



1st FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4424 Name Webber Geo. Corps Malt

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Geo. Webber
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 3 Months
5. What is your Trade or Calling? 5. clerk
6. Are you Married? 6. no.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no.
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Geo. Webber 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.

A. Geo. Webber SIGNATURE OF RECRUIT.
Frank C. Turner Signature of Witness.

15.4.18.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. Webber 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 15 day of April 1918.

Signature of Attesting Officer Wm. Churchill 2/17

†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 Apr. 15 1918 } Approving Officer.
Place St. John's }

† 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.

Name George W. Weber
 Apparent age 21 years 3 months. Height 5 feet 8 inches
 Chest measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Caroline Weber
Hendry Place | Relationship Mother

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

| 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>15-4-18</u> | | | | | | | | | Lt Col. 9-9-18. Capt. 18-11-18. Con. Capt. 22-4-19. Surg. 19-5-19. |
| Joined at <u>St. John's</u> <u>Port</u> <u>15-1918</u> | | | | | | | | | |
| <u>Discharged August 15/1919</u> | | | | | | | | | |
| Embarked St. John's train to Halifax N.S. 11-6-18. | | | | | | | | | |
| Left Newfoundland for demobilization 24-6-19. | | | | | | | | | |
| Arrived Newfoundland 11-7-1919 | | | | | | | | | |
| Active service: Demobilization St. John's 15-1919 | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 15-8-19 [date of discharge] 1 years 123 days
 " " Pensions " [" "] " " "

C.I. 4429

Extract from Daily Orders Part II Royal Newfoundland Regiment,
Dated October 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
15/8/19.

4429, G. Webber.

C.R. 4429

Extract from daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 9th 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot from noted date
1-8-19.

4429, Sgt. Webber, Geo.

C.R. 4429

Extract from Daily Orders Printed Under the Royal Writ.

Regt. St. John's, July 24th 1919.

4429 Sgt. G. Webber.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow Jano 24th, 1919.

C.R. 4429

Extract from Orders by Lt. Col. E. J. Barton, D.S.O.

COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19.

The undermentioned F.C.O. is confirmed in rank as from

22/4/19.

4429, L/C. (A/Cpl.) G. Webberr

as Corporal.

C.R. 4429

Extract of ORDERS BY LT. COL. P.J. PARTON, D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,
20/11/18.

4429 L/C. J. Wobbor.

"C" Co'y to be Acting Corporal.

C.R. 4429

Extract from Orders, Part 11, by Lt. Col., B.J. Barton, D.S.O.,
Commanding 2nd Bn. Royal Newfoundland Regiment, dated 9/9/18.

The following to be Lance Corporal :

4429 Pte. J. Webber.

C.R. 4429

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 18, 1918

#4429 Pte. George Webber.

Proceeded overseas with Draft 11-6-18

C.R. 4429

Extract from Daily Orders part 11, from Unit the Royal
Newfoundland Regiment, dated April 16, 1918.

#4429 Pte. G. Webber.

Attended for General Service with the Royal Newfoundland
Regiment 15/4/18. ~~Adapted 1/5/18~~

H. Debbes

C.R.

4429

Handwritten signature or initials, possibly "H. Debbes", with a long horizontal stroke extending to the right.

11

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *4429* 3. Rank. *Cpl*
4. Name *Wheeler* *George*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on at
- in category (or grade)
8. If the disability is an injury was it caused
 - (a) in action (b) on field service
 - (c) on duty (d) off duty ?
7. Former Trade or Occupation } *Clerk*
- 7a. If the soldier claims previous service in Army, he should state—
 - (a) Former Regts. or Corps ; with Regtl. Nos.
 - (b) Date of Discharge ;
 - (c) Cause of Discharge.
 - (d) Particulars of Pension or Gratuity (if any)
9. If a Court of Inquiry was held on an injury state :—
 - (a) When
 - (b) Where
 - (c) Opinion of Court

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

Statement of Case.

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

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

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

nil
nil
nil

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

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

He complains of no disability

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

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

O. T. Proenier. Capt. Ranc

Station *Hazeley Down*

Medical Officer in charge of case.

Date *10/4/19*

* 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

No. 15900/1690.

N.F.P./79.

NEW FOUNDLAND CONTINGENT



From:

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

To:

Officer Commanding,
2nd. Bn. Royal Nfld. Rgt.,

Winchester.

October 3rd, 1918

Subject: 4429, L/C.G. Webber.

With reference to the following telegram (3486) from the Hon. Minister of Militia, received

"Pay to 4429, L/C.G. Webber, £2.1.0.

Draft £2.1.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. Mansel
Chief Paymaster & O. i/c Records.

Witness

[Signature]

Oct. 3rd 1918

Receipt hereunder.

J. J. Barter LIEUT. COLONEL,
OFFICER COMMANDING, BATT'N
ROYAL NEWFOUNDLAND REGIMENT

Received the sum of £2.1.0

Two pounds one on account of
Shilling
cable remittance from Newfoundland.

J. Webber
No. 4429 Rank L/Camp

To:- The Chief Paymaster..
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

| Regtl. No. | Rank | Name | Amount | Signature |
|------------|------|----------|--------|-----------|
| 4429 | Lt | Webber G | £5.50 | G. Webber |

I have the honour to be, Sir,
Your obedient servant.

Date

July 1/18

G. Webber

Webber, Leo

4429

Ray Sept.

Sept 3, 1919

#4429 Sgt. George Webber,
Harbor Grace.

Dear Sir:-

Please find enclosed Discharge Certificate #3814.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4429 Rank Sgt Name Webber Geo
 Intended place of residence 4th Grace

2. Occupation clerk
 Classification of soldier E Medical Category A-1

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date AUG 1 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date AUG 1 1919
 Signature of soldier Geo Webber
 Signature of witness J. H. Newcomb

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date AUG 1 1919
 Signature of soldier George Webber
 Signature of witness J. H. Newcomb SA

STATEMENT OF SERVICE

7. Enlisted for service 15-4-18 No. of days on Military
 Discharged from service 1-8-19 Plus 14 days Service 488

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date AUG 1 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 8 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

16
31
30
31
15
123

2079/2814

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 1-8-19

Regimental No. 4429

Name Webber, Geo.

Address Hr. Grace

Present Medical Category A1

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

L. R. COOPER, CAPT,

O.C. Discharge Depot.

(sgnd) L. Paterson

Members of Board

Senior Medical Officer

" F. W. Burden

M.O. Depot

Military Service: 488 days

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 1-8-19

Regimental No. 4429

Name Webber, Geo.

Address Hr. Grace

Present Medical Category A1

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

L. R. COOPER, CAPT,

O.C. Discharge Depot.

(sgnd) **L. Paterson**

Members of Board

Senior Medical Officer

" **F. W. Burden**

M.O. Depot

Military Service: 488 days

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

1.8.19

Regimental No.

4429

Name

Webber Geo

Address

76 St. George

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) ~~Sancting Medical Board~~

Members of Board

R.H. Last Major
O.C. Discharge Depot.

Adams
Senior Medical Officer

Geo. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 129 Rank Sergeant Name John Edward Lynn
 Date of Enlistment 15-1-18 Address St George District St George
 Occupation Clark Classification for Discharge Ty Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 1-8-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60
 (b) Clothing Supplied J. H. Linnell

Date 1-8-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 2534* to his home
 at *Per Ymuel* and Release Certificate No. *3782* issued.

Date *1-8-19* *J. H. Summelf*
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *15-8-19*

Date *1-8-19* *J. H. Summelf*
 Depot Paymaster.

Discharge approved for *1-8-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *1-8-19* *J. H. Summelf*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *AUG 1 1919* *L. R. COOPER, CAPT,*
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To go to Sea

George Walker

Signature of Man.

Reg. No.

4429

J. H. Crawford
Signature of the Vocational Officer or his Representative.

Place

At Johns

Date

1-8 1919

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

MEDICAL HISTORY

Surname Webber OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George County Newfoundland

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|------------------------------------|------------------------------------|---------------|------------------|
| | on | at | on | at |
| Examined | 15 th day of April 1918 | St Johns | day of | 191 |
| Declared Age | 21 years | days | years | days |
| Trade or Occupation | Glen | | | |
| Height | 5 feet 8 inches | | feet | inches |
| Weight | 135 lbs. | | | lbs. |
| Chest Measurement | Girth when fully expanded... | 35 inches | | inches |
| | Range of Expansion... | 3 inches | | inches |
| Physical Development | Right | Left | Right | Left |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R. E.—V= | 6/6 | R. E.—V= | |
| | L. E.—V= | 6/6 | L. E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | L. J. Paterson | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | St Johns | at | |
| | on | 15 th day of April 1918 | on | day of 191 |
| Joined on Enlistment | Corps. | The Royal Newfoundland | Corps. | Regtl. No. |
| | | 4429 | | |
| Transferred to | | | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| [Signature] | | | | |
| [Rank] | | | | |



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 *Webber, George*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4429*

Intended address *H. Grace*

Height on discharge *5* Feet *8.*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother *Caroline*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *H. Grace 24-1-1897*

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) *George Webber.*

Serjt.
(Rank)

Station **ST. JOHN'S.**

Date *17-7-19*

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

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

Date



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

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

1. Unit and Corps *Royal Newfoundland Regt.* 7. Former Trade or Occupation } *Clerk*
2. Regtl. No. *4429* 3. Rank *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Webber* *George* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *22*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war ✓
 - (ii.) Previous active service. ✓
 - (iii.) Climate in pre-war service ✓
 - (iv.) Ordinary military service before the war ✓
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No Complaints of no Disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit ?
 - (b) Change to United Kingdom ?

Reputation

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

W.S. Procurier Capt. Name

Station *Hemel Hempstead*

Medical Officer in charge of case.

Date *10/14/19*

* 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.

Oct.14,1919

#4429 Sgt.George Webber,
Harbor Grace.

Dear Sir:-

Referring to your application I enclose two
cheques for Seventy dollars (\$70.00) respectively,
being amount of first and second payments due you on
account of War Service Gratuity.

Yours truly

Major
Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th. 1918.

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

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

- 1. Christian name..... *George*..... 2. Surname..... *Webber*.....
- 3. Rank..... *Sergeant*..... 4. Regtl. No..... *4429*.....
- 5. Address in full to which future payments of gratuity are to be forwarded..... *St. Grace, C.B.*.....
- 6. Date of enlistment in the Regiment..... *Apr 15/18*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- 8. Relationship of such dependents.....
- 9. Address in full of such dependents.....
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
- 11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Overseas*.....
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Apr 15/18 to August 7/19*..... 1.3.....

7603
12966

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

No

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

No

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

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

No

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

No

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

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

Aug. 21/19
Temporary

Re-mobilization

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.

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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

Signature of Applicant: *George Webber.*
 Place of Residence: *St. Francis, C. B.*
 Declared before me at: *St. John's, nfld.*
 This *2nd* day of *August* 19*17*.....
John M. McCarthy

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

| POST DISCHARGE PAY. | | | | Net amount |
|---------------------|------------------|--------------------|--------------------------|------------|
| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | due |
| | | | | |
| | | | | |
| | | | | |
| Certified correct. | | | | Paymaster |

St Grace
Oct 11th 1919

Hon A. E. Hickman, Minister of Militia.

Sir.

I am sorry to have to write you again. This time I want an explanation as to why I have not received any Gratuity money?

I left St John June 15th 1918 for England and returned July 1st 1919 and discharged August 15th and have received no Gratuity up to the present time other than enlisted, embarked, and returned when I did have received three payments - as this is the second time I have written I would like an explanation or informed to whom I may get the same

Trusting that the matter may be looked up and rectified

Yours
? Received

obediently yours

(Ex Sgnt) George Wetter

St Grace East.

4429

Sent [Signature]

Belle Island
Sept 26th / 19.

600

Hon A. E. Hickman

Minister of Militia

Sir, I have been discharged
since 15th of August and have not
received any gratuity money yet.
My home is at Harbor Grace I
was there on Sunday last and
found that no money had come
for me up till then

would you kindly let me ^{know} the
reason I have not received any
and oblige yours obediently

4429 ~~C.~~ Sergt George Webber
Wabana Mines

Belle Island.

Sept 3 to May 7000
Oct 3 7000

sent ~~to~~



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

OCT 20 1921

1921.

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

is/are forwarded herewith to

George Webberin respect of his service as No. 4429 Rank A/Cpl.Name G. WebberRoyal Nfld. Regt.~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received British War Medal.Signature Geo WebberDate Oct 22nd 1921Address Mr Grace

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Nfld

Number of Sheets 1
Signature of O. C. Company J. James Kent

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | |
|----------------------------|------------|--|---------------------------------|-------------------|--|--|--|
| No. | <u>179</u> | Age on | <u>21</u> years <u>—</u> months | <u>Clerk</u> | Promoted to Lt. <u>9.9.18</u> Acting Corporal. <u>20-11-18.</u> Confirmed Corporal. <u>20-4-19.</u> Acting Sergeant. <u>19-5-19</u> | | |
| Joined _____ Date _____ | | Place and Date of Enlistment. | <u>St. John's</u> | Religion | | | |
| Joined _____ Date _____ | | Period of } with Colours <u>12 1/2</u> years. with Reserve <u>36 1/2</u> years. | | Place of Birth | | | |
| Joined _____ Date _____ | | | | <u>St. John's</u> | | | |

| Place | Date of Offence | Rank | Cases of Drunkenness. | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|-----------------------|---|--------------------|--|---|-----------------|---------|
| | | | | <div style="font-size: 2em; font-family: cursive;">Demobilized</div> <div style="font-size: 1.5em; font-family: cursive;">St. John's.</div> | | <div style="font-size: 1.5em; font-family: cursive;">15/6/19</div> | | | |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

D 4479

DEMOBILIZATION OF

Reg. No. 4479 Rank Private Name George Wabber
 Date of Enlistment 15-11-18 Address St George District St George
 Occupation Clerk Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 1-8-19 O. C. Discharge Depot. Wabber

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

George Wabber

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$100
 (b) Clothing Supplied Wabber

Date 1-8-19 O i/c. Re-clothing.

Reg. No. *4429* Rank *Sgt* Name *Webber, G.*
Attested Address *St Grace*
Allotment..... Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S. *Cassandra* Cause *Sickness*

1-8-19

PASSED TO DEMOBILIZATION OFFICER

1-8-19

DISCHARGE APPROVED ON DEMOBILISATION