



AJ

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5423* Name *Albert Wells* Corps *Medic*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <i>Albert Wells,</i> |
| 2. What is your full Address? | 2. <i>Swan Isd.;</i> |
| 3. Are you a British Subject? | 3. <i>Yes.</i> |
| 4. What is your age? | 4. <i>27</i> Years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Fisherman</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes.</i> |

I, *Albert Wells* 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.

24/5/18 *Albert Wells* SIGNATURE OF RECRUIT.
Pte. Power Signature of Witness.

Albert Wells 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 conveyed 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 *24* day of *May* 191*8*.

Signature of Attesting Officer *Es. Dicks Lieut.*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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*8* } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

5423

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

Name Albert Wells
 Apparent age 24 years _____ months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Swan Isld., Zephaniah Wells,
 | Relationship Father.
Twillingate Dist. 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 L'epot	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 total engagement reckons from <u>24-5-18</u>									
Joined at <u>Mt. Hias</u> on <u>May 24-1918</u>									
<u>Discharged August 7/1919</u>									
<u>Embarked Mt. Hias, S.S. Columbus to Halifax N.S. 22-7-18.</u>									
<u>to RFL for demobilization 24-6-19.</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization Mt. Hias 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge)					<u>1</u> years	<u>76</u> days			
Pension " " " " " " " " " " " "									

C.R. 5423

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.
St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 7-8-19.

5423 Pte. A. Wells.

C.R. 5423

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-7-19.

5423 Pte. A. Wells.

C.R. 5423

Extract from Daily Orders Part VI Unit The Royal Field Artillery
St. John's, July 3rd 1919.

5423 Pte. A. Wells.

Reported at Headquarters 1st 1919 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5423

Extract from Daily Ord no part 11, from Unit The Royal
HF14 Regt. St. John's, dated July 25, 1916.

The following man embarked for overseas on H.M.S.
"Columbia" July 22, 1916.

#5423 Pte. Robert Wells.

C.R. 5423

Extract from Daily Orders part 11, from Unit The Royal 5218
Regt. St. John's, dated May 27, 1918.

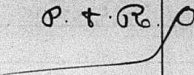
#5423 Pte. A. Wells.

Attested for General Service with the Royal 5218. Regt.
from 21.5.18

A. Wells

5423

P. + R.



No. 17769/1938



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2/Bn Royal Nfld. Regt.,
Winchester.

2nd November 1918

Nov. 6th 1918

Subject: 5423, Pte. A. Wells,

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 5423 Wells £5:9:8

Draft £ 5:9:8 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. Minnis
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. Barton LIEUT. COLONEL.
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of five

pounds and thirty shillings on account of cable remittance from Newfoundland.

A Wells
No. 5423 Rank Pte

Witness _____

No. 2763/368.

N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn Ryl Nfld Regt.

Winchester.

P.D. 067 383
17/2/19

17th February 1919

5423. Pte A Wells.

With reference to the following
telegram from the Minister of
Militia / / (31.)

"Pay to-5423. Pte Wells.

£6.0.0.

Cheque £6.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. O. Guinness
Chief Paymaster & O. i/c Records.

February 19th 1919

Receipt hereunder

Edward J. ...
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Six pence*

in respect of

telegraphic remittance from the
Minister of Militia.

No. *5423* Rank *Private*

Witness *Mr Rockett*

Wells, A.

5423

Pay Dept.

August 7th 1919.

#5423, Pte. A.Wells,
Swan Island, Twill.Dist.

Dear Sir:

Enclosed please find Discharge Certificate
3570.

Yours truly,

Capt.&
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5423 Rank. Pte Name. Wells A
 Intended place of residence. Swan Islands
 2. Occupation Fisherman
 Classification of soldier. E Medical Category A1

3. The above named man is discharged in consequence of

DEMOBILIZATION

eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

H. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

Albert Wells
 Signature of soldier

J. Snowcroft
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 10-7-19

Albert Wells
 Signature of soldier

W. J. Eaton, Qms
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 24-5-18 No. of days on Military
 Discharged from service. 24-7-19 Plus 14 days Service. 441

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 24 1919

N. R. Cooper Capt
 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 7/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Out B 20 79 / 3590

8
30
31
7
76

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 *8.7.19*

Regimental No. *5423*

Name *Wills Albert*

Address *S. Man Salt T. Salt*

Present Medical Category *A1*

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

Members of Board {

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

J. Robinson
.....
Senior Medical Officer

Geo Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2-123 Rank Plt Name Albert A. Wells
 Date of Enlistment 2-1-18 Address Susan St. V. Gt. St. District V. Gt. St.
 Occupation Fisherman Classification for Discharge 4 Medical Category 1A1
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 9-7-19O. C. Discharge Depot. H. Wells

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Albert Wells

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Albert Wells

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 2380 to his home at Swan Island and Release Certificate No. 3384 issued

Date 10-7-19 *J.A. Snowless*
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 7-8-19

Date 10-7-19 *H. H. [unclear]*
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Form B

Date 10-7-19 *J.A. Snowless*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919 *K.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 resume former Occupation.

Albert Wells

Signature of Man.

Reg. No. 5423

J. H. Crawford

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

10-7-19.

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

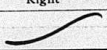


MEDICAL HISTORY

Surname Orsels OF Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish

Snow Island West County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24th	May		191
Declared Age	24	years		days
Trade or Occupation	Fisherman.			
Height	5	feet 3		inches
Weight	116			lbs.
Chest Measurement	37			inches
	3			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
				
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)				
(Rank)	Major		Medical Officer.	
Enlisted	at	Snow Island	at	
	on	24th day of May	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Corps.	
	Regtl. No.	5423	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 F., 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* } *Ferguson*
 2. Regt. No. *5443* 3. Rank. *Pvt.* }
 4. Name *Walls* *Allan* }
 (Surname) (Christian Names)
 5. Age last birthday *25*
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regt. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (b) Date of Discharge;
 (c) Opinion of Court (d) Cause of Discharge.
 (a) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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 where 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.)

The complaint of a 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 ?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. E. Hocuttier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Wazley*

Date *31-10-19*

* 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



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 *Wells, Albert.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *2425.*

Intended address *Swan Isld.*

Height on discharge *5* Feet *5*.

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eyes *Brown.*

Descriptive Marks _____

Figure on discharge *Med.*

Christian name of Father *Zepphaniah.*

Christian name of Mother *Amelia.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Swan Isld. 16 Sept. 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) *Albert Wells*

(Rank) *[Signature]*

Station **ST. JOHN'S.**

Date *5-7-19*

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

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

Station



Date

August 15, 1919

Mr. Albert Wells,
Swan Island, N.D.S.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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 28th. 1919.

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

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

- Christian name..... *Albert* 2. Surname..... *Wells*
3. Rank..... *Pte* 4. Regtl. No. *5423*
5. Address in full to which future payments of gratuity are to be forwarded..... *Swan St. NFB*
6. Date of enlistment in the Regiment..... *May 24/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*
8. Relationship of such dependents..... *No*
9. Address in full of such dependents..... *No*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Newfoundland only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr. & 1 mo*
- 12

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.
..... *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.
..... *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?
..... *No*

19. Are you now serving in the Res.
..... *No* If not give:- (a) Date of discharge. *July 10/19* (b) Reason for discharge. *Desert*

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 England only*

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:

A Wells

Place of Residence:

Swan & N.B.C.

Declared before me at:

S. J. Jones

This

10th day of *July* 19*19*.....

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

John W. Corbett
J.P.

POST DISCHARGE PAY.

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

.....
.....
.....
.....

Certified correct.

Registrar

3/4/20

1045

Dear Sir

Would you kindly oblige
 me by letting me know if I am in-
 titled to a Discharge Badge my
 Number is 5424 I have got a certificate
 but I would like for you to send
 Down a Badge I was four days &
 weak Chest & Poor Constitution so you
 will have to excuse my brief
 note & I remain your obedient servant
 Edward Wells please answer letter
 if oblige.

address

~~Mr~~ Ex. Private Edward Wells

Ex. Private Edward Wells No 5424
 Gloucestown

Bonavista Bay
 Newfoundland

~~no~~

MAY 1 1920

MAY 1 1920

MAY 1 1920

ACCOUNT	<i>B.M. Messers</i>
CH. NO.	<i>73</i>
IND. LEADER	<i>[Signature]</i>
PAY LEADER	<i>[Signature]</i>
CEN. LEADER	<i>[Signature]</i>

May 24th. 1918.

The Royal Newfoundland Regiment,

S423

To Albert Wells. (Recruit)

*To be sent to
Princes Rink*

May 22nd. /18 To Board and lodgings while waiting passage to

St. John's.

\$2.00.



(As per voucher).

*J.B.B. Correct For \$2.00
C. Brooks
Lieut*

*Recd. Payment May 24/18
Albert Wells 25/5/18.*

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisport
Newfoundland

May 22 1918

Mr. Albert Wee's

Dr. Manuel Hotel.

May 22

To Board and Lodging

2 00

Motor Boat Hire

Cartage
Paid in full

Storage
May 22/18

Extras

R. W. Manuel

\$ 4

W. B. B.

Received British War Medal,

5423

Signature

Albert Wells.

Date

Oct 24th 1921.

Address

Swan, Harbor, via Exploits,

[P.T.O.]

C.R. 5423

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. *Albert Wells*

Date. *Dec. 3*.....

Place. *Swan Harbor*..

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. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>5423</i>	Age on	<i>24</i> years <i>0</i> months	<i>Gasheer</i>			
Name		Place and Date of Enlistment		Religion			
<i>Wells Albert</i>		<i>St. John's</i>		<i>Methodist</i>			
Joined	Date	Period of		Place of Birth			
Joined	Date	with Colours	<i>1 7/8</i> years	<i>Swan Island</i>			
Joined	Date	with Reserve	<i>3 1/2</i> years	<i>Wells</i>			
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Regiment</i>	<i>16-19</i>	<i>Private</i>		<i>Throwing Tea around Dining Hall</i>	<i>Sgt Mahoney</i>	<i>2 days CB</i>	<i>17-19</i>	<i>Capt W. Long</i>	<i>W.L.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>7 8/19</i>			

To be carried over.

The Royal Newfoundland Regiment

D 5473

DEMobilIZATION OF

Reg. No. *5-1133* Rank. *Plt* Name *Wells A*
 Date of Enlistment *24-5-18* Address *Thomas St. St. John's* District *St. John's*
 Occupation *Farmer* Classification for Discharge *F* Medical Category *A1*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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 *7-7-19*

Wells
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am */* in a position to resume civilian occupation.

Albert Wells

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$60.00*

(b) Clothing Supplied

Date *10-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2380 to his home
at Lawson, Ill. and Release Certificate No. 3384 issued

Date 10-7-19

J.A. Snowcraft
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 7-5-19

Date 10-7-19

H. H. [unclear]
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Form B

Date 10-7-19

J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 24 1919

Date

L.R. Cooper Capt.
O. C. Discharge Depot.

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

Date July 31/19

[Signature]

CR 5423
Army Form 179

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 2nd Parachute Coy Former Trade } Fisherman
or Occupation }
- 2. Regt. No. 54233. Rank
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
- 4. Name Wells - Albert
(Surname) (Christian Names)
- 5. Age last birthday... 25
- 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 (if any)
(b) Where
(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 general 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 where 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.)

See 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 ?

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

Repatriation

W.S. Prosser. Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazleydown*

Date *3/11/19*

* 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.

Reg. No. *52423* Rank *Pte* Name *Wells, G.*
Attested Address *Swan Island Igab*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

10-7-19
24-7-19

PASSED TO DEMOBILIZATION OFFICERS
DISCHARGE APPROVED ON DEMOBILISATION.

Reg. No. 5423 Rank Pte Name Wells, A. S. Co
Attested 24-5-18 Address Swan Hill N.S.W.
Allotment 60⁺ Allottee Mrs Amelia Wells (Mother)
Date of Allotment 1-7-1918 Returned from Overseas
Embarked for Overseas 22-2-1918 Cause

25-5-18 Acc

13 6/8 1st Dec 2nd Nov 27/4.8. 3rd Nov 4-7-18

N.C. 16 6/8 — 26 6/8

24/6/18 Returned from leave & reported dead