



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1591

Name in full Henry West Age 23
 Address Ladle Cove, St. John's Dist.
 Married Single Height 5ft 9 in Weight 150
 Color Fresh Hair Light Brown Eyes Blue
 Other distinguishing marks _____
 Nearest relative Uncle William Burke
 Address Progress Ave.
 Dependents _____
 Occupation Fisherman Present Wage \$250⁰⁰ a season
 Previous service _____
 Decorations _____
 General Remarks _____
 Date of Enlistment May 31 - 1915

I, Henry West, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Henry West
 his
 mark

Declared before me this 4 day
 of June 1915

Witness J. J. [Signature]
Lieut. [Signature]

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1801

Name **Henry West**

Apparent age **23** years _____ months. Height **5** feet **9** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Colors: Fresh, Hairs: Light Brown, Eyes: Blue**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **William Burke, Musgrave Harbour**

Relationship **Uncle**

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) Signature of Officer verifying entry from certificate.

Table with 4 columns: (a), (b), (c), (d) Verified from certificate.

Particulars as to Children.

Table with 3 columns: Christian Names, Date and Place of Birth, (d) Verified from certificate.

STATEMENT OF THE SERVICES.

Table with columns for Corps in which served, Regt. or Depot, Promotions, Reductions, Casualties, &c., Army Rank, Dates, Service not allowed to reckon for fixing the rate of pension (years, days), Service in Reserve not allowed to reckon towards G. C. Pay (years, days), and Signature of Officers certifying correctness of entries.

Service towards limited engagement reckons from **31/5/15**

Joined at **St. John's** on **31 May, 1915** Embarked for U.K. **17/6/15.**

Embarked for B.E.F. via Egypt - 13/3/16 joined Batt. 4/4/16. Wounded - Regiment Ammunition 1/11/16. In 27th Field Amb. Trans. 8/11/16. Invalided - to England - 3/1/17. On 31.5.17. In 4th Grenadier Regt. Heavy 4th Division. Re-embarked for B.E.F. 3/2/17. In 2nd Batt. 4th Div. 14/10/17. Wounded 28/11/17. In 1st Gen. H. Coy. 2nd Div. 1st Army 29/11/17. Invalided to England 3/2/17. On 31.5.17. In 4th Grenadier Regt. Heavy 4th Division. Re-embarked for B.E.F. 3/2/17. In 2nd Batt. 4th Div. 14/10/17. Reported at depot, St. John's 29/9/17. Discharged - St. John's Medically Unfit 14/1/18.

Total Service forfeited as above ...

Total Service towards Engagement to **10/1/18** (date of discharge) **2** years **225** days

" " Pension " " " " " " " " " "

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1891

Name **Henry West**

Apparent age **23** years _____ months. Height **5** feet **9** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Colors: Fresh, Hairs: Light Brown, Eyes: Blue**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **William Burke, Musgrave Harbour**

Relationship **Uncle**

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 31/5/15									
Joined at St. John's on 31 May, 1915 Embarked for U. K. 17/6/15.									
Embarked for B.E.F. via Egypt 13/3/16. Joined Batt. 4/4/16.									
Wounded by mortar shell 11/11/16. 870 Field Amb. Trans. 8/12/16.									
Landed in England 3/1/17. 3rd Bn. 1st Div. 4th Div. 1st Bn. 1st Div.									
Wounded 28/1/17. Embarked for B.E.F. 3/2/17. Joined Batt. 14/2/17.									
Landed in England 2/3/17. 3rd Bn. 1st Div. 4th Div. 1st Bn. 1st Div.									
Discharged 29/9/17. Embarked for Nfld. for discharge 13/9/17.									
Reported at depot, St. John's 29/9/17.									
Discharged St. John's Medically Unfit 10/1/18.									
Total Service forfeited as above									
Total Service towards Engagement to 10/1/18 (date of discharge) 2 years 225 days									
" " " Pension " " " " " " " "									

Regimental Number 1591

Company _____

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed ^{His} Henry West
Clark

Witness J. A. Dingfield

Dated _____



191 _____

C.R. 1591

Henry West was attested for General Service
with the NEWFOUNDLAND REGIMENT on May 31st 1915
Regimental No. 1591 was allotted to Pte Henry West.

AUTHORITY:

Record Ledger

Dept. of Militia,

March 25th. 1919.

C.R.

1591

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL-1914-1919.

I certify that I have received a issue of 3 inches
of Riband of British War Medal-1914-1919

1591 Name... *H. West*.....

(Date).. *2. 7/9/19*.....

(Place) *St. Johns*.....

Joseph West

C.R. 1591

Extract from Nominal Roll of Hfld. Regt. embarked
Devonport, 13-3-16 for Egypt, transferred to B.E.F.
& disembarked Marseilles 3-4-16.

1591 Pte. H. West.

C.R. 1591

Extract of Casualties from Pay " Record Office, London.
dated Aug. 6th 1917.

.....

O.C., QUEEN MARY'S CONVAL. HOSPITAL, S.W.,

Reports, 4th August 1917.

ADMITTED TO HOSPITAL,

#1591, Pte. H. West.

Authority:

Memos from Hospitals.

C.R. 1591

Extract from Nominal Roll of Nfld. Regt. Embarked
Southampton, from 2nd Bn. Depot, to 1st Bn. B.E.F.
Draft No. 11, 3-10-16.

1591 Pte. H. West.

C.R. 1591

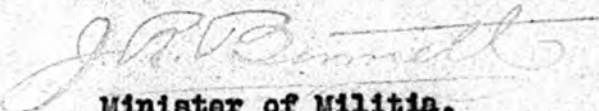
Oct. 18th. 1918.

The Hon. W.W. Halfyard.
Colonial Secretary.

Dear Sir,

In reply to your letter of the 16th inst., having reference to the pension of Pte. Harry West, I beg to say that the question of pensions does not come within my jurisdiction but, as you are aware, is a matter entirely for the Board of Pensions Commissioners. This Board has full control of the granting and administration of pensions and I would therefore suggest that you send the enclosed letter direct to Sir P.T. McGrath, Chairman of the Board of Pensions Commissioners.

I have the honour to be,
Sir,
Your obedient Servant,


Minister of Militia.



Oct. 16th 1918

Dear Mr Bennett,

I beg to enclose for your consideration a letter sent me by Sgt. Harry West. Musgrave Hrs., relative to the amount he receives monthly as a pension. Will you kindly return Mr West's letter to me with any observations you wish to make on the matter?

I am yours faithfully,
Wm. Hallifax

J. P. Bennett Esq.
Minister of Militia

C.R. 1591

Extract of Daily Orders part 11, from Unit 4/1st
Newfoundland Regiment, dated January 17, 1918.

#1591 Pte. H. West,

Having been found Medically Unfit is discharged
with effect from 10/1/18.

C.R. 1591

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

1591 Pte.H.West.

Discharged Jan 10th 1918, Medically unfit

C.R. 1591

Extract from Roll of Officers, N.C.O(s) and Men of the Royal Nfld.
Regt.

Regtl.No.	Rank	Name	Date	Reason.
1591	Pte.	West H.	10/1/18.	Med Unfit.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Wm. Burt

Address _____

Line Number _____

Rcd _____

By _____

Sent _____

by _____

Check _____

Dated

7th March, 1917.

To

Mr. William Burt,

Musgrave Harbor.

1951 Work

Record Office London today reports No. 1591 Private Henry West admitted Wandsworth.

J. R. BENNETT,

Colonial Secretary.

C.R. 1591

Extract from Casualties received from P.&R. Office London.

March, 7th, 1917.

Wandsworth:

1591 West.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

John A. Sturges
per Sec. Gen.

Signature of Sender _____ Address _____

Line Number	Rcd	by	Sent	by	Check

Dated 3rd March, 1917.

To Mr. William Burt,
Musgrave Harbor.

Record Office London today reports No. 1591 Private Henry West off serious list.

J. R. BENNETT,
Colonial Secretary.

1591 West

C.R. 1591

Extract from Casualties received from P.&.R.Office.

London, March 3rd, 1917.

1591 West.

Off serious list.

W 54

Counter No. _____

WFOUNDLAND POSTAL TELEGRAPHS.



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender *W. M. Murray* Address _____

Line Number	Rcd	By	Sent	by	Check
		<i>W. M. Murray</i>			

Dated February 27, 1917.

To Mr. William Burt,
Musgrave Harbor.

Record Office, London, today reports No. 1591,
Private Henry West, improving.

J.R. BENNETT
Colonial Secretary

C.R. 1591

Extract from Telegram received from London, dated
February 26, 1918.

At Wandsworth Improving #1591 Pte. West.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender Wm. M. Shreeve Address _____

Line Number	Rcd	By	Sent	by	Check

Dated February 16, 1917.

To Mr. William West,
Musgrave Hr.

Record Office, London, today reports No. 1591,
Private Henry West, was seriously ill at First
General Hospital, Etretat, February thirteenth.

J. R. BENNETT
Colonial Secretary.

C.R. 1391

Extract from Casualties received from P & R Offices London,

Feb. 8th, 1917.

1591 West.

1st General Hospital, Etretat, Jan 29th

Gun shot wound right arm.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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(NOT TRANSMITTED)

Signature of Sender

Address

Line
Number

Rcd

By

Sent

by

Check

Dated

3rd February, 1917.

To

Mr. William Burt,

Musgrave Harbor.

Regret to inform you that Record Office,

London, officially reports No. 1591 Private Henry

West at First General Hospital Etretat January twentynine

Shell Wound Right Arm.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

1591 West

C.R. 1591

Extract of Casualties received from Pa. & Record Office,
London, dated August 3rd, 1916.

#1591 Pte. H. West. ✓

Discharged from Hospital, granted furlough from 2/8/16 to
11/8/16. fit for Duty.

C.F. 1591

Extract ~~of~~ of Casualties received from Pay & Record
Office, London, dated July 31, 1916.

(Extract from Army Form B 215, from C.O. 1st Bfld. Regt.
dated 11/7/16.)

#1591 Pte. ~~V~~H. West. ✓

Wounded in Action 1/7/16.

C.R. 1391

Extract from Casualties received from Pay & Record Office,
London, July, 12, 1916.

The undermentioned man was transferred to Brooklands
Military Hospital, Weybridge. 10-7-16.

1591 Pte. H. West.

C.R. 1591

Extract of Letter from O.G. 3rd Lo.Gen.Hosp. to Officer
i/c Records, Hfld.Cont. 58 Victoria St., Lon. S.W.

In accordance with your Memo of 30th June I beg to inform
you that the undermentioned man was transferred to the
Con. Home on ~~10~~ 7/16.

#1591 Pte. H. West. ✓

To Brooklands Military Hospital, Weybridge.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

W 54



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **July 7, 1916.**
 To **Mr. William Burt,**
Musgrave Hr.

Regret to inform you No. 1591, Private Henry West,
reported Wandsworth Hospital wounded right hand, not
serious.

J.R. BENNETT
Colonial Secretary.

*1591 Private
 Henry West.*

C.R. 1591

Extract from Casualties received from P.A.R.C. Dated July 6th.,
1916. Admitted 3rd., London General Hospital on July 6th., 1916.

#1591 Pte. H. West

G.S.W. R. HAND.

BQ.

C.R. 1391

Copy of Cablegram to Governor St. John's Nfld.
from P.&.R.O. 6/7/16.

1891. West. ✓

At Wandsworth Gunshot Wound Right Hand.

C.R. 1591

Extract of Casualties received from Pay & Record
Office, London, dated July 6, 1916.

#1591 Pte. H. West. ✓

Gunshot wound right hand.

Admitted 3rd London General Hospital, Hendonworth.
July 4, 1916.

CR 1591

Extract from Donald Roll Subscribed St. John's for Overseas per
S.S. "Calgarion" June, 19. 1918. "B"

1591 Pte. West N.

Δ1591

COPY.

The O.C.
Royal Nfld. Regt.
Headquarters.

Sir,

The undermentioned men have been discharged
on the dates given.

Kindly note and post in Daily Orders Part 11.

I have the honour to be,

Sir,

Your obedient servant.

J. M. Howley (signed)

Capt & Paymaster
Officer i/c Records.

JH.

No 2002	L/Cpl Lawrence Arthur.	Jan 4th. 1918	Med. Unfit.
No.1967	Pte. Morey L.	2nd	do.
No.1591	Pte West Henry.	Jan 10th.	do.

H. West.

C.R.

1891

P.H.O.

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. <u>1591</u>	Army Rank <u>Private</u>
Name <u>West Henry</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge	
Place of discharge	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>ST. JOHNS. N.F.L.D. NO. <u>1591</u> DATED <u>12 SEP 1917</u></p> </div>	
1. <u>Description at the time of discharge.</u>	
Age <u>19</u> years _____ months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fresh</u> Eyes <u>Blue</u> Hair <u>Light Brown</u> Trade <u>Fisherman</u> Intended place of residence _____ (To be given as fully as practicable)	Descriptive marks. <u>Loss of Rt. Arm & Lt. W.</u> <u>Left & Right Leg.</u>
<p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>	
2. The above-named man is discharged in consequence of <u>Wounds received in Action</u>	
<p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>	
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.

* Strike out if not applicable.

Original
110 202

See S.S. 15 as man as no friends
in England or Newfoundland. 61

Army Form B. 179.

Medical Report on an Invalid.

3rd London General Hospital,
Station WANDSWORTH, S.W.

Date 20/6/17

1. Unit 1st New Foundland
2. Regimental No. 1591
3. Rank Pvt.
4. Name West H

5. Age last birthday 19
6. Enlisted | on December 1915
| at St Johns N. fld.
7. Former Trade | Fisherman
or Occupation

8. Disability.

G. S. W of Right Fore Arm VIII necessitating amputation of the fore arm

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. Patient cannot remember

10. Place of origin of disability. France (Somme front)

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

G. S. W Right arm
G. S. W Left Leg; two superficial wounds on back of leg
G. S. W Right Thigh (leptic wound in front of thigh)

Operation under gener. anaesthetic at no. 1 Gen. Hospital Etretat
Fore arm amputated below insertion of pronator radii teres.
Operation under gener. anaesthetic at 3rd London Gen. Hosp. on 7.5.1917.
Removal of sequestrum from stump of Right arm.

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

On active Service

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

G. S. W

COPY SENT TO
O. C. H. Q.
ST. JOHNS, N.F.L.D.
N.F.P. 38. NO. 9422/110
DATED 12 SEP 1917



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.

Right Forearm amputated (middle third) Stump quite healed.

Two Scars on left leg which are quite healed.

{ one scar on posterior aspect of left leg.
{ one scar on internal aspect of left thigh (lower third)

General Health good.

The loss of his arms will prevent the patient following his former employment

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

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

In action

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

Not applicable

If so—(a) When ?

(b) Where ?

(c) Opinion ?

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

Two

1. Amputation of Right Forearm at 221 Gen. Hosp. Etretat

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

2. Removal of sequestrum from stump of Right arm at 5. London Gen. Hosp. on 7.5.17

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. Do you recommend

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

Permanently unfit

Jules Hamaid C. S.
Officer in medical charge of case.

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

except
3rd London General Hospital,
Station WANDSWORTH, S.W.

M. E. Ducey
Officer in charge of Hospital.

Date 22/6/17

Lt. Col. R. A. M. C. T.
Comdg. 3rd. London Gen. Hospital,

* 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 invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1163 and 1165, Pay Warrant, 1915).

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

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

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

Active Service
J. S. W.

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

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

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

22. Is the disability permanent?

Yes

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

To be stated in months.

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

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

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

Total $\frac{2}{3}$ then $\frac{1}{2}$

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

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

26. Do the Board recommend

(a) Discharge as permanently unfit,

Yes

or
(b) Change to England?

Signatures:—

Queen Marys Convalescent Hospital,
Bochampton General Hospital,
Station WANDSWORTH, S.W.

Date 7 - AUG 1917

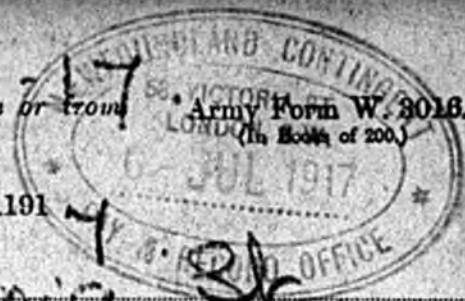
W. S. Co. President.
H. S. Co. Members.

Queen Marys Convalescent Hospital,
Station Bochampton

Date 7 - AUG 1917

W. S. Co.
Administrative Medical Officer.

Admitted 4-3-17
Only for use with Men returned from an Expeditionary Force or from Garrison's Abroad.



No. Duplicate Date July 5th 1917

(1) To the Officer i/c Records, 58, Victoria St
S.W. (Station).

(2) The Officer Commanding, 4th Contingent
Quar (Station).

(3) The Paymaster, 58, Victoria St
S.W. (Station).

Regimental No. 1591

Rank and Name Pte West H.

Regiment or Corps 1st 4th

has been granted a furlough from transferred on July 5th

His address while on leave will be: Pauline Military Hospital
Brighton

I consider he is fit for*
• Strike out that which is inapplicable.
i. Duty.
ii. ~~Command Depot.~~
iii. ~~Employment.~~

Officer in charge G. C. Hall Hospital,
Capt Mus. (Station).

Four copies to be made, and one copy sent to each Officer mentioned above. Registrar R.A.M.C.
In the case of men of the Royal Flying Corps, Royal Engineers, and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. 3rd London General Hospital
164, S.W.

3110

QUEEN MARY'S CONVALESCENT AUXILIARY HOSPITALS,

ROEHAMPTON HOUSE.

ROEHAMPTON. S.W.

THE REGIMENTAL PAYMASTER.

Newfoundland Contingent
58 Victoria St
SW

I beg to inform you that the undermentioned men have been admitted as patients
to this Hospital.

Regt. No.	Rank and Name.	Unit.	Date of Admission.
1591.	Private West St	1 Newfoundland	3.8.17

After these men have been fitted with artificial limbs, they will appear before a final Invaliding Board for the purpose of discharge from the Service.

Aug 4th 1917.

Mr. H. Nicholson

Captain
Commandant.

Queen Mary's Convalescent Hospital.

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

MEDICAL HISTORY

OF

Surname West

Christian Name Henry

Table 1.—GENERAL TABLE.

Birthplace:—Parish Ladle Cove County St. John's District

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>31st</u> day of <u>May</u> 191 <u>5</u> at <u>St. John's</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>23</u> years		_____ years	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>9</u> inches		_____ inches	
Weight	<u>150</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>39</u> inches		_____ inches	
	Range of expansion... <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	<u>Never</u>		_____	
Vision	R. E.—V= <u>4/6</u>		R. E.—V= _____	
	L. E.—V= <u>6/6</u>		L. E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Jed W Burden</u>		_____	
(Rank)	<u>Leut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>31st</u> day of <u>May</u> 191 <u>5</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps. <u>1st Nfld.</u>	Regtl. No. <u>15-91</u>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)	_____		_____	
(Rank)	_____		_____	

COPY SENT TO
O.C. HQ.
ST. JOHN'S, N.F.L.D.
V.F.F. 38. NO. 1022/110
DATED 12 SEP 1917



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	4	7	16	2	8	16	S. I. R. R hand. VIII. I. right.	30	From France. S. I. R. 1st & 2nd fingers R hand. Wounds healed. No disability.	J. J. W. R. R. hand. Capt. R. H. M. T.
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	4	3	17	5	7	17	G. S. W VIII 4 Rt arm amputation IX (Sight with legs)	123	Wounded in France Feb 1/17 Sequelotomy here To Pavilion in H. Brighton	G. C. Hall Capt. Inf.
General Hospital Pavilion, Brighton.	5	7	14	3	8	14	Asept. R. Forearm	29	Wounded in France. Jan 1914 Asept. 3 days later through middle of Rt. Forearm. No operations in this Hospital.	W. Davis W. C.
Queen Marys Convalescent Hospital, Buckingham.	3	8	17				Amp. Rt. arm.		admitted for protraction of a splined limb.	W. H. Nicholson Captain, Adjutant Queen Marys Convalescent Hospital.

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

Date	Brief Details, and Signature
<i>June 28th 15</i>	<i>1st Inoculation 500 Million J.</i>
<i>2/10/16</i>	<i>Fit for active service H. H. W.</i>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St. John's Hill.</i>					

P.M. Hospital.

Ward B No. of Bed 25 Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<u>W99</u>	<u>Pte West</u>	<u>Newfoundland</u>	<u>R. arm</u>

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

R. arm
re-bone

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 2820

new bone + sequestra

Signature of M.O. [Signature]
Date 7. 2: 17

Signature of Radiographer [Signature]
Date 9/7/17

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

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

To the Officer i/c Records Newfoundland Contgt. 58 Victoria St. *SW*

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ¹⁴ days after the date on this notification, see A.C.I. ¹⁹²² 4623 of 1916.)

Soldier's surname West, Christian names Harry
(in full)

Regt. No. and Rank 1591 Pte Regt. or Corps 1/newfoundland
(If T.F. this should be stated.)

His address on discharge will be To Newfoundland Record Office
58 Victoria Street. *SW*

This information is for the Central Army Pension Issue Office only. The Soldier states that* no allowance is being issued in respect of him.

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

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



Station _____
Date 7/8/17

[Signature]
President of Board
(Approving Officer).

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

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

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 1591 Rank Plt:

Name (surname first) West. H.

Regiment 11 Newf.

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

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. 33. No. 1591
DATED 12 SEP 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Fishermen.

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

Returning to Newfoundland.

4. What is the name of your Approved Society? —

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

Date 2 8 17 Signature unable to sign.

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

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

H 5
10202
RQ

No

Descriptive Return of a Soldier discharged on account of Disability.

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

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

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

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

A Name in full *Navy West.*
Regiment from which discharged *1 Newfoundland.*
Regimental Number *1591*
Where born (Parish, Town and County), and when *Newfoundland. 10.12.1897*
Intended address *90 Newfoundland Record Office.*
Height on discharge *5* Feet *9* Inches
Colour of Hair on discharge *Lo Brown* **Colour of Eyes** *Blue.*
Descriptive marks *Loss of Right eye* **Complexion** *Fresh.*
Figure on discharge *Normal*
Christian name of Father *deceased*
Christian name of Mother *deceased*
Wife's Maiden name in full *Single*
Date and Place of Marriage *Single*
Christian names of Children *Single*
Nature and locality of civil employment desired *Fisherman, Newfoundland.*

COPY SENT TO
 O. C. H. Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No.
 DATED 12 SEP 1917

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) *[Signature]* **Witness** *[Signature]* (Rank) *Plt.*
Station *Rochampton House* **Date** *4.8.17*

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.

[Signature] **Commandant.** **Medical Officer i/c**
Queen Mary's Convalescent Hospital.
Date *4 AUG 1917*



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

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

Medals

Other distinguishing marks

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

Station _____ **Officer in Charge**
Date _____ **Records.**

Admitted 4.7.16

Army Form W. 3016.

No. _____

Date

Aug-2nd

1916



(1) To the Officer i/c Records,

58 Victoria St

SW

(Station.)

(2) The Officer Commanding,

New Zealand Contingent

Aug-

(Station.)

(3) The Paymaster,

58 Victoria St.

S.W.

(Station.)

Regimental No.

1591

Rank and Name

Pte. West H.

Regiment or Corps

1 Afd -

has been granted a furlough from

Aug 2

to

Aug-11

His address while on leave will be :-

58 Victoria St. SW

This man has been furnished with a Warrant to Victoria and given an advance of £1 (one pound)

I consider he is fit for

Duty.

~~Light duty~~

Horace Fagan Capt. R.A.M.C.(F)

Registrar, R.A.M.C.T.

Officer in charge ~~at~~ London General Hospital,

WANDSWORTH, S. W.

(Station.)

* Strike out that which is inapplicable.

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

No. 1591 Name

West Henry

Sqn., Batty., }
or Company }

F7

Corps

Newfoundland

Date of enlistment

4/6/15

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

—

No. and date of last drunk

—

Period not reckoning towards freedom from extra fine

Sheet No.

—

Signature O.C. Company, etc.

—

Character

Henry West

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

Army Form B. 122

No. 1598 Name *A. West*

Sqn., Batty., or Company } *A.*

Corps *2/ N. F. L. D.*

Date of enlistment } *4/6/15*

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet } *clean*

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

R. Rowell
Capt

Character

1591

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rouen</i>	<i>5-10-16</i>	<i>Pte.</i>		<i>When on active service being deficient of kit</i>	<i>S. M. Clannell</i>	<i>Detⁿ 2 days pay</i>	<i>5-10-16</i>	<i>Lt. Col. Gwyn</i>	<i>8726.</i>
<i>Rouen</i>	<i>10-10-16</i>	<i>"</i>		<i>When on active service overlays his pass from 8.15 p.m. until 9.50 p.m. (1 hr 5 m) deficient of gaiter jacket</i>	<i>Chap. Lever</i> <i>" White</i>	<i>Detⁿ 2 days pay</i>	<i>11-10-16</i>	<i>Lieut Col Gwyn</i>	
<i>In the field</i>	<i>6-10-16</i>	<i>"</i>			<i>Supt Dec</i>	<i>pay for same</i>	<i>7-10-16</i>	<i>Major Forbes Pollock</i>	<i>R 110</i>
Invalided to England 3.3.17									

COPY SENT TO
O.S. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No.
DATE: 12 SEP 1917

W. W. ...
Jan
R.H.

Army Form B. 159



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Henry West, Regl. No. 1591

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}_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons concerned, viz.:

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1	Brother	Joseph West	Musgrave Hr	
3				
2			Fogo district	
30				
Commencing June 12 th				
				Total Allotment, \$

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.)

Officer Commanding

Company

St Johns

June 11th 1915

(Sig.) Henry West

(Rank) Private

Wm Burke

1591, Pto. West, H

9/6/17

15/9/17

Liverpool
48

15/9/17

A

R

.50 97 48 50 9 19 4

1.00 97 97 00
.10 " 9 70

10670 21 18 6
22 18 5

----- advances 1 1 6

5 9 17 13 9 17
9 2 18 0

--- s per P & R. O. 33 10 0

1 4 1
45 14 11

45 14 11

Rma
12/9/17



No. 1591 Rank Pte Name West. A

Pay	F.A.	Wkg.	Total
1.00	10		1.10
Less Allotment			50
Net Rate			60

M.M.P/33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance		8/17					22 18 5
Acquittance Rolls					Pay @ Net Rate	9/17	5/17	89	60	53	40	10 19 5
Hospital Advances		2	1	6	Ration allow							1 0 0
A.B. 34					10 days @ 2/-							
P. & R.O. Payments		24	0	0	Ration allow							12 0 0
Cash		5	0	0	6 days @ 2/-							
6/9/17. Cash		4	10	0	9-8-4	6/9/17	6/9/17	1	.60		60	2 5

CHECKED.
[Signature]
 5/9/17

£35-9-10

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1501, Pte. West, H

(Substituting A.F. J. 1325). N.F.P./33.

Company. From 9/6/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. _____

DR. Classification (See Procedure).

From Liverpool Date 13/9/17

Draft No. 48 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	
	8	Forfeited Pay							1	Pay						
	9	Allotments	.50	97	48	50	9 19 4		2	Field Allowance	1.00	97	97	00		
	10								3	Other " "	.10	"	9	70		
11/12		Total Stoppages							4/5	Total @ 4.86 2/3			10670	21	18 5	
13		Fines							6	Balance Credit Last Period			22	18	5	
14		Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>						
15		Arms & Accoutrements								Ration Allowance,	5	9	17	15	9	17
16		Barrack Damages								= 9 days @ 2					18	0
17		Hospital Stoppages					1 1 6									
17a		Miscellaneous Stoppages														
19		Casual Payments														
20		1st Payment					33 10 0									
21		2nd " s per P & R. O.														
22		3rd "														
23		Final "														
24		Balance Debit Last Period														
28		" Due by Paymaster					1 4 1		27	Balance Due to Paymaster						
							45 14 11									45 14 11

CERTIFIED CORRECT.

NEWFOUNDLAND CONTINGENT.

O.S. " " Company.

PAYMASTER & OFFICER IN CHARGE



RMA.
12/9/17.

No.

Regtl. No. *1591*

Rank *Private*

Name *W. West*

Regiment

Date from *5-9-* 191*7*

to *10am 16-9* 191*7*

To proceed to *Furloughed*

I/c

Hospital

Station

Date *5-9-17*

Address whilst on furlough to which any orders will be sent.

C1 ward
2nd L. H. A.
12/5/17

N.F.R.D. Pay & Record Office
58 Victoria St. S.W.

please abstract the sum of
two pounds (2.00.) from
my account this being required
for personal effects.

1591 St. West

Countersigned by M.O.

Raymond Johnson

NATIONAL TRUST COMPANY	
PAY & RECORD OFFICE	
Ref. No.	2487
Rec'd.	MAY 18 1917
Ack'd.	
Ans'd.	
File No.	

No. 1591

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1:

Please remit to H West

the sum of £2 Pounds pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No. 1591 Rank Private

Name West H

Approved G C Nutt Capt RML
Officer i/c.,

3rd London General Hospital.

Dated at 29 June

1917.

Bar Camp 609 RML

OK H.C.
Receipt No
3495

Barry Camp
Scotland
Sept 22/1917.

Dear Sir

Could you give
me the full particulars of Henry
West who was wounded on the
12th October

I am his Brother and would like
to find out how he is I do not
know his number
He formerly belonged to Musgrave
Harbour Fogo District son of James
West

I am your obedient servant
Joseph West
No 3872 D Coy

2nd Newfoundland Regt

Barry Camp near Dundee
Scotland

No. 1591 Lt. J. West
Embarked for nfld 13/9/17
wounded 28/11/17 R. arm & legs
sent for nfld. for discharge 13/9/17

NEW ZEALAND REGIMENT	
FIELD RECORD OFFICE	
Reg. No.	5474
Recd.	SEP 25 1917
Att'd.	J. West 13/9/17
File No.	V

West. H

1591

Sept

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Regimental No. 1591 Rank Plt. Name West Henry

Enlisted (a) 4.6.16 Terms of Service (a) Duration of War Service reckons from (a) 4.6.16

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

Extended _____ Re-engaged _____ Qualification (b) _____



taken from Army Form B. 213, Army Form A. 86, or other official documents.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	
Date	From whom received				
		Embarked Southampton		3.10.16.	
		Disembarked Louisa		4.10.16	
		joined Battalion		14.10.16.	
		With		23.1.17	
	892.A. Am.	A.S.W. Arm Troop	C.C.S.	28.1.17	Ed 9320.
	4th Coy	" "	Etretat	29.1.17	Plt. 6354
	"Granville Castle"	Inv. to England		3.3.17	W 3083.
			Sgt J. W. Burchell For Ofc No. 1 Coy Infantry Section. Lt. J. G. Bachelon		

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

CERTIFIED TRUE COPY

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 1591

Rank [Signature]

Name (surname first) West H.

Regiment 1st Newfoundland

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

[Handwritten mark]

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Fisherman

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

Returning to Newfoundland

4. What is the name of your Approved Society?

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

Date 4.8.17

Signature [Signature] [Signature] [Signature]

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

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

Descriptive Return of a Soldier discharged on account of Disability.

CERTIFICATE OF DISCHARGE

INSTRUCTIONS.—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital. Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his signing this declaration. The "Rank," "Station," and "Date" should be in his own handwriting. The Form will then be attached to the Proceedings of the man's Medical Board, to be completed by the Officer in Charge of Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Medical Board, Chelsea Hospital, Chelsea, London, S.W.

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



A Name in full *Walter Harry Newfoundland*
Regiment from which discharged *Newfoundland*
Regimental Number *1591*
Where born (Parish, Town and County), and when *Newfoundland 10.12.1891*
Intended address *60 Newfoundland Record Office*
Height on discharge *5* Feet *9* Inches
Colour of Hair on discharge *Brown* **Colour of Eyes** *Blue*
Descriptive marks *Loss of Adam's App. 1st Leg.* **Complexion** *Fresh*
Figure on discharge *Normal*
Christian name of Father } *deceased*
Christian name of Mother }
Wife's Maiden name in full } *Single*
Date and Place of Marriage }
Christian names of Children }
Nature and locality of civil employment desired *Fisherman Newfoundland*

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

(Soldier's Signature in full) *X Witness W. E. Gubbins (Rank) Plt*

Station *Roehampton House* Date *4.8.17*

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.

Lucy Mary's Conv. Hosp. W. H. Nicholson Capt. in Charge Medical Officer i/c
Lucy Mary's Convalescent Hospital.

Station *Roehampton* Date *4 August 1917*

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

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

Medals

Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

No. 1591 Name West H. Sqn., Batty., or Company H. Corps 2^d Newfoundland Regt Date of enlistment 4.6.17 G.C. Badges Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } clean No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. Signature O.C. Company, etc. } Character }
 H.S. Russell Capt

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
Louisa	2.10.16	Pvt.		When on Active Service being deficient of Kit	S.M. Channel	Dep 2 days pay	2.10.16	Plat. Quar.	
	10.10.16			When on Active Service overstaying his pass from 8.45 p.m. until 9.50 p.m. (over 5 m)	Cpl. Lewis " White	Dep 2 days pay	11.10.16	do	H.P.
In the Field	6.11.16			Deficient of Leather Jacket (Proc. to England 2.3.17 H.P.)	Sgt. Lee	Pay for same	7.11.16	Reg. Investigation R.H.S.	



Army Form B. 199

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1591, Pte. West, H

(Substituting A.F. J. 1325). N.F.P./38.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. _____

From Liverpool Date 13/9/17

DR.

Classification (See Procedure). A

Draft No. 48

CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d
	8	Forfeited Pay							1	Pay	1.00	97	97	00	
	9	Allotments	.50	97	48	50	9 19 4		2	Field Allowance	.10	"	9	70	
	10								3	Other " "					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3			106	70	21 18 6
	13	Fines							6	Balance Credit Last Period			22	18	5
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allowance, 5/9/17 - 13/9/17					
	16	Barrack Damages													
	17	Hospital Stoppages advances					1 1 6								18 0
	17a	Miscellaneous Stoppages													
	19	Casual Payments													
	20	1st Payments per P & R. O.					33 10 0								
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster					1 4 1		27	Balance Due to Paymaster					
							45 14 11								45 14 11

This account is in accordance with information received at the Pay & Record Office to 12/9/17 and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT.

F. H. Marshall
 PAYMASTER & OFFICER Company

CHECKED
Rma.
 12/9/17



191

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1591, Pte. West, H

(Substituting A.F. J. 1325). N.F.P./36.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. _____

From Liverpool

Date 13/9/17

DR.

Classification (See Procedure). A

Draft No. 48

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	10								3	Other " "					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3			106	70	21 18 6
	13	Fines							6	Balance Credit Last Period			22	18	5
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allce, 5/9/17 - 13/9/17					
	16	Barrack Damages								= 9 days @ 2/				18	0
	17	Hospital Stoppages advances					1 1 6								
	17a	Miscellaneous Stoppages													
	19	Casual Payments													
	20	1st Payments per P & R. O.													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster					1 4 1		27	Balance Due to Paymaster					
							45 14 11								45 14 11



CHECKED
Rma.
12/9/17



191

CERTIFIED CORRECT.

J. H. Marshall
PAYMASTER & OFFICER Company

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1591, Pte. West, H

(Substituting A.F. J.1925). N.F.P./36.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. _____

From Liverpool Date 13/9/17

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Draft No. 48 CR.

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	8	Forfeited Pay							1	Pay	1.00	97	97	00	
	9	Allotments	.50	97	9	19	4		2	Field Allowance	.10	"	9	70	
	10								3	Other " "					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3			106	70	21 18 6
	13	Fines							6	Balance Credit Last Period			22	18	5
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Alice, 5/9/17 - 13/9/17					
	16	Barrack Damages													
	17	Hospital Stoppages advances			1	1	6								18 0
	17a	Miscellaneous Stoppages													
	19	Casual Payments													
	20	1st Payments per P & R. O.			33	10	0								
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster			1	4	1		27	Balance Due to Paymaster					
					45	14	11						45	14	11

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CHECKED
RMA
2/9/17



CERTIFIED CORRECT
NEWFOUNDLAND CONTINGENT

F. H. Marshall
PAYMASTER & OFFICER Company

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1591, Pte. West, H

(Substituting A.F. 5.1825). N.F.P./36.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S.

From Liverpool Date 13/9/17

DR. Classification (See Procedure). A

Draft No. 48

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	9	Allotments	.50	97	48	50	9 19 4		2	Field Allowance	.10	"	9	70	
	10								3	Other " "					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3			10670	21 18 6	
	13	Fines							6	Balance Credit Last Period				22 18 5	
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allice, 5 9 17 - 13 9 17					
	16	Barrack Damages													
	17	Hospital Stoppages advances					1 1 6							18 0	
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	22	3rd "													
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							45 14 11							45 14 11	

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RECEIVED
RMA.
12/9/17

NEWFOUNDLAND
PAY & RECORD OFFICE
191

DUPLICATE
MAIL COPY
Posted 20 SEP 1917

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT
for J. H. Mansfield
O.C. Office Company.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1591, Pte. West, H

(Substituting A.F. J. 1925). N.F.P./36.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. _____

From Liverpool -- Date 13/9/17

DR. Classification (See Procedure). A

Draft No. 48

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	8	Forfeited Pay							1	Pay	1.00	97	97	00	
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	13	Fines							6	Balance Credit Last Period				22	18 5
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
	15	Arms & Accoutrements								Ration Allice, 5/9/17 - 13/9/17					
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	20	1st Payment per P & R. O.			33	10	0								
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Rma.
12/9/17



191

DUPLICATE MAIL COPY
Posted 20 SEP 1917

CERTIFIED CORRECT.

NEWFOUNDLAND CONTINGENT
F. H. Mansfield
O.S. Company. *La*

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1591, Pte. West, H

(Substituting A.F. J. 1325). N.F.P./36.

Company. From 9/8/17 To 13/9/17 (Dates inclusive).

Embarked per S.S. _____

From Liverpool Date 13/9/17

DR. Classification (See Procedure). **A**

Draft No. 48

CR.

Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Days	£	s	d
	8	Forfeited Pay							1	Pay	1.00	97	97	00	
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	10								3	Other " "					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3			10670	21	18 6
	13	Fines							6	Balance Credit Last Period				22	18 5
	14	Clothing & Necessaries							6a	<u>OTHER CREDITS:</u>					
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							45 14 11								45 14 11

DUPLICATE MAIL COPY
Posted 20 SEP 1917

CERTIFIED CORRECT.
NEWFOUNDLAND CONTINGENT
F. H. Mansfield
O.S. " Company.

R.M.A.
13/9/17

191

NEWFOUNDLAND CONTINGENT
PAY & REQUISITION OFFICE

April, 30th, 1918.

Mr. Henry West,
Musgrave Hr.,
Fogo.

Dear Sir:

Referring to your letter of April, 17th.,
I beg to state, that at the present time I have no
badges on hand, but that a shipment is on the way from
London, and as soon as I receive same I will forward one
to you.

Yours faithfully,

Capt. & Paymaster.

Certificate to be signed by the soldier on date of discharge.

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

Name Pte Henry West Sig. of Soldier Henry West
Place Musgrave AR Sig. of Witness William Burt

April 17 1918

Mingraw Harbour
Short Shore

Dear Sir

I now shake my Pen in hands to let you know that I am well I am now sending for my Discharge Badge if you please Sir will you send it to me I was expecting it before but I never got it I would like to get it as quick as I can send it Sir if you please the next mail if you possible can if you cant send it before it comes up please send and let me know

Yours truly
 Wm Henry West
 to J. R. Bennet

Papua

Dorset



please
 please
 please

N.F.P./54

No.417.

From Pay & Record Office, London

To Minister of Militia,
St. John's, Nfld.

#1591 Pte.H.West

Overcredited Ration Allowance as per claim 156. 2s.3d.

N.P.P./54

No.417.

From Pay & Record Office,
London.

To Minister of Militia,
St. John's, Nfld.

#1591 Pte.H.West

Overcredited Ration Allowance as per Claim 156. 3s.0d.

Musgrave Ave
Dec. 6th 1917

J. R. Bennett, Colonel, Secty.

Dear Sir Just a
few lines to you because I
^{know of them} went to you about my
Discharge papers if you cant
get them for me because I
am home 2 months now and
if you can get them please write
me and let me know

I remain yours truly
P. te. Henry West.

reply

July 25, 1919

#1591 Pte. Henry West,
Misgrave Harbor,
Fogo Dist.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the 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 *Henry* 2. Surname *West*

3. Rank *Private* 4. Regtl. No. *1591*

5. Address in full to which future payments of gratuity are to be forwarded *Mrs. Grace Harbour No. 1 District*

6. Date of enlistment in the Regiment *May 1915*

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. *No*

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *2 years and three months*

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.

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 Regt.? If not give - (a) date of discharge... (b) Reason for discharge.

no

December

unfit

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France Egypt

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.

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: *Henry West X*
 Place of Residence: *Simsgrave Harbour Popo Dist*
 Declared before me at:
 This *2nd* day of *June* 1919.....

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 due
Date paid	Sold	Sold	War Service Gratuity.	
	Soldier.	Dependent.		
.....
.....
.....
Certified correct.				Paymaster

Thomas Welton Jnr

This space to be left blank for the Station Number.

CERTIFIED TRUE COPY

Army Form B. 268.



Proceedings on Discharge

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

No. 1591 Army Rank Private

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

Corps 1st 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 specified.)

Date of discharge January 10th 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age 28 years 1 months
Height 5 feet 9 inches
Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.
Complexion fresh
Eyes Blue
Hair Light Brown
Trade Fisherman

Descriptive marks.
Loss of R. Arm & L.S.W.
Left and Right Leg

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

(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 Wounds received in Action.

(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.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10⁰⁰/₁₀₀

Oct. 2nd 1917

Received from the First Newfoundland Regiment
the sum of Ten 00/₁₀₀ Dollars.
on account
balance of Pay.

Cheque Mailed Oct. 9th 17.

Ch. No.	185	Initials	CCO
Pay Ledger	256	Initials	CCO
Gen. Ledger	185	Initials	JHS

Regtl. No. Rank

No. 1591 Rank Pte.

Name Harry West

Newgrange St.

October 9th, 7

Pte. Harry West,
Musgrave Harbor.

Dear Sir,-

I enclose herewith cheque for \$10.00,
as Pay on account.

Yours truly,

Lieut.
D/Paymaster

Casualty Form—Active Service.

Regimental No. **CR. 1541** Regiment or Corps Newfoundland Rank Pte Name Henry West 1050
 Enlisted (a) 4/6/15 Terms of Service (a) WAR Service reckons from (a) _____
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Disembarked Marseilles</i>	<i>3.7.16.</i>		
	<i>87th A. Coy</i>	<i>Ad G. per Supply train</i>	<i>Ces.</i>	<i>3.7.16</i>	<i>ES 11968</i>
	<i>2nd Coy</i>	<i>Haare Inv to Eng</i>	<i>"Egypt"</i>	<i>3.7.16</i>	<i>W 3083</i>

Ad Clerk

CAPTAIN.

FOR OFFICER INFANTRY RECORDS
G. H. Q.; 3rd ECHELON.

Int

Regiment or Corps 21 N. 3 & D.
 Rank Pte Surname West. Christian Name Henry

Religion Meth Age on Enlistment 20 years — months.

Enlisted (a) 4/6/15 Terms of Service (a) duration of war Service reckons from (a) 4/6/15

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

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

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.39. No. <u>112/110</u> DATED <u>12 SEP 1917</u>			Embarked Southampton	3	OCT 1916
			Disembarked ROUEN	4	OCT 1916
		Joined Battalion	14 OCT 1916		
			With BATT. 28. I. IV		
	<u>89 FA.</u>	<u>Admitted G.W. Arm transf</u>	<u>CCS</u>	<u>28/1/17</u>	<u>ED 9320</u>
	<u>1 Gm Hoop</u>	<u>Admitted Dist</u>	<u>Etretat</u>	<u>29/1/17</u>	<u>AA 6354</u>
	<u>"Grantully & Co"</u>	<u>Invalided to England</u>		<u>3.3.17</u>	<u>W 3083</u>
			<u>Mr Burchell</u>		<u>CAPTAIN.</u>
			for Officer i/c	No. 1 Regular Infantry Section	
			General Headquarters,	3rd Echelon.	

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

Receipt for Army Book 64

No. *1591* Name..... *J. West*

31

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

Name..... *Henry West*

Date *12/8/20*

Place..... *Musgrave*

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

[Handwritten mark]

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Newfoundland Regiment,

Department of Militia,

St. John's Newfoundland.

Fold Here

June 24th. 1921^{1917.}

The accompanying King's Certificate, on his discharge,
(No. 586), is forwarded herewith to

Private Henry West

in respect of his service as No. 1591 Rank Pvte.

Name Henry West Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received Certificate July 6 1921

Signature Henry West - H.W.

Date July 6 1921

Address Musgrave Hill

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Henry West

in respect of his service as No. 1591 Rank Pte.

Name H. West Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received medals

Signature H West

Date Oct 17 1921

Address Musegrave Tor

[P.T.O.]

