



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4133 Name John Wesley Corps Inf.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>John Wesley</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>None</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, John Wesley 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.

John Wesley SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Wesley do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 191

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 191

Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former 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 Ralph H. Hirstley
 Apparent age 20 years 4 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 30.5 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward H. Hirstley
Leedsport | Relationship father
103 Be

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 _____ on _____									
Total Service forfeited as above.....									

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



FIRST NEWFOUNDLAND REGIMENT

4133

ATTESTATION OF

No. 4133 Name Ralph Anstey Corps Meat.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ralph Anstey
2. What is your full Address? 2. Lumpport
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 4 Months
5. What is your Trade or Calling? 5. Lumberman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps }
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Ralph Anstey 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.

Ralph Anstey SIGNATURE OF RECRUIT.
R. Pedman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
Ralph Anstey do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this 19 day of Nov 1915
Signature of Attesting Officer [Signature]

†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 1915 } Approving Officer.
Place }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Ralph Arsty
 Apparent age 20 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Arsty
Leedsport | Relationship Father
W.D. By 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 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>19-11-17</u>									
Joined at <u>St. John's</u> on <u>November 19-17</u>									
<u>Discharged July 18-1919</u>									

Embarked St. John's S.S. Messanger 11-12-17. Embarked for S.C. 25-5-18. Embarked Naval 27-5-18
Joined Battalion in the field 31-5-18. Admitted 44 Co. S. Devon 26-7-18.
Admitted 3 Co. S. Devon 31-10-18. Admitted 30 Gen. Hosp. Calais 17-11-18
Spent 3 months in detail camp. Southampton 11-12-18. Arrived 2nd Gen. Hosp. 13-12-18.
To England 20-12-18. Posted to Gen. Hospital 22-12-18. To field for demobilization 22-5-19. Arrived 1-6-1919
Total Service forfeited as above. Demobilization St. John's 18-7-19

Total Service towards Engagement to 18-7-19 [date of discharge] 1 years 242 days
 " " Pensions " _____ [" "] _____ " _____

C.R.

4133

Extract from Daily Orders West 21 Unit The Royal Wilt.
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge Depot with effect from 2-7-19.

4133 Pte. R. Anstey.

C.R. 4133

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4133, Pte. R. Anstey.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4133

Extract of Casualties from Pay & Record Office London, dated Jan.
10/1/19.

4133 R. Anstey.

Was transferred from the B.E.F. 20/12/18 and attached Depot 23/12.18
Classified "B".

A.F. B.103. And 2nd Bn. D/Os. 23/12/18.

C.R. 4133

Extract from Daily Orders Part 11 Unit the Royal Hfld.
Regt. France. Dec. 22 51st, 1918.

Decrease in Strength Embarkation to U.K.

4133 Pte. Anstey, R.

20-12-18. Sick.

C.R.4133

Extract from Daily Orders part II, Depot St. John's
dated 23-12-18.
by Lt. Col., B. J. Barton, M.S.O. Officer Commanding
2nd. Battalion of the Newfoundland Regiment.

4133 Pte. R. Anstey.

The undernoted having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Co. 22-12-18

C.R. 4133

WOUNDED & SICK N.G.Os & MEN OF THE EXPEDITIONARY FORCE - FRANCE

NO. 1. RECORD OFFICE - WARLEY

LIST NO.H.A.33087

ADM. 12 CON. DEP. AUBENGUE 11 DEC. 18.

21923	Pte. Crafer G.	15/Suffolks.....	Influenza Slt.
27180	Pte. Towch C.	7/Northants.	Abscess Neck Slt.
42886	Pte. Handley J.	1/1 Cambridge.	Boil Back Slt.
326067	Pte. Newton C.	1/1 Cambridge.	Influenza. Slt
20128	Pte. Meekings T.	15/Suffs.....	Influenza Slt.

DIS TO DTLS CAMP TERLINGTHUN EX 12 CON. DEP. AUBENGUE 11 DEC. 18.

25833	Pte. Breen B.....	12/Norfolks.....	Diarrhoea Slt.
320348	Cpl. White H.	15/ Suffolks.	Influenza Slt.
45106	Pte. Roughton H.	1/4 Suffolks.	-do-
42345	" Stockwell L.	12/Norfolks.....	Debility Slt.
320084	Cpl. Smith S R.....	12/Norfolks.....	PUO Slt.
320429	Cpl. Willmott S.....	2/Norfolks.....	Punc. & Knee R.Slt.
15862	Pte. Blakeman H.	7/Northants.	Scald Feet.

NO. TWO RECORD OFFICE - WARLEY

LIST NO.H.A.33087

DIS TO DTLS CAMP TERLINGTHUN EX 12 CON. DEP. AUBENGUE 11 DEC. 18.

55732	L/C. Erith S D.....	15/Essex.....	Influenza Slt.
400796	Pte. Berry A.	15/Essex	Tonsillitis Slt.
204179	Pte. Postle J.	4/Beds 109/LTB.	Influenza Slt.
50516	Pte. Bannister C.	15/Essex	Syno.Knee L.Slt.

NEWFOUNDLAND CONTINGENT

LIST NO.H.A.33087

4133	Pte. Anstey R.	1/Newflds.	Debility Slt...Dis.to Dyls Camp Terlingthun ex 12 Con.Dep.11 Dec.18.
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2696

C.R. 4133

SICK AND WOUNDED: N:C:O's & MEN OF THE EXPEDITIONARY FORCE: FRANCE:

NO: TWO RECORD OFFICE: B I E T E R:

No. H.A. 32031.

ADM 22 GEN H DANES CAMIERS 18 NOV'18

40884	Pte Ayles F.....	7	Somerset L.I.....	Influenza.	Mild.
41012	" Russey A.	7	do.	do.	"
41024	Pte Kilford F.	7	do.	do.	"
68615	" Peart R.	1/5	Devons.	ICT Lt.Heel.	"
14745	Pte Smith H.....	2/4	Hants.....	GSW.Lt.Knee.	"
78277	Pte Meek T.....	1/5	Devons.....	Haemorrhoids.	"
29504	Cpl Kirby A.	7	Somerset.	Influenza.	"
78306	Pte Heard G.W.	1/5	Devons.	Debility.	"
6971	" Trippick J.	1	Somerset L.I.	Influenza.	Sev.
70394	" Barnes H.R.....	2	Devons.....	do.	"
20266	L/C Vailes A.....	1	Somerset L.I.....	do.	Mild.
204413	Pte Wheeler W.	1	do.	do.	"

ADM 25 GEN H HARDELOT 19 NOV'18

29608	Pte Glover G.....	2/4	Somerset L.I.....	Scabies.	Mild.
27118	Pte Chalker S.	5	Dorsets	Seborrhoea.	"
345786	L/C Loosemore F.	16	Devons.	Scabies.	"

NEWFOUNDLAND EXPEDITIONARY FORCE:

No. H.A. 32031.

ADM 30 GEN H CALAIS 17 NOV'18

4133	Pte Anstey R.....	1	R.Newfoundland.....	Sick NYD.	Mild.
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2482

X

C.R. 4133

Extract from War Office List No. H.A. 31400.

ADM. 3 CAN STY? HOS. MALASSESE MONASTRY 31 Oct. 1918p

#4133 Pte. R. Ansley.

DEBILITY.

C.R. 4133

WOUNDED AND SICK N.C.Os AND MEN OF THE EXPEDITIONARY FORCE - FR. BCE.

NO. 1 RECORD OFFICE - EXETER,

LIST NO. H.A.32284.

ADMITTED 12 CON. DEP. AUBENGUE 19 NOV.18.

n2814 Pte. Billing J.G.	2/Wilts R.	Inf. Mild.
47461 L/C. Merchant A.G.	6/Wilts.	Deb. after VDS. Slt.

NO. TWO RECORD OFFICE - EXETER.

LIST NO. H.A.32284.

ADMITTED 12 CON. DEP. AUBENGUE 19 NOV.18.

567755 Pte. Sawyer G.	7/S.L.I. now 30 Lab. Co.	Malaria. Slt.
39186 Pte. Everett J.F.	12/S.L.I.	Influe Slt.
44570 Pte. Atkinson H.	6/S.L.I.	Piles Slt.
30853 Pte. King C.H.	1/12 S.L.I.;	Enteritis Slt.
37135 Pte. Mills J.G.	12/S.L.I.	Influe Slt.
345764 Pte. Hampden M.	16/D vons.	do. do.
44574 Pte. Evans A.	6/Som.L.I.	Influe Slt.
<u>DIS. TO REINS ETAPLES 12 CON. DEP. 19 NOV.18.</u>		
209554 Pte. Baldwin W.G.	6/S.L.I.	Influ Slt.

2521

NEWFOUND: AND EXPEDITIONARY FORCE.

LIST NO. H.A.32284.

4133 Pte. Anstey R.	1/Newfound.	Debility.....Adm.12 Con. Dep. Aubengue 19 Nov.18.
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TANK CORPS.

LIST NO. H.A.32284.

309349 Pte. Laird R.	Tank Rein. Depot.	Deb. after WDSC. Alt. Adm. 12 Con. Dep. Aubengue 19 Nov.18.
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C.R. 4133

No46

Extract from Nominal Roll of Draft/Nfld. Regt. from 2nd
Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone 25-5-18.

4133 Pte R. Anstey.

NEWFOUNDLAND CONTINGENT.

C.R. 4133

Extract of Nominal Roll of Draft No. 46, - 120 Other Ranks
from 2nd Bn., Depot, Winchester, to 1st. Batta., The Royal
Newfoundland Regiment, B.E.F. Embarked Folkestone, 25/5/18.

4133 Pte. R. Anstey.

A.Fs. B. 103 (one for
each soldier) sent to 3rd
Echelon, B.E.F.

C.R. 4133

Extract from Nominal Roll, embarked St. John's per S.S. Florizel
December 11th 1917.

#8133 PTE. R. ANSTEY

4133

C.R.

Extract from Daily Orders Part 1, Unit The Royal Hfld.
Regt., St. John's, Nov. 20th, 1917.

4133 Pte. R. Anstey.

Attested for General Service with the 1st Hfld. Regt.,
and posted to G. Co and assigned numbers as shown with
effect from Nov. 19th, 1917.

R. Anstey

C.R. 4133

~~PAID~~

A.

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 N. F. B.*
2. Regtl. No. *4133* 3. Rank. *Pvt.*
4. Name *Anstey Ralph*
 (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on. *14 Nov 17* at *St Johns*
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

Disability

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

*contracted venereal
 Oct 1918. Belgium
 did not pass any
 blood passed through tissues
 profusely to the base where boarded
 B bag and evacuated it. H.*

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 N. F. B.*
2. Regtl. No. *4133*
3. Rank. *Pvt.*
4. Name *Anstey Ralph*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on. *14 Nov 17* at *St Johns*
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

Scrubbing

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

contracted Scabies Oct 1918. Belgium did not pass any blood passed through various hospitals to the base where boarded B. camp and evacuated at H.

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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? *No scarification now Brawl*
open daily stools well
formed no blood
or mucous complaints of
pain over precordial region heart
sounds normal
- (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? *Y Y*
17. If not, was an operation advised and declined? *Y Y*
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? *Y Y*
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? *Y Y*

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

Station *Horsley Downs*

Date *8-2-18*

Medical Officer in charge of case.

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—
- | | (a) Attributable to | (b) Aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war | | |
| (ii) Previous active service | | |
| (iii) Climate in pre-war service | | |
| (iv) Ordinary military service before the war | | |
| (v) Serious negligence or misconduct on the part of the soldier | | |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

FORM K

Nº 3788



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Urstey, Regl. No. 4133
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :
December 1/17
 Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3709	Wife	Mrs. Elizabeth Urstey	St. John's, Newfoundland	50
			Total Allotment, \$	50

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

Sig.) [Signature]
 Officer Commanding
 Company

(S) Ralph Urstey
 (Rank) 76

[Signature]
1917

FORM K

No 3788^A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Anstey, Regl. No. 4133

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins December 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3709	Mother	<u>Joseph Elchert Anstey</u>	<u>Lemport</u>	50
			Total Allotment, \$	50

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

Sig.) [Signature]
 Officer Commanding
 Company
[Signature]
Dec 19 1917

(Sig.) Ralph Anstey
 (Rank) 6

No. 6842/1091

N.F.P. 779.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl Nfld. Regiment
Winchester

MAY 1919

PD 0999/1919
8/5/19

8th May 1919

4133 Pte. R. Anstey

10/5/1919.

With reference to the following telegram from the Minister of Militia / / 19 (174):

"Pay to- 4133 R. Anstey
£4. 2. 0.

Cheque £4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]

LIEUT. COLONEL.
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four pounds Two
Shillings in respect of telegraphic remittance from the Minister of Militia.

Anstey R.
No. 1173 Rank Private
Witness: [Signature]

No. 1775/254/P.&.A

067092/3

N.F.P./79.

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.
2/Bn.R. Mfld. Regt.
Winchester.

3rd February 1919

Feb 7 1919

4133 Pte. Anstey R.

With reference to the following telegram from the Minister of Militia 30/1/19 (976)

"Pay to 4133 Pte. Anstey
£16:9:0

Cheque £ 16:9:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

Chas. J. [Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. Batt'n.

Received the sum of Sixteen

Pounds Nine Shillings in respect of telegraphic remittance from the Minister of Militia.

Ralph Anstey

No. 4133 Rank Pte

Witness JR Hopkins

[Signature]
Chief Paymaster & O. i/c Records.

[Signature]

DUPLICATE.

NEWFOUNDLAND CONTINGENT

N.F.P./22.

List No. 18

MEMORANDUM OF BALANCES due by or due to N.C.Os. and Men of 1st Battalion returned to Great Britain and attached to Depot, Hazely Down Camp, Winchester, Hants.

Regtl No.	Rank & Name		Allotment	Date last credited with pay	Balance from 1st Battalion Pay Books	
					Dr.	Cr.
4133	Pte	Anstey, E.	50s	17/1/19		£2:12:8

CHECKED
W.S.H.
4/3/19



NEWFOUNDLAND CONTINGENT.
[Signature]
BRIEF PAYMASTER & OFFICER I/O RECORDS.

Custer, R

433

Ray Sept.

July 19, 1919

#4133 Pte. Ralph Anstey,
Lewisporte.

Dear Sir:-

Please find enclosed Discharge Certificate #3097.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4133 Rank Plt. Name Anstey, R.
 Intended place of residence Newport
 2. Occupation Lumberman
 Classification of soldier A Medical Category A I

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 2 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL - 2 1919

Ralph Anstey
 Signature of soldier
[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL - 2 1919

Ralph Anstey
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-11-17 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 607

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 18/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

12
31
31
28
31
20
31
20
18
24

ATB 2079/2097

The Royal Newfoundland Regiment

Class for Demobilization: —

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

30.6.19

Regimental No *H.133*

Name

Amley Ralph

Rank

Pte

Address

Lewisport. N.S.W.

Present Medical Category

4 i

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

J. Robinson
Senior Medical Officer

S. Curdson
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 433 Rank Plt Name Anstey R
 Date of Enlistment 19-11-17 Address Lewisporte District S. Gable
 Occupation Lumberman Classification for Discharge F7 Medical Category H.1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 30-6-19

H. M. W. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Ralph Anstey

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.....

H. M. W. H.
O i/c. Re-clothing

Date 2-7-14

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2134} to his home at Lewisport and Release Certificate No. 3096 issued.

Date 2-7-19

J.A. Snowball
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 ¹⁸ 11/11/19

Date 2-7-19

H. M. ...
Depot Paymaster.

Discharged approved for 4-7-19

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

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	<i>Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 2-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919

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

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

Date

Civil Re-establishment Committee



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

to resume former occupation.

Ralph Anstey

Signature of Man.

J. H. Shovelap

Signature of the Vocational Officer or his Representative.

Reg. No. 4133.

ST. JOHN'S.

Place

Date JUL -2 1919

191

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

MEDICAL HISTORY

OF

Surname Ausley Christian Name Ralph

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Elizabeth N.O.D. County St. John

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 19 th day of Nov 1917	at St. John	on _____ day of _____ 191	at _____
Declared Age	20 years	4 Mos.	years	days
Trade or Occupation	Lumberman			
Height	5 feet	4 inches	feet	inches
Weight	121 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 35 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6	L.E.—V= 6/6	R.E.—V=	L.E.—V=
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John	on 19 th day of Nov 1917	at _____	on _____ day of _____ 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1st Regt	4133		
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature
21-11-17	Vacc. 1P
6-12-17	TAB. 1P
4-1-18	TAB. 2P
11-1-18	2.
	<p style="text-align: center;"><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>2</u> for Discharge on Demobilisation. Medical category</i></p> <p style="text-align: center;"><u>30.6.19</u> Date of T.M.B.</p> <p style="text-align: right;"><i>[Signature]</i> Assistant Surgeon</p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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 Field Regt.*
2. Regtl. No. *4193* 3. Rank... *Pte*
4. Name *ANSTEY* *Ralph*
(Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on... *19th Nov 1917* at... *St John*
in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
(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."

Disability

11. Date of origin of disability.

12. Place of origin of disability.

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

Contracted Diabetes Oct 1918. Belgium did not pass any blood passed through various Hospitals to the Base when Boarded B. category & evacuated U.K. present

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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?

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

no diarrhoea now
bowels few daily
stool well formed
no blood or mucus comple
of pain or precordial region, heart
sounds normal

16. Was an operation performed? If so, when and what was its nature?

na

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

na

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?

na

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?

na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

Station Hayley Down Winchester

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

Casualty Form - Active Service.

Regiment or Corps *2nd Royal Newfoundland*
 Rank *Pte* Surname *Amatey* Christian Name *Ralph*
 Religion *Methodist* Age on Enlistment *20* years *4* months
 Enlisted (a) *19. 11. 17* Terms of Service (a) *Duration* Service reckons from (a) *19. 11. 17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate *2.5 MAY 1918*
 Occupation *Shoemaker* *W. M. Cecilia*



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>25-5-18</i>		
			Disembarked ... <i>27-5-18</i>		
			<i>Joined Battalion</i> <i>31-5-18</i>		
	<i>44 CCS</i>	<i>No Debarred</i>		<i>26/10/18</i>	<i>Co 8481</i>
	<i>3 P.S.A.</i>	<i>Debility</i>	<i>Malassese</i>	<i>21/10/18</i>	<i>At A 2100</i>
	<i>30 Sgt</i>	<i>- Do. NY II.</i>		<i>17/11/18</i>	<i>W 3034</i>
		<i>To 12 Con Depot</i>		<i>19/11/18</i>	<i>W 3391</i>
	<i>S. G. B. D.</i>	<i>Arrived</i>	<i>Rowen</i>	<i>13/12/18</i>	<i>Rail</i>
	<i>D.</i>	<i>2 M B D</i>		<i>14/12/18</i>	
	<i>20/1/18</i>	<i>to England "B" of "Takar Prinos"</i>		<i>20/1/18</i>	<i>Rail Reg 501</i>
					<i>Capt. J. L. Col.</i>
					<i>1/0. de 1, Infantry Section.</i>

[Handwritten signature]

(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 should be given in the Remarks column.
 (b) Signaller, Shoeing Smith, &c.
 W 8625 312723 20.000 9.17 (35011) C. P. & S. Ltd., Form B.103 B/1907. P.T.O.

July 23, 1919

#4133 Pte. Ralph Anstey,
Lewisporte.

Dear Sir:-

Referring to your application, I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the war service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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 *Ralph* 2. Surname *Austey*

3. Rank *Pte* 4. Regtl. No. *4133*

5. Address in full to which future payments of gratuity are to be forwarded. *Lewis post*

6. Date of enlistment in the Regiment. *Nov 19 1917*

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

8. Relationship of such dependents. *no*

9. Address in full of such dependents. *no*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*

11. Were you on active service only in Hfld, if so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *Twenty months*

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

no

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

no

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

no

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

no

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

no

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

no

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

no

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge.

July 16/19

no

(b) Reason for discharge.
Demobilization

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

France + Belgium

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

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

Signature of Applicant: *Ralph Anater*

Place of Residence: *Levensport*

Declared before me at: *St. Paul*

This *3* day of *July* 19*19*....

John M. Carthy
J.P.

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

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

ST. JOHN'S, JUL 2 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. R. Amstey

Billeting Soldiers as undermentioned

from June 1/19 to June 28/19

H' 33

Pt R Amstey

28. 80

Ralph Amstey

ACCOUNT

CH NO

IND LEDGER

PAY LEDGER

GEN. LEDGER

INITIALS

INITIALS

INITIALS

INITIALS

Certified correct for \$

28. 80

J. A. Snowcroft
Billeting Officer.

C. W. S.

C.R.

No. 4133 Name *Pte Amstey, R.* Sqn., Batty., }
or Company }

Q.A. Corps *1st Royal Newfld.* Date of enlistment } *1911.11.17* G.C. }
Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No.

Signature O.C. Company, etc. *J. M. Lucas*

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form B. 122

P.T.O.

Reg. No. 4123 Rank Plt Name Ausley R.
Attested 19-11-17 Address Le wisports
Allotment at 504 Allotee Mrs Jos (Elija) Ausley Mother
Date of Allotment Dec 1st -17 Returned from Overseas _____
Embarked for Overseas 11/17/17 Cause _____

Vac 21-11-17 - leave 1st 6-12-17
H.L. 23-11-17 to 2-12-17 Rtd 3-12-17

C.R. 4133

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *Ralph Anstey Pte.*

Date *4/12/19*

Place *Springdale*

11/11

C.R. 4133

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 4133... NAME. Anstey, Ralph. Pte

DATE. 3/2/20

PLACE. Springdale. H. B.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4133 Rank Plt Name Anstey R
 Date of Enlistment 19-11-17 Address Louisporte District St. John's
 Occupation Lumberman Classification for Discharge F1 Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 30-6-19 O. C. Discharge Depot. J. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Ralph Anstey

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 Phillips

Date 2-7-14

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2134} to his home at Leicester and Release Certificate No. 3096 issued.

Date 2-7-19 *J.A. Snowball*
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 18-11-19

Date 2-7-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 4-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	103	ME 2		" 6
B179c	B 120	M 93		

Form B

Date 2-7-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 4 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

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

Date 18/1/1919 *[Signature]*

Reg. No. *4133* Rank *Plt* Name *Ainstey Ralph*

Attested Address *Lewisporte*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

<i>27</i>	<i>19</i>	PASSED TO DEMOBILIZATION OFFICER
<i>47</i>	<i>19</i>	DISCHARGE APPROVED ON DEMOBILISATION.



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 *Ralph Anstey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4133*

Intended address *Lewisport - N.B.S*

Height on discharge *5 Feet 8*

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Short*

Christian name of Father *Joseph*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Lewisport - N.B.S 13-6-age. 22. 1897*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Ralph Anstey*

(Rank) *Plt*

Station *St Johns*

Date *June 30 - 6 - 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Regiment of

1st Newfoundland

Number of Sheet

one

Signature of O. C. Company

[Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
4133	<i>Arstey Ralph</i>	20	4	months	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	with Colours		Method	
Joined	Date	with Reserve		Place of Birth	
Joined	Date	242 years.			
Joined	Date	365 years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>Pt. John's</i>		<i>18</i>		<i>7/19</i>

To be carried over

Army Form B. 121.



CANADA

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE
IN THE

IN YOUR REPLY REFER TO FILE NO.

DVA. 95-7-1. Vol. 1

~~ROYAL NAME~~
~~REGIMENT~~
~~REGIMENT~~
ROYAL NEWFOUNDLAND REGIMENT

Name: **Ralph ANSLEY**

Service Number: **4133**

1. ~~Age on enlistment~~ **20 Years 4 Months**

2. Date & Place of Appointment, Enlistment or Enrolment: **19th November, 1917 St. John's, Nfld**

3. Unit on Appointment, Enlistment or Enrolment: **First Newfoundland Regiment**

4. Theatres of Service: **NEWFOUNDLAND - ENGLAND - FRANCE**

5. Date & Place of Retirement or Discharge: **18th July, 1919 St. John's, Nfld.**

6. Type of Termination of Service: **"Demobilised"**

7. Rank or Rating on Retirement or Discharge: **Private**

NOTE: This record is not valid without the imprint of the official stamp of the De-

DEPARTMENT OF
VETERANS' AFFAIRS

SEP 8 1955

WAR SERVICE RECORDS
OTTAWA, ONT. CANADA

September 8th, 1955

H.M. Jackson
H.M. Jackson,
DIRECTOR,
WAR SERVICE RECORDS.