



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3217 Name A. White Corps Infantry

Questions to be put to the Recruit before Enlistment

- Solomon White*
1. What is your name? 1. Valleyfield B. B.
 2. What is your full Address? 2. yes
 3. Are you a British Subject? 3. 19 years
 4. What is your age? 4. 7 Months
 5. What is your Trade or Calling? 5. no
 6. Are you Married? 6. no
 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. yes
 8. Are you willing to be vaccinated or re-vaccinated? 8. yes
 9. Are you willing to be enlisted for General Service? 9. yes
 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps yes
 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? II. yes

I, Solomon White 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.

6/3/17 Solomon White SIGNATURE OF RECRUIT.

A. J. Parsons SIGNATURE OF WITNESS.

Solomon White OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Solomon White 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 6th day of March 1917.

Chas. A. [Signature] Signature of Attesting Officer

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 7th March.

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

Date.....1917 } 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

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

Name Solomon White
 Apparent age 19 years 8 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 30 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter White
Valleyfield B.B. | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " " Pensions " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

3517

ATTESTATION OF

No. 3217 Name S. White Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Soloman White</u> |
| 2. What is your full Address? | 2. <u>Valleyfield B.B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

Soloman White 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.

66/3/17 Soloman White SIGNATURE OF RECRUIT.

Wm. T. Parson Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Soloman White 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 11th day of March 1917.

Signature of Attesting Officer Chas. R. Apple

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Solomon White
 Apparent age 8 years 8 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 30 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter White
Valleyfield B.B. | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>6-3-17</u>									
Joined at <u>St. Chris</u> on <u>March 6th 1917</u>									
<u>Discharged July 6/19</u>									
Embarked <u>St. Chris</u> train to <u>Halifax N.S.</u> <u>19th 17</u>									Embarked for <u>St. Chris</u> <u>16th 17</u>
Disembarked <u>Power</u> <u>7-11-17</u> Joins <u>Battery</u> in the field <u>14-11-17</u>									Wounded <u>20th 17</u>
Admitted <u>37th A. F. S.W. Coy</u> <u>21-11-17</u> Invalided to <u>England</u> <u>25-11-17</u>									Admitted <u>British</u>
<u>Military Hosp. Devon Road. Bathurst</u> <u>27-11-17</u> Transferred to <u>3rd L. H. Coy</u> <u>14th 18</u>									<u>14th 18</u>
Employed <u>then</u> <u>Command</u> <u>depot</u> <u>Halifax</u> <u>14-5-18</u> Sent to <u>H.Q. Newcastle</u> <u>21-6-18</u>									
to <u>Campania</u> for <u>dembolization</u> <u>12-12-18</u> Arrived <u>Campania</u> <u>21-12-18</u>									
<u>Dembolization</u> <u>St. Chris</u> <u>6-2-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 6-2-19 (date of discharge) 1 years 338 days
 " " " Pensions " " " " " " " " " " " "



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Salomon White ~~Ballyfeld~~
aged 19 conducted at Headquarters
Date: March 6th 1917 Recruiting Officer: _____

NO OF TEST

FINDING

- 1 No
- 2 No
- 3 No
- 4 No
- 5 No
- 6 No
- 7 Yes
- 8 Yes
- 9 No - no
- 10 ~
- 11 ~
- 12 ~
- 13 ~
- 14 teeth to be attended to
- 15 ~
- 16 ~
- 17 ~
- 18 ~
- 19 1/6 Bots
- 20 ~
- 21 ~
- 22 ~
- 23 ~
- 24 ~
- 25 ~
- 26 ~
- 27 ~
- 28 ~
- 29 ~
- 30 ~
- 31 ~
- 32 ~
- 33 Yes 7 years ago left arm
- 34 5.6
- 35 1.14
- 36 31-34
- 37 \$24 per month
- 38 Father Peter White Ballyfeld Wesleyville
- 39 No

Bain

Subj. subject to no 13

Signature of Medical Examiner:

J. W. Burden

Extract from Registered Receipt, dated Feb. 17th., 1919.

One package No. R. 1602.

Peter White,

Valleyfield, B.B.

C.R. 3577

Feb.14th 19.

W. White Esq.,
Valleyfield, B.B.

Dear Mr. White:

I beg to forward to you by Registered Mail one cotton bag belonging to your son, No.3517 Pte. Solomon White, of the Royal Newfoundland Regiment.

Herewith enclosed you will find receipt, kindly sign same and return at your earliest convenience.


Yours sincerely,



Lieut.

Casualty Officer.

No. of Paper 1418**PERSONAL EFFECTS.**Name White S.C.R. 3517Rank PrivateRegiment ROYAL INDIAN INFANTRY

Article	Where stored	Notified by
<p>1 cotton bag containing:- personal effects extracted from Kik Bag.</p>	 <p>Final disposal</p>	<p>Shipped to Newfoundland.</p>

Remarks :- Casualty Advice :- Repatriated 12/12/18
Next of Kin :- Father :- Peter White
Valleyfield B.B.

C.R. 3517

Extract from Daily Orders part II, Depot St. John's dated Feb. 7/19.

The discharge of the undernoted on demobilisation have been
CONFIRMED by Officer I-c Records on 6-2-19.

#3517 Pte. Solomon White.

C.R. 3517

Extract from Daily Orders part 11, Depot St. John's
-dated January 23rd., 1919.

The undernoted discharge on demobilisation have been
APPROVED by C. C. Discharge Depot from 23-1-19.

#3517 Pte. A. White,

C.R. 3517

Extract from Medical Board held Jan. 15th, 1919.

3517 Pte. S. White.

Recommended Discharge as permanently unfit.

C.R. 35-17

Extract from Daily Order part 11, Depot St. John's dated Dec 22nd. 1916.

The a/s returned from Overseas and reported at Depot 21-15-16.

#3517 Pte. S. White.

C.R. 3517

Extract from Nominal Roll of repatriation draft from the
2nd., Battalion of the Royal Newfoundland Regiment per
S. S. CORSICAN, which embarked at Tilbury Docks
10/12/18.

#3517 Pte. S. White,

CP 3517

Extract from Casualties received from Pay & Record Office,
London, dated May 3, 1918.

#3517 Pte. S. White.

Was discharged from the 5rd I.G.H. on 2-5-18 and granted
furlough to 11-5-18 ~~was~~ fit for 11 Command Depot.

C.R. 3517

March 26, 1918.

Peter White, Esq.,
Valleyfield,
B.B.

Sir,

I have the honour to inform you that a cable has been received from the Record Office, London, stating that #3517, Pte. Solomon White, is progressing favourably.

I have the honour to be,

Sir,

Your obedient servant,



Major,

Chief Staff Officer.

WFA/JTF.

4597/103/R.&C.

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS,
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

C.R. 3517

Officer Commanding,
3rd London G. Hospital,
Wandsworth, S.W. 18.

Erin Hospital.

O.C., 3rd Lond G. Hosp

Pay & Record Office,

25/3/18.

22nd March, 8

3517, PTE. S. WHITE,
Royal Newfoundland R.

3517 Pte. S. White wrote
to his parents on the 19th
March '18.

Following is an extract from
a telegram dated 20/3/18 (2675)
received from the Hon. Minister
of Militia of Newfoundland, with
reference to the above-named
man:

(Sd) Annette Jones,
Matron.

"Instruct him to write parents"

Will you please cause this
instruction to be carried out?

O.C., Nfld Records,
58, Victoria St.

The above for your
information, please.

(Sd) H. Fagan, Capt. RAMCT.
for O.C., 3rd Lond G. Hosp.

Major,

Chief Paymaster & O. i/c Records.

Reg. No. 2947.

HA/JC

C.R. 3517

March 19, 1918.

Peter White Esq.,
Valleyfield B.B.

Sir:-

Your telegram of March 12th addressed to the Colonial Secretary has been passed to this department and has been transmitted to the Record Office London, who will deliver it to #3517 Pte. White.

I have the honour to be,

Sir,

Your obedient servant,



Major.

Chief Staff Officer.

WFR-KMD.

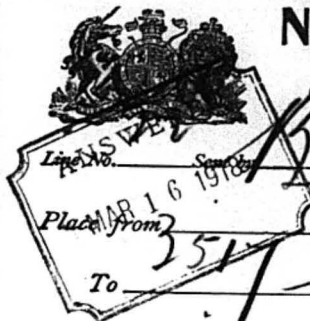
C.R. 3517

Copy of telegram received from London, dated
March 15th, 1918.

In answer your telegram March 15th, 3517 White
Convalescent.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Rec'd by Adger Quay 12 Check _____

To W.M.
The Colonel's White
Military Hospital
W.M. 12 1918

Grand Road
Richmond
Col. Seely

How are you anxious to
 know if improving sent
 you three letters no
 reply answer immediately
 Father

C.R. 3517

Extract from Casualty received from Pay & Record Office,
London, dated February 16, 1918.

#3517 Pte. S. White. ✓

Transferred to 3rd London General Hospital, 14/2/18.

From Richmond Military Hospital.

Auth:- Memo from O.C. 3rd L.G.H.

C.R. 3517

January 10th 1918.

Mr. Peter White,
Badger's Quay.

Sir:-

In reply to your inquiry concerning 3517, Pte.
S. White, I have the honour to inform you that a
cable has been received stating that he is progress-
ing favourably.

I have the honour to be,

Sir,

Your obedient servant,



Major,

C.S.O. Dept. of Militia.

WPR/JMR.

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 14 Sent by J Rec'd by _____ Check 10/ No. _____
 Place from Badgers Quay 4 to S.M.

To Pte Solomon White
3517 Military Hospital
Grove road Richmond
Co Militia Dept
St Johns

Anxious to hear from
 you How are you answer
 Immediately
 Peter White

C.R. 3517

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Dec. 29th. 1917.

STRANGER.

3517 Pte. S. White.

Invalided to U.K. 25/11/17. Wded.

C.R. 3517

Extract of C quality received from Pa & Record
Office, Lond n, dated December 4, 1917.

#3517 Pte. S. White. ✓

wounded 20/11/17.

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 _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 3rd December, 1917.

To SYNOPTICAL,
LONDON.

E.F.M. Filthiness 3517 White begins Sorry you wounded trust
God everything be alright, ^{best}wishes. Father ends.

COLONIAL SECRETARY.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by Vallanfield Rec'd by _____ Check _____

No. _____

Place from Via Badgers Bay

To _____

US m pte Solomon white
3517 military Hospital
Grave Road
Richmond Co
Col Secty

DEC 1 1917

my dear ~~son~~ sorry
to hear you are
wounded trust in
god and everything
will be alright best wishes
Father

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. (aid 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 _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated November 29, 1917.

To Mr. Peter White,

Valleyfield, B.B.

Regret to inform you that Record Office,

London, officially reports No. 3517, Private

Solomon White, has been admitted to Military Hospital,

Grove Road, Richmond, suffering from gunshot wound

in the left arm.

Upon receipt of further information I shall immedi-

ately wire you and trust that next report will be

of his convalescence.

J. H. BAKER, R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 3517

NO. 3517 PTE. SOLOMAN WHITE.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD OFFICE
LONDON DATED NOVEMBER 29th, 1918.

"AT MILITARY HOSPITAL BROVE ROAD RICHMOND GUNSHOT WOUNDS
LEFT ARM." ✓

C.R. 3517

Extract from Nominal Roll Draft No.32: All Other Ranks from 2/1st
Newfoundland Regt., Ayr, to 1/1st Hfld.Regt., B.E.F. Embarked
Southampton 6/11/17

3517 Pte.White, S.

MP

C.R. 3517

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17.

3517 Pte. S. White.

3517

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Mar. 6th, 1917.

3517 Pte. S. White.

Attached to the Strength from 6-3-17.

6
S White

C.R.

3517

~~AKO~~

Casualty Form - Active Service.

Regiment or Corps *Newfoundland* B
 Rank *Pte* Surname *White* Christian Name *Samuel*
 Religion *meth* Age on Enlistment *19* years *8* months
 Enlisted (a) *6.3.17* Terms of Service (a) *duration* Service reckons from (a) *6.3.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Fisherman* *Harold Street, St. John's* Signature of Officer.

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				
			Embarked <i>St. John's</i>		
			Disembarked <i>Rouen</i>		
			Joined Battalion <i>14-11-17</i>		
<i>26 NOV 1917</i>	<i>O.C.</i>	WOUNDED IN ACTION	<i>20 NOV 1917</i>		A.F.B. 213
<i>27 Feb 17</i>	<i>27 FA</i>	<i>to GSW am trans</i>	<i>55 CCS</i>	<i>24/1/17</i>	<i>803037</i>
	<i>2nd Regt RA</i>	<i>"</i>	<i>Rouen</i>	<i>22/1/17</i>	<i>RA 16709</i>
	<i>Western Australia</i>	Transferred to England		<i>25-11-17</i>	<i>W 3083</i>
			<i>J. Neary</i>	<i>2nd Lt</i>	
			G. i/c No. 1	Infantry Section	
			G.H.Q. 3rd	Detachment	



(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, Shoening-Smith, &c. W. 21814-M1188 room 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./154. [P.T.O.]

2/12 21-6-18

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 Engineers*
2. Regtl. No. *357* 3. Rank. *Pte.*
4. Name *WHITE* *Slovan*
(Surname) (Christian Names)
5. Age last birthday. *30 yrs*
6. Posted for duty on. *March 1917* At *S. Yorks.*
in category (or grade).....
7. Former Trade or Occupation } *Ironmonger*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos. *na.*
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 (b) Where (d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *Nov. 1917.*

12. Place of origin of disability. *Canadian Forces.*

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.

He states that during the attack he received a rifle bullet in left leg which was treated in Richmond & Warden's Military Hospital, and was then sent to the 1st Canadian Depot, from which he was discharged as British Category.

Nil AF B 178.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } no.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? *Two scars on outer side under insertion of deltoid & the muscle of upper arm in front of triceps muscle. Wounds of muscle gutter arm of forearm and of hand. Has claw deformity; has been in massage indefinitely at dept., which he would not continue after 2 mos.*
16. Was an operation performed? If so, when and what was its nature? *Yes.*
17. If not, was an operation advised and declined? *no.*
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? *no.*
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? *no.*

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.

Discharge as permanently unfit for military service.

W. K. C. P. 1102108.

Station *Hazleydown Camp* Medical Officer in charge of case.

Date *Nov 27th 1918*

* 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

OFFICE COPY

LAST PAY CERTIFICATE

N.F.P./94

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

Regtl No. 3517 Rank Rt. Name White S. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18. Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.		STATEMENT OF ACCOUNT						CR.					
PARTICULARS		\$	£	s	d	PARTICULARS		\$	£	s	d		
PERIOD: From 23/11/18 To 27/12/18	Balance Dr. from					Balance Cr. from							
	Allotment 19 days @ 6s 9d	111	40	12	6	Pay 19 days @ \$ 1.00	119	00					
	Cash Payments:					Field Allowance 19 days @ \$ ¹⁰ / ₁₀₀	1	90					
	1st Pay				13	6	Other Allowances days @ \$	120	90	14	5		
	2nd "				1	3	7						
	Other Debits:					Other Credits:							
	B. Damages					Copy sent to oftr. 21303/210							
	Misc Stopps.					P.A. 27/12.18.							
	Total Debits			14	5	11	Total Credits			14	5	11	
	Balance due by Paymaster						Balance due to Paymaster						
			14	5	11				14	5	11		

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

F. Co.
HAZELEY DOWN CAMP.

Dec 11th 1918.

(Place)

(Date)

J. R. ...
O.C. "F" Company.

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

Pay & Record Office, London,

Reg. No. 3517 Rank Plt Name White S
Attested Address Valleyfield B. B.
Allotment Allottee
Date of Allotment Returned from Overseas 21.12.18
Embarked for Overseas Cause Discharge

G. Leave from 21-12-18 to 6-1-19.

15-1-19 Rec Dis Permanently unfit

20-1-19 PASSED TO DEMOBILIZATION OFFICE

23-1-19 DISCHARGE APPROVED ON DEMOBILIZATION

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, <i>Hazley Square Widnes</i>	A.F. W. 3961B has been sent to The Officer i/c Records, <i>58 Victoria St London</i>	A.F. W. 3961C has been sent to The Regimental Paymaster,
---	--	---

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to *St Johns N.F.L.D.*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *St Johns N.F.L.D.* (Country) *St Johns N.F.L.D.* (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____
- (vi) Names and addresses of two references who can verify the above particulars _____

No. *3517* Rank *plte*
 Name *White Solomon*
 (Surname) (Christian names in full)
 Unit and Corps *Royal N.F.L.D.*
 Authority *SB 1799 BC*

Army Forms B. 179A and B, B. 105, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazley Square*
 Date *15/11/1901* O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, <i>Hazleyburn Manchester</i>	A.F. W. 3961B has been sent to The Officer i/c Records, <i>5 Victoria St London</i>	A.F. W. 3961C has been sent to The Regimental Paymaster,
--	---	---

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to *St Johns N.F.L.D.*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (c).

- (i) Where enlisted *St Johns N.F.L.D.* (Country) *St Johns N.F.L.D.* (Place)
- (ii) Date of arrival in United Kingdom
- (iii) Port of arrival
- (iv) Ship on which arrived
- (v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

No. *3517* Rank *Plt*
 Name *White Solomon*
 (Surname) (Christian names in full)
 Unit and Corps *Royal N.F.L.D.*
 Authority *B 1799 B.C.*

Army Forms B. 179A and B, B. 105, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazleyburn*
 Date *15-11-1918* O.C.

* Insert cause other than under (a) or (b) above.

NOTE 1.—† If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms. In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, The Officer i/c Records, A.F. W. 3961c has been sent to The Regimental Paymaster,

Hazley 58 Victoria St London

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as* _____
- (d) Transfer to the Reserve
- (e) † Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (Country) _____ (Place) _____
- (i) Where enlisted _____
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. 3517 Rank PLC

Name White Solomon
(Surname) (Christian names in full)

Unit and Corps Regiment N.F.F.L.D.

Authority B 179 9 BC

Station Hazley

Date 15-11-1918 O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre,	A.F. W. 3961B has been sent to The Officer i/c Records,	The Regimental Paymaster,
--	--	---------------------------

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e) Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country) _____ (Place) _____

(i) Where enlisted _____

(ii) Date of arrival in United Kingdom _____

(iii) Port of arrival _____

(iv) Ship on which arrived _____

(v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. _____ Rank _____

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records, Station _____

Date _____ 191__ O.C. _____

*Insert cause other than under (a) or (b) above.

NOTE.—In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

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

Army Form W. 3016.
(Books of 200.)

No. _____ Date 2 May 1918

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

(2) The Officer Commanding, Royal Command Depot
Rifles W. (Station)

(3) The Paymaster, 58 Victoria St
SW (Station).

Regimental No. 357

Rank and Name Plt White S Adm: 10/2/18

Regiment or Corps 1 Royal

has been granted a furlough from 2 May to 11 May

His address while on leave will be: 58 Victoria St
London SW.

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

G. C. Hall
Capt
Registrar, R.A.M.C.F.

Officer in charge 3rd London General Hospital,
WANDSWORTH, S. W. (Station).

... have furnished a warrant to Victoria and £1. (one pound).

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

C.D.

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

Army Form W. 3016.
(- Books of 200.)

No. _____ Date 2 May 1918

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

(2) The Officer Commanding, 8th Field Coy
London W. (Station).

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

Regimental No. 3517

Rank and Name Private J. H. Smith

Regiment or Corps 1st Coy

has been granted a furlough from 2 May to 11 May

His address while on leave will be: 58 Victoria St

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

G. C. Hall
capt

Registrar, R.A.M.C.F.

Officer in charge 3rd London General Hospital,
WANDSWORTH, S. W. (Station).

This form has been issued in accordance with a warrant to Victoria and given on advance of £1. (one pound).

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

No. 3517 Rank PK Name White, J.

Pay	F.A.	Wkg	Total	N.W. DATE
100	10		110	
Less Allotment			60	m/c
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d					
		£	s	d		From	To			£	s	d			
Balance					Balance		21 ¹² / ₇			5	0	11 ¹¹ / ₄			
Acquittance Rolls					Pay @ Net Rate	22 ¹² / ₇	2 ² / ₈	132	50	66	00	13	11	3 ¹¹ / ₄	
Hospital Advances		4	10	0 ¹¹ / ₄	Ration Allowance									17	6 ¹¹ / ₄
A.B. 64.					10 days @ 1/9										
P.&.R.O. Payments		6	0	0 ¹¹ / ₄	\$-19-8 ¹¹ / ₄										
					Receipt no 6883										
					9 0 0										

19-9-8¹¹/₄

10-10-0¹¹/₄

[Handwritten signature]
2²/₈

Receipt No 6581 Rusham Military Hospital
Weybridge

To Paymaster
Royal Newfoundland Regt

£1.0.0 ^{1/2}
16 ¹⁴/₁₈

Please advance me the sum
of £ 1.0.0 (one pound), & charge same
to my ~~account~~



and charge

Your obedient servant



15-4
Grace Newbery
Nation

M 3517

S. White, Plt
Ry. Regt. Recd

translation of Telegram, No 2517 from Minister
Militia. Received P.R.O. 4.12.17

Following for - 3517 - White - begins -
Sorry - you - wounded - trust - God -
everything - be - alright - best wishes - Father
ends -

3517 pte. S. White.

Richmond Mil. Hosp.
Grave Rd.
Richmond.

13231/1

CABLEGRAM

No. _____



No. of Message _____

Date

8 DEC 1917

740PM

The following CABLEGRAM received, at _____ M. "Via Commercial Cables."

DEB 9 ST JOHNS NF 21

EFM SYNOPTICAL LDN

FILTHINESS 3517 WHITE BEGINS SORRY YOU WOUNDED TRUST GOD
 EVERYTHING BE ALRIGHT BEST WISHES FATHER ENDS
 COL SECY

BRANCH
Rdo
NOTED UPON
BY [Signature]
DATE

4413
- 4 DEC 1917

No Inquiry respecting this Message can be attended to without the production of this paper. Repetitions of doubtful words should be obtained through the Company's Offices, and not by direct application to the Sender.

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
33, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

4th December,

7

3517, Pte. S. White, 1st Newfoundland Regiment,
Richmond Mil. Hosp., Grove Road, Richmond.

TELEGRAM FROM FATHER
through Colonial Secty.

The following telegram (7413) received from
the Hon. Colonial Secretary of Newfoundland 4/12/17
is transmitted to you, please.

"Following for- 3517- White- begins- sorry-
"you- wounded- trust- God- everything- be-
"alright- best- wishes- Father- ends-"

Major,

Chief Paymaster & Officer i/c Records.

4273/1/R. & C.



3517 Pte. S. White,
Royal Newfoundland R.,
3rd London G. Hospital,
Wandsworth, S.W. 18.

8

TELEGRAM

✓ Following is an extract from a telegram
(2532) received 15/3/18 from the Hon.

Minister of Militia of Newfoundland:

"Instruct- 3517- White- to- write-
"his- father-"

for Maj,
Chief Paymaster & Officer i/c Records.

HA/JC

£2.0.0
Receipt No. ~~6769~~ Waybridge

To Paymaster
Royal Newfoundland Regt

(Please advance me
the sum of £2.0.0 (two
pounds) and charge same
to my account
and oblige
your obedient servant

BRANCH
INITIALS

RECEIVED
LONDON, 1918
PAY & RECORD OFFICE

25-4-18 3517 White
Rt. Hon. Regt.
Grace Wheeler
Nation.

4265/

Brin Lodge
Weybridge,

16th March

8

S. White

3517

Pte

2:0:0

7904.

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. IN	2546 ✓
Rec'd	15 MAR 1918
Ack'd	Ans'd
Ref. Nos. OUT	4265
To AC Chey Paymaster	
Comd	H. Royal. N. F. L. D. Regt
P & A ✓	15/3/18
R & C	Sir
B & E	
P. S.	

Erin Lodge
 Military Hosp
 Mar 13/3/18.

Please let me have
 the sum of £2 and charge to my
 account.

I am Your Obedient-Servant
 (3517) W. S. White.

Signed Amette (one
 H265/1
 (Institutions))

MS
 £2.0.0
 W.S. 15/3/18

4597/103/R. & C. Forms
Q 649
1660

*Copy to us for
24/18 JMA*

MEMORANDUM.
CHIEF PAYMASTER & OFFICER
NEWFOUNDLAND CO. IN CHARGE
From 58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

3rd London G. Hospital

To
Officer Commanding,
3rd London G. Hospital,
Wandsworth, S.W. 18.

To *Of 3rd London G. Hospital*

ANSWER.

Pay & Record Office,

22nd March, 1918

3517, PTE. S. WHITE,
Royal Newfoundland R.

*25 3 1918
3517 Pte S White*

Following is an extract from
a telegram dated 20/3/18 (2675)
received from the Hon. Minister
of Militia of Newfoundland, with
reference to the above-named
man:

*wrote to his parents
on the 19th March '18*

"Instruct him to write parents"

Will you please cause this
instruction to be carried out?

A. J. Munnell
Major,

Chief Paymaster & O. i/c Records.

HA/JC

7

3rd LONDON GENERAL HOSPITAL
NO. _____
NEWFOUNDLAND CONTINGENT
WANDSWORTH, S.W. 18.
Ref. Nos. _____

O.C. Nfld. Records
58, Victoria St,
W.1. **30 MAR 1918**
Ackd. _____

Ref. Nos. 001

The above for your
information please.

A. J. Munnell

Capt. R. A. M. C. (T) for
O.C. 3rd London General Hsp.

P.S.

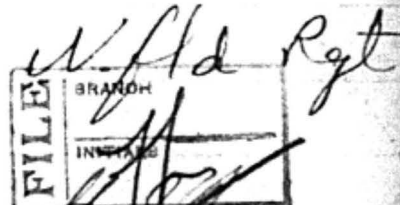
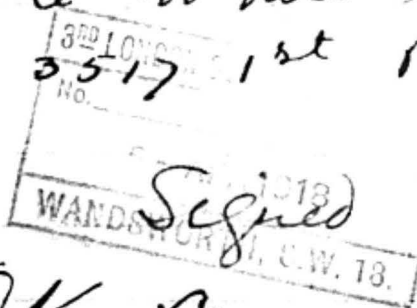
Erin Hospital
Weybridge Surrey. April 5/18

To Paymaster
1st Royal Wfld Rgt



Please pay bearer the sum
of £ 1 one

Pte White S 6416
1st Royal Wfld Rgt



Approved
Walter
[Signature]

O.K. £1.0.0
W.K. 5/4/18.

White S.

3517

Pay Dem

LAST PAY CERTIFICATE

N.F.P./94

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

Regtl No. 3517 Rank Pte. Name White S. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS						\$	¢	£	s	d	PARTICULARS						\$	¢	£	s	d
Balance Dr. from											Balance Cr. from										
Allotment 19 days @ 6s 0						111	40	2	6	11	Pay 19 days @ \$ 1.00.						119	00			
Cash Payments:											Field Alice 19 days @ \$ 10/100						11	90			
1st Pay.									13	6.	Other Allces days @ \$						20	90	4	5	11.
2nd "								1	3	7.	Other Credits:										
Other Debits:																					
B. Damage										6											
Miss Stopp.									1	5											
Total Debits								14	5	11	Total Credits								14	5	11
Balance due by Paymaster											Balance due to Paymaster										
								14	5	11									14	5	11

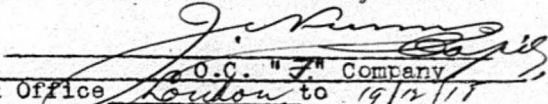
CHECKED: S.P.
 PERIOD: From 23/11/18 To 27/12/18
18/12/18

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

HAZELEY DOWN CAMP: Dec 11th 1918.
 (Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office O.C. "F" Company and is therefore subject to amendment if and as may be found necessary. London to 19/12/18

Pay & Record Office, London,
Dec 19th 1918


 Chief Paymaster & Officer i/c Records.

February 6, 1919

#3517 Pte. Solomon White,
Valleyfield, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 845."

Yours truly,

Captain,
Pa. Mast r & O.i/c Record

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3517 Rank Pl Name Solomon White
 Intended place of residence Valleyfield NB
 2. Occupation Fisherman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION.

ELIGIBLE for POST DISCHARGE PAY

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

Place
 Date JAN 20 1919 W. Howley Capt
 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 responsibilities in my connection.

Place and date St John's 20-1-19
Solomon x White
 Signature of soldier
R. Dicks Capt
 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 and Date Jan 25th 1919
ST. JOHN'S.
Solomon x White
 Signature of soldier
J. D. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6. 3. 17. No of days on Military
 Discharged from service 28-1-19 plus 14 days Service 7.03 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S. R. H. Sait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JAN 23 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St John's, Nfld. W. Howley Capt
 Date February 6, 1919. Officer in Records
 The Royal Newfoundland Regiment

20 13 20 1919 845

26
30
31
30
31
31
30
31
31
6
8

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 357 Rank P.O. Name White, Thomas

Date of Enlistment 6.5.17 Address Valleyfield District Bonaventure

Occupation Fisherman Classification for Discharge B Medical Category C

Recommendation S.M.B. permanently unfit Disability Rating 20% 6 mths

Passed to Demobilization Officer with following documents:—

N.F. P 36 <u>94</u>	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	2 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	<u>324637-1</u>	" 6	
B 179c	B 120	M 93			

Date 20-1-19

Thomas White
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Thomas White
not permanent
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 Joseph A. Snow

Date 20-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 547 to his home at Valleyfield and Release Certificate No. 880 issued.

Date 20-1-19

C. D. Dicks Capt.
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 6-2-19

Date 20-1-19

W. H. Kelly Capt.
Depot Paymaster.

Discharge approved for 23.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P364	B 268	B 121	1	N.F. Med	D.F. 1	
E 178	W 3494	B 122		Board 1st	" 2	1
R 178a	D 400A	B 1915		do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	463A	1	" 6	
B 179c	B 120	M 93				

Date 22.1.19

Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 23 1919

Date

R. H. Sait Capt.
O. C. Discharge Depot.

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

Date

*CB 12.5.8
B.M. 11.6.8 Mrs Roseworthy address 81-*

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

MEDICAL HISTORY

Surname White OF Christian Name Salomon



Table I.—GENERAL TABLE.

Birthplace:—Parish Valleyfield P.D. County P.D.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>6th</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191____	
	at <u>St John's</u>		at _____	
Declared Age	<u>19</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>6</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	<u>114</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement	Grith when fully expanded ... <u>34</u> inches		_____ inches	
	Range of Expansion .. <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>one scar</u>	_____	_____
When Vaccinated	<u>1910</u>		_____	
Vision	R.E.—V=	<u>6/6</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>W.E. Proctor</u>		_____	
(Rank)	<u>Lieut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>6th</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1st Nfld</u>	<u>3517</u>	_____	_____
Transferred to	<u>Regt</u>		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Rank)	_____		_____	

[P.T.O.]

14 5.18
2/1 Nov 21.6.19. 63.

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 work as Fisherman

His
S. + White *wit J. E. Sinclair*
Mark

Signature of Man.

Reg. No. 3517

C. B. Dickson

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

25/1/19.

191

Medical Report on an Invalid.

Station Hazeley Down Camp, Winchester.

Date November 27th, 1918.

- | | | | |
|----------------------|--------------------------|--|------------|
| 1. Unit | Royal Newfoundland Regt. | 7. Former Trade }
or Occupation } | Fisherman. |
| 2. Regimental No. | 3517; | 7A. If with previous service in Army, state— | |
| 3. Rank | Pte. | (a) Former Unit; | |
| 4. Name | White, Solomon. | (b) Regimental No.; | NA. |
| 5. Age last birthday | 20. | (c) Date of Discharge; | |
| 6. Enlisted | { on 6th. March, 1917. | (d) Cause of Discharge. | |
| | { at St. Johns Nfld. | | |

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. Left ~~Forearm.~~

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. **November 1917.**
10. Place of origin of disability. **Cambrai, France.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that during the attack he received a rifle bullet in left upper arm; was treated in Richmond and Wandsworth Military Hospitals, and transferred from latter place to Command Depot, from which he was discharged as B.111. Category.**

Vide. A.F.B.178.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). **Wounded on active service.**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **NA.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **NA.**

13. What is his present condition? **Two scars one outer side under insertion of deltoid other on inner side of upper arm in front of triceps muscle. Wasting of muscle of upper arm of forearm and of hand; Hand cold and clammy; has been on massage and electricity at Depot which he would not continue after 2 months.**

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

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

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

NA.

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

NA.

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

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

yes.

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

NA.

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

NA.

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

NA.

20. Do you recommend— **Discharge as permanently unfit for any Military Service.**

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

MAK
Captn R. H. B. B. B.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made

Opinion of the Medical Board.

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

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

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

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

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

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

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

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

*See sec. 13.
Cannot straighten elbow & fully extend.*

G.S.W.

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

23. Is the disability permanent?

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

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

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

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

*20% six months
would not continue
treatment at Depot
See sec 13*

27. Do the Board recommend—

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

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

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

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

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

Signatures:—

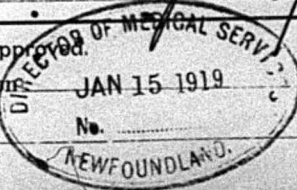
Station *St John's*

Date *Jan 15/19*

Approved.

Station

Date



[Signature] President.

[Signature] } Members.
[Signature]

[Signature] Administrative Medical Officer

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3577Rank. Pvt.Name. White Solomon
(Surname) (Christian Names)Unit and Corps Regt N. 116

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France
Eng*

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

gls wound that I recd was got in action in Cambrai in an attack 20 Oct 1917 with a rifle bullet which has made me unfit and cannot use my arms very well

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Richmond Hosp. 90 days
3rd London Gen. 7 "
Barnes Hosp. Waff Bridge 75 days
barnes hospital

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

no

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Fishermen

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hazleydown

Signed (Soldier) Robert White

Date 15-11-18

Signed R. J. Woods



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 *Solomon White*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3577*

Intended address *Valleyfield B.B.*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *H.*

Figure on discharge *Medium*

Christian name of Father *Peter*

Christian name of Mother *Martha*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Valleyfield 14th August 1899*

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) *Solomon White* ^{his} *White* ^{witness} *W. MacMichael* _{ptg}
marks *CSM.* (Rank)

Station *S. Johns'* Date *14. 1. 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

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name W. Lita Solomon
(Surname) (Christian names in full)

Unit from which discharged Royal N.F.S.B.

Regimental Number 3517 Rank on discharge Pte Age on discharge 20

Married, widower with children, or single Single

Occupation before enlistment Fisherman

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired

Full postal address to which }
proceeding on discharge } Valley Field B.B. N.F.S.B.

Name of Approved Society (if any)

PART B. Period of service, and in what

Corps Royal N.F.S.B. 1 240 India

Disallowed South Africa 1 150

Service towards pension France

... .. Eng.

PART C. Number of G.C. badges medals

Wounds and actions in which received g s w. left forearm

PART D. Where born (parish, town and county), and date Valley Field B.B. 14 Aug 1898

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father Peter

Christian name of mother Martha

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

Solomon White

Rank

PLB

Station

Hazley Down

Date

15-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character

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

Officer i/c Records.

Station

Date

191

* Insert P., or P.(T).

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

11 Con Temporary

MEDICAL HISTORY of

Surname White Christian Name Robinson

TABLE I.—GENERAL TABLE.

Birthplace .. Parish _____ County _____

Examined { on day of 191 ..
at _____

Declared Age _____ years _____ days.

Trade or Occupation .. _____

Height _____ feet _____ inches.

Weight _____ lbs.

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

Physical Development .. _____

Vaccination Marks { Arm _____
Number _____

When Vaccinated _____

Vision { R.E.—V = _____
L.E.—V = _____

(a) Marks indicating congenital peculiarities or previous disease { (a) _____

(b) Slight defects but not sufficient to cause rejection { (b) _____

Approved by .. (Signature) _____
(Rank) _____

Medical Officer.

Enlisted { at _____
on _____ day of _____ 191 ..

Corps.	Regtl. No.
<i>1 New South Wales</i>	<i>3517</i>

Transferred to _____

Became non-effective by _____

on _____ day of _____ 191 ..

(Signature)

(Rank)

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
	27	11	17	14.	2	18	<i>Glw VIII-4 left forearm</i>		
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	14	2	18.	2	5	18	<i>delto</i>		77

k List in the case of Warrant Officers treated in quarters.

marks 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

Transferred 3^d London General Hospital

R P Warner

Capt. R. A. M. C.

Regiment

Wounded in France 21.11.17
Sequestrating. Amn months limited.

G C Hall
Capt *Regt.*

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 West Kent*
2. Regtl. No. *3517* 3. Rank. *Ota*
4. Name *WHITE* *Solomon*
(Surname) (Christian Names)
5. Age last birthday. *20 yrs.*
6. Posted for duty on *6/3/17* at *St John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos. *na*
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 (b) Where (c) Opinion of Court (d) 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."

G. S. W. Left forearm.

11. Date of origin of disability. *Nov. 1917.*
12. Place of origin of disability. *Cambray. France.*

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.

He states that during the attack he received a rifle bullet in left upper arm was treated in Richmond and Wandsworth military hospitals and then transferred from latter place to Command Depot from which he was discharged as Bii Category.

Vide A.F.B 178

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | |
| (ii.) Previous active service.. .. . | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *N.A.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? *2 Scars one outer side under insertion of deltside other of triceps muscle. Wasting of muscles of upper arm, of forearm and of hand. Hand cold and clammy. Has been on massage & electricity at depot, which he would not continue after 2 months.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
16. Was an operation performed? If so, when and what was its nature? *Yes.*
17. If not, was an operation advised and declined? *N.A.*
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? *N.A.*
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? *N.A.*

20. Do you recommend—
- (a) Discharge as permanently unfit? *Discharge as permanently unfit for any military service*
- (b) Change to United Kingdom? *for any military service*
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.
- W. C. A. P. R. S.*

Station

Medical Officer in charge of case.

Date

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

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name. *White Salmon* Regtl. No. *2517* Rank... *Pls* Unit and Corps *A.V.F.L.B.*
 (Surname) (Christian Names)

1. State the nature of the disability or disabilities from which this man is suffering.. ..

ly SW left forearm

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :—
 (a) Sanatorium or other institution for tuberculosis
 (b) Hospital, and if so, what class?
 (c) Convalescent Home
 (d) Asylum, or
 (e) Other institution
 (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity initially certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended? ..

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature *President.*

Station
 Date } *Members.*

Approved.
 Station
 Date
Officer in charge, Central Hospital.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name White Solomon
(Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.L.D.

Regimental Number 2517 Rank on discharge PLS Age on discharge 20

Married, widower with children, or single single

Occupation before enlistment Fisherman

Special qualifications (if any) for }
 employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
 proceeding on discharge } Valleyfield B.B. N.F.L.D.

Name of Approved Society (if any) _____

PART Nature of medical unfitness G. S.W. Left Forearm

B. Service with Colours 1 years 240 days, of which 1 years
150 days were served abroad during the present war.

Military character good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 15-11-18 1918

Station Hazley Down

Date 18-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

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 20th. 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, *I. Solomon White* Surname, *White*

3. Rank, *Private* 4. Regt. No. *3517*

5. Address in full to which future payments of gratuity are to be forwarded, *I. Solomon White, Wallfield, Parson's Bay, St. John's, Newfoundland*

6. Date of enlistment in the Regiment, *March 14th 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge, *Arthur White*

8. Relationship of such dependents, *Twenty Dollars*

9. Address in full of such dependents, *Methodist*

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, *both in Newfoundland and on other*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas, *the year over sea*

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

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 yes*

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

19. Are you now serving in the Regt.? *NO* ... If not give: (a) Date of discharge. *19.19* (b) Reason for discharge. *Wounded*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *Yes*
... Braamberg ... 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

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. *yes yes*

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.



December
18th 1919

8314

Mr. Coaker

just a word to ask
you why is the railroad my son
don't get is seventy dollars
now. like the rest he was
out and don't get it as well as
the rest and what is the reason
he don't get it. like the rest
see please and try to get
it for him. please the rest get
their seventy dollars a month
from Mr. Peter
White Valleyfield

Put Solomon White

Valleyfield BB

BB 3577

P.M.

Anything done
W.T.P.

28/00

7/11 today
30-7-20.

Have we a form?

No ^{form}
5741

1919
July 8th
Valleyfield

Hon. A. E. Hickman

Just a word
to you concerning about the
soldiers pay I would like to
know the reason I cant get
75¢ a month will as other
soldiers and I onely get 10¢
I went and done my bit as
same as the other, untill got
wounded and I cant work
among men now like I did
before if I works one day I get
for to rest the next day and
cant onely get 10¢ a month

When there are others getting
75¢ a month and ~~it~~ haven't
got a scare on the so I don't
think it right for we all did
what we could for our King
and Country so I think that
it is right we should get
payed a like so please reply
again yours truly Yst.

Solomon White 3517

to Hon. A. C. Stickman

Minister of Militia

3517

July 15th 1919.

Mr. Solomon White,
Valleyfield, B.B.
Nfld.

Dear Sir:

With reference to your letter of July 8th, I enclose herewith Form of Claim for "War Service Gratuity" which kindly have completed and signed by a Magistrate or Justice of the Peace and return to this Department, so that your claim may be considered.

Yours truly,

Lieut.

For Paymaster.

RS/.

No. 947

TRAVELLING WARRANT

Date 20/1/49 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 3577 Rank Pte Name White S

From Yambo - ~~ST. JOHN'S~~ - To Vallfield

The Royal Newfoundland Regiment
DEPT ST JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. C. [Signature]
SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot-Newfoundland

To Capt. Ricks
M. Johnson

February 12th, 1919.

Department of Militia.

City.

The sum of Seven Dollars and Sixty Cents
\$ 7.60 is due 3517 Pte. S. White, Valleyfield, B.B.
Voucher and Attached.

ACCOUNT	<i>Trans</i>
CH. NO	<i>10116</i>
INITIALS	<i>EW</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

[Handwritten signature]

Correct for \$7.60
12. 2. 19
[Signature]
Demobilization Officer
Discharge Depot-Newfoundland

Travelling Expenses

Hire Horse	\$ 4.00
" Motor Boat	3.60
	<hr/>
	\$ 7.60

Received payments. C.S.
D. Hoddinott
Jan 24th 1919

March 6, 1919

Pte. S. White, #3517,
Valleyfield, B.B.
Hfd.

I enclose herewith cheque for
\$7.60, being refund due you on account of
travelling expenses.

 Capt.
Paymaster..

LM/

Encl. -1

The Royal Newfoundland Regiment

3517

DEMobilIZATION OF

Reg. No. 3517 Rank Platoon Name White Solomon
 Date of Enlistment 6.3.17 Address Valleyfield District Bonaventure
 Occupation Tailor Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanent Disability Rating 20% 6 mths

Passed to Demobilization Officer with following documents:—

N.F. P/96 94	1	B 268	1	B 121	1	N.F. Med.	D.F. 1.	
B 178	2	W 3494		B 122		Board 1st.	" 2.	
B 178a	2	D 400A	2	B 1915		do 2nd.	" 3.	3
B 179	2	D 400B		Form L.		do 3rd.	" 4.	
B 179a	2	D 400C		Form K.		do 4th.	" 5.	
B 179b	1	B 103		ME 2	3.1.637.1		" 6.	
B 179c	3	B 120		M 93				

Date 20-1-19

W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Solomon White
not permanent

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 Joseph A. Snow

Date 20-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R547 to his home at Valleyfield and Release Certificate No. 880 issued.

Date 20-1-19

Chadwick C.M.
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 6-2-19

Date 20-1-19

W. S. M. Capt
Depot Paymaster.

Discharge approved for 23-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P38	1	B 268	B 121	N.F. Med.	D.F. 1	
B 178	2	W 3494	B 122	Board 1st	" 2	1
B 178a	1	D 400A	B 1915	do 2nd	" 3	2
B 179	11	D 400B	Form L	do 3rd	" 4	
B 179a	1	D 400C	Form K	do 4th	" 5	
B 179b	1	B 103	ME 2	<u>8465A</u> 1	" 6	
B 179c	1	B 120	M 93			

Date 22-1-19

Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 23 1919

TRICKLE
O. C. Discharge Depot.

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

Date Jan 23/19

W. S. M. Capt
W. S. M. Capt

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

NFLD

Departmental Secretary.

- (1) Service number *3517*
- (2) Surname *WHITE*
- (3) Christian names *Solomon*
- (4) Date of Birth *14 Aug - 1899*
- (5) Religion *Methodist*
- (6) Unit of enlistment *Royal Nfld Regt*
- (6a) Highest corresp. rank *PLC*
- (7) Units overseas *Royal Nfld Regt*
- (7a) Highest corresp. ranks *PLC*
- (8) Rank on day of discharge *PLC*
- (8a) Corresp. unit _____
- (9) Military honours *Nil*



(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date

for Supervisor, War Service Records.