662 Army Rank Private

Name Vege Thomas
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge November 30/1918.

Place of discharge St. John's. Nfld.

1. Description at the time of discharge.

Age <u>21</u> years <u>2</u> months	Descriptive marks.
Height <u>5</u> feet <u>5</u> inches	
Chest measure - { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>dark</u>	
Eyes <u>brown</u>	
Hair <u>black</u>	
Trade <u>Millman</u>	
Intended place of residence (To be given as fully as practicable) <u>Rattle Bay, N.S.B.</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer medically fit for war service

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

3. Military character :-

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

To be filled in on the soldier quitting the Colours.

December 16th. 1918.

Private Thos. Verge,
Little Bay, N.D.B.,
Newfoundland.

Dear Sir,-

I beg to enclose herewith Certificate of Discharge, dated November 30th. 1918.

I also enclose Civilian Clothing Guarantee, which kindly fall out and return to this Office, on receipt of which we will forward you a cheque for \$60.00 Clothing Allowance.

Yours faithfully

Capt. & Paymaster &
Officer i/c Records.

J/H.

Certificate to be signed by 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 January 24th 1919 Sig. of Soldier

W. Bergt his
X

Place Little Bay Sig. of Witness

J. H. Wells
Supervising Magistrate

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 5662 Rank Private Name Thos. Verge

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance

to the amount of \$ 60⁰⁰/₁₀₀

Date January 24th 1919

Little Bay N.S.B.

Thos. Verge his

Signature of Soldier

W. J. [unclear]

Signature of Witness

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. **5662** Rank. **Private** Name **Thos. Verge**
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within **14** days from date, in consideration of being issued with clothing allowance to the amount of \$ **60.00**

Date

January 24th 1919

[Handwritten signature]

[Handwritten signature]

Signature of Soldier

Signature of Witness

DEPARTMENT OF MILITIA

PAY DEPARTMENT

CERTIFICATE OF PAY ON DISCHARGE.

No. 5662 Rank Pl. Name Verge-Y.

Balance of Pay to date Nov 30/18 \$ 15.39

~~Bonus of one weeks Pay~~ _____

Clothing Allowance _____

Total 60.00

\$ 75.39

Date _____

Paymaster & Officer i/c Records.

Medical Report on an Invalid.Station Haseley Down CampDate 15 - 9 - 18.

1. Unit **ROYAL NEWFOUNDLAND**
2. Regimental No. **5662**
3. Rank **Pte.**
4. Name **VERGE, THOMAS**
5. Age last birthday **21 years**
6. Enlisted { **on June 10th '18.**
at St. John's, Nfld.
7. Former Trade }
or Occupation } **Millman**
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge. **N.A.**

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***MENTAL DEFICIENCY**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. ?
10. Place of origin of disability. ?
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Just after joining Depot, Company officer finding that he could not make an efficient soldier of this man, paraded him for medical exam. He has continuously reported sick with vague pains in abdomen, legs, back, and head, and has been put on permanent light duty.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- Condition existed prior to enlistment, and has thus not been aggravated by Military Service.**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- Constitutional.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- N.A.**

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.

His face presents a stupid look, and testifies one of very low order of intelligence. He has convergent squint. Vision too poor to meet. Unfit for any Military Service.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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

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

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

20. Do you recommend—

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

Discharge as Permanently Unfit for any Military Service.

J. St.P. Knight. Capt. 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 _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

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

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

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

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

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

**Has no complaints now of pains.
Only complains of his sight.**

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

No, same now as always has been.

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

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

23. Is the disability permanent?

Yes

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

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

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

Nil

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

27. Do the Board recommend—

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

Yes

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

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

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

Signatures:—

N. S. FRASER

President.

Station St. John's

J. S. TAIT

Members.

Date Nov. 16th '18.

L. PATERSON, Major

Approved

Station

(Sig) CLUNY MACPHERSON, Major.

Administrative Medical Officer.

Date

No.

D. M. S. NEWFOUNDLAND.



LAST PAY CERTIFICATE

N.F.P./94

DUPLICATE MAIL COPY

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

Regtl No. 262 Rank Pte Name Verge 7 Unit ROYAL NEWFOUNDLAND REGT. who was Transferred to Newfoundland on 16/10/18 Authority do Cause Repatriation

STATEMENT OF ACCOUNT

DR.		PARTICULARS					CR.						
		£	¢	£	s	d	PARTICULARS						
PERIOD: From 28.9.18 to 15.10.18	Balance Dr. from 29/9/18 - 16/10/18						Balance Cr. from 29/9/18 - 16/10/18						
	Allotment 18 days @ 50	9	00	1	16	11	Pay 18 days @ \$1.00	1	18	00			
	Cash Payments: 5/10/18				15	0	Field Allow 10 days @ \$-10	1	1	80	4	1	4
	12/10/18				15	0	Other Allowes days @ \$						
	Other Debits: Barrack Manager Laundry Shoppings Books Barber					6	Other Credits:						
					2	5							
Total Debits							Total Credits	19	80				
Balance due by Paymaster	9	00	3	9	10	6	Balance due to Paymaster						
				4	1	4							

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

(Place) Down Camp (Date) 16.10.1918 1918

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/10/18 Company 1st

Pay & Record Office, London,

28 OCT 1918 191

W. Perry Captain
O.C. " " Company

Chief Paymaster & Officer i/c Records.



LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

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

Regtl No. 5662 Rank Pte Name Serge J Unit 4/14th Regt who was Transferred
to Newfoundland on 16/10/18 Authority W.O. Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.			
		£	s	d	£	s	d	
PERIOD: From 28/9/18 to 15/10/18	Balance Dr. from 29/9/18 - 16/10/18				Balance Cr. from 28/9/18 - 16/10/18			
	Allotment 18 days @ 50¢	19	00	11 16 11	Pay 18 days @ \$1.00	18	00	
	Cash Payments: 5/10/18 12/10/18			15 0 15 0	Field Allowance 18 days @ \$1.00	18	00	
	Other Debits: Barrack Damages Laundry - Boots Market Stoppage			6 2 5	Other Allowances days @ \$			
	Total Debits			13 9 10	Other Credits:			
	Balance due by Paymaster			1 11 6	Total Credits			14 1 4
				14 1 4	Balance due to Paymaster	19	80	14 1 4

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

W.P. Coy
28/9/18 to 16/10/18
(Place) (Date)

191
16/10/18

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
28 OCT 1918 191

W.P. Coy Capt.
O.C. "A" Company.
A.D. [Signature]
Chief Paymaster & Officer i/c Records.



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 *Verge, Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5662*
 Intended address *Little Bay, N. S. B.*
 Height on discharge *5* Feet *5"*
 Color of hair on discharge *Black*
 Complexion *Tan*
 Color of eyes *Brown*
 Descriptive Marks *-*
 Figure on discharge *medium*
 Christian name of Father *-*
 Christian name of Mother *-*
 Wife's maiden name in full *-*
 Date and place of marriage *-*
 Christian names of children *-*
 Place and date of soldier's birth. *Little Bay, Sept. 20 1897.*
 Nature and locality of civil employment required

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

(Soldier's signature in full)

Thomas X Verge
his mark

(Rank) *Pte*

Station

St. John's

Date

Nov. 14

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

Station

St. John's Nfld.

Date

Nov. 14 /18.

COPY

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

MEDICAL HISTORY of

Surname Verge Christian Name Thomas

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Southern Arm County Newfoundland

Examined ... (on 10th day of June 1918.
at St John's)

Declared Age ... 21 years ... days.

Trade or Occupation ... Millman

Height ... 5 feet, 4 1/4 inches.

Weight ... 121 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... R.E.-V = 6/6
L.E.-V = 7/12

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Col Lamont Paterson
(Rank) Major Medical Officer.



Enlisted ... at St John's
on 10th day of June 1918.

Corps.	Regt. No.
ROYAL NEWFOUNDLAND REGIMENT.	5662

Became non-effective by
on _____ day of _____ 1918.

(Signature) _____
(Rank) _____



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Verge, Regl. No. 5662.

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

Allotment begins August, 1st/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4576	Brother	Frederick Verge	Southern Arm, Green Bay.	50 ^c
Total Allotment, \$				50 ^c

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

(Sig.) K. James JH
Officer Commanding
F Company
St John's
July 2nd, 1918.

(Sig.) Thomas^{his} Verge^{mark}
(Rank) Pte.

Witness
4783 V. L. Randell.

5662 Pte. J. Verge

C. Clothing

ch. 6498

\$60⁰⁰/₁



C.R. 5662

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *James + Mary*
Wark

Date *Dec. 17/19*

Place *Little Bay*

Witness *J. Mills S. M.*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5662 Hqs. Verge</i>	Age on	<i>21</i> years <i>0</i> months	<i>L A</i>	
Joined	Date	Place and Date of Enlistment	<i>10/6/18</i> <i>St John</i>	Religion	
Joined	Date			<i>Methodist</i>	
Joined	Date	Period of	} with Colours <i>17 1/2</i> years. } with Reserve <i>3 1/2</i> years.	Place of Birth	
Joined	Date			<i>Southern Arm 9 B</i>	

Place	Date of Offence	Rank	CHARGES OF DISCIPLINARY BUSINESS	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Medically Unfit</i>	<i>St John's</i>	<i>30th 11/18</i>			



To be carried over.



D.5662

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Dec. 7th. 1918 191

Officer Commanding.

Headquarters.

The under-mentioned men have been discharged on the dates given. Kindly note and post in Daily Orders, Part II.

I have the Honour to be,
Sir,
Your obedient Servant.

Sgd.J.M.Howley.
Capt.
Paymaster & O. i/c Records.

4202.	Pte.	Wellon, Stewart	Nov. 29th. 1918.	Med. Unfit.
3235.	Lt.	Pike, Thos.	do	do
4123.	Pte.	LeDrew, Edward J.	do	do
5555.	"	Langdon, Chas.	do d	do
5395.	"	Coleman, Bartholomew	do	do
4200.	"	Stickland, James	do	do
4265.	"	Morris, Willis.H.	EM 30th	do
5662.	"	Verge, Thos.	do	do
5641.	"	Sooley, John.	Do	do.

Reg. No. 5662 Rank Pte Name Verge P.

Attested..... Address.....

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas..... Cause Discharge

16-11-18 See Dis - Permanently unfit

17-11-18

DISCHARGED MEDICALLY UNFIT

Nov. 18th, 1918

From Officer Commanding
Depot

To Paymaster and Officer i/c Records
Militia Department

5662 Pte. T. Verge
5499 " J. Weir
4171 " E. Lee

The marginally noted men have been recommend-
ed for discharge as permanently unfit by Medical
Board held on Saturday, November 16th.

I am sending them herewith for your attention
and necessary action, please.

AWC