

N

THE ROYAL NEWFOUNDLAND REGIMENT

No. I 491 Names Fan. Unthony we Weth
Questions to be put to the Recruit office Enlistment
I. What is your name?
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling? 5 Taker man
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac- 8
9. Are you willing to be enlisted for General Service? 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you withing to serve upon the conditions as emb died in the roll of service to be 3 11 11 11 11 11 11 11 11 11 11 11 11 1
made by me to the above questions are true, and that I am writing to fulfil the engagements made. A configuration of RECRUIT. A configuration of Witness.
OATH OBE TAKEN BY PEGRUIT ON ATTESTATION. I do make oath, that I will be faithful and bear tyde allegiance to His Majesty King George the Flith, His Heirs and Successors, and that I will, as in duty bound honesty 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 figruit has made and signed the declaration and taken the oath before me at of the on this. I day of Signature of Attesting Officer . Charles Kient
†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 compiled with. I accordingly approve, and appoint him to the: If enlisted by special authority, such will be attached to the original attestation.
Date
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

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	Promotion, Reductions,	Army Rank	Dates	Service not al- lowed to reckor for fixing the rate of pension		Signature of Officers certi- fying correctness of entries
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Corps in hich served Pepot Pervice towards Maintained at	Casualties, &c.	19 34 3 1004 2	1-1918	Years Day	Years Days	3 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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THE ROYAL NEWFOUNDLAND REGIMENT

	Questions to be put to the Recruit before Enlistment
	I. What is your name? Solanly Unthony
	2. What is your full Address?
	3. Are you a British Subject? 3
	4. What is your age?
	5. What is your Trade or Calling? 5
	6. Are you Married? 6
	7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
	8. Are you willing to be vaccinated or re-vaccase and seems and seems are seems are seems and seems are se
	Are you willing to be enlisted for General Service? 9.
	D. Did you receive a Notice, and do you understand tis meaning, and who gave it to you?
1	Are you withing to serve upon the conditions as emb died in the roll of service to be isigned by son if you are accepted?
	O OATH O BE TAISH BY RECRUIT ON ATTESTATION.
	I
	and, honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will, as in dut miles, according to the conditions of my service.
	emies, according to the conditions of my service. CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER
	mies, according to the conditions of my service. CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
	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 question would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.
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Anthony 5491 C.R. PARO

Medical Report on an Invalid.

Station Hoseley Bown
Date 30/4/19

1. Unit Royal Mrwfoundland 7. Former Trade or Occupation)

Regimental No. 549/

7A. If with previous service in Army, state-

3. Rank

ple anthony stanley

(a) Former Unit;

(b) Regimental No.;

Age last birthday . 22

(c) Date of Discharge; (d) Cause of Discharge.

may 22/18 6. Enlisted DI Wolus

8. Disability in respect of which invaliding is Proposed.

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

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.

10. Place of origin of disability.

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

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 condi-tion to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13.	What is his present condition?	de complains of no disability
	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?	
1	(c) On duty? (d) Off duty?	
	(a) On duty.	
15.	Was a Court of Inquiry held on the injury?	
	If so—(a) When?	
	(b) Where?	
	(c) Opinion?	
16.	Was an operation performed? If so, what?	
17.	If not, was an operation advised and declined?	
		Wa.
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?	
19.	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.	
		1.0~
		visite.
		Reportriction
		Rep
20.	Do you recommend— (a) Discharge as permanently unfit, or (b) Change to England?	
	(1) and a substitute in	180
		W. Trocunier. Caps Ran
		Officer in medical charge of case.
	I have satisfied myself of the m	eneral accuracy of this report, and concur therewith,
exc	ept†	oncia accuracy of this report, and concur therewith,
Sta	tion lazely bown	
	3	Officer in charge of Hospital.

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

Date_

Nº 4747



1st. NEWFOUNDLAND REGIMENT

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Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
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			Total Allotment, \$	60
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Nº 4747



1ST. NEWFOUNDLAND REGIMENT

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No. 4770/206 NEWFOUNDLAND CONTINGENT N.F.P./80. From: Chief Paymaster & U.i/c Records, To: Officer Commanding, Newfoundland Contingent, 1/Bn. Royal Newfoundland Regiment, 58, Victoria Street, B.E.F. London, S.W. 1. 26th March 191 9

5491 Pte. Anthony S.

With reference to the following telegram from the Minister of Militia, / / (98)

"Pay to- 5491 Anthony

£10. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier:
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

10 Ball Page Chief Paymaster & O. i/c Records. 5491 Ar antony 5.

This man wishes the amount retained to eredit of his recount bliacc

Deported 19 4

NEWFOUND

From:

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

7th November 191 8

Subject: 5491, Pte. S. Anthony &

With reference to the following telegram (9591) from the Hon-Minister of Militia, received

Pay to 5491 Anthony £10:0:0

Draft £ 10:0:0 is enclosed for payment to this Soldier. £Indly obtain his receipt hereon.

A Bellemade Maj.

Chief Paymaster & O. 1/c Records.

OONTINGENT

filer Commanding, 2/B: Royal Newfoundland Regt. Winchester.

Nov. 9 th 1918

Receipt hereunder.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2 nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Jen

pounds on account of

cable remittance from Newfoundland.

No. 5491 Rank Private

Stanly Anthony
wither O. J. L. Carter, Pte.

Whong. 491 fay Loeph.

•

July 12, 1919

#5491 Pte.Stanley Anthony,

Seldom Come By.

Dear Sir:-

Referring to your application I enclose chaque for seventy dollars (\$70.00%, being amount of first payment due you on account of the war Service Granting.

Yours truly

reym.ster & U.i/c Records

DEPARTMENT OF MILLITIA.

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 Jenuary 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no deghos, 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

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4. 28/18
the Regir cot.
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7. Hance of dependent, if any, to instance to your discharged
anch dependents
9.Address in full of such dependents
10. Is said dependent, now, or was said dependent at my time in receipt
of Separation Allowance on account of another suldiors
perticulars of such service.
particulars of such service
An approx on Live service,
12. Give total length of time which the served on Stive service.
whether his ufild or overses.
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. 13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
Pto:
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14. Have you already received any payment of Post Discharge pay or
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have already received and by whom paid
15. Have you been issued with a Wer Service Red and
16. Have you, during the present war, served in the I perial Deroes.
in the nature of Post Disch
in the nature of Pest Discharge Page 2
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state amount received, or to which you are entitled.
18. Did you revert on.
to a renk lower than the
renk held by you on your arrival in England?
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renk held by you on your arrival in England? (b) If so, was such reversion in consequence of Misconduct or inefficiency? 19.Are you now derving in the Rest.? 10 If not give? (c) date of dischard for Mischerge. 20. Did you at any time serve at the front in median and the substantial forms.
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renk hold by you on your arrival in England? (b) If so, was such reversion in consequence of Misconduct or inefficiency? 19.Are you now serving in the Rest.? Of dischard full the Rest.? 20.Did you at any time serve at the front in an actual theatre of Market Such Sparticulars of places and dates of such senate.
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renk held by you on your arrival in England? (b) If so, was such reversion in consequence of Eisconduct or inefficiency? 19. Are you now serving in the Rest.? 19. Are you now serving in the Rest.? 20. Did you at any time serve at the front in an actual theatre of the serving in the serve at the front in an actual theatre of the serving the serving treatment from the Givel Re-Establishment 21. (c) Are you receiving treatment from the Givil Re-Establishment
renk held by you on your arrival in England? (b) If so, was such reversion in consequence of Misconduct or inefficiency? 19. Are you now derving in the Rest.? 19. Are you now derving in the Rest.? 20. Did you at any time serve at the front in an actual theatre of Mar? If so give particulars of places and dates of such senset. 21. (a) Are you receiving treatment from the Givil Re-Establishment Com. (b) If so are you in receipt of full pay and allowences from that Committee.
renk held by you on your arrival in England? (b) If so, was such reversion in consequence of Eisconduct or inefficiency? 19. Are you now serving in the Rest.? 19. Are you now serving in the Rest.? 20. Did you at any time serve at the front in an actual theatre of the serving in the serve at the front in an actual theatre of the serving the serving treatment from the Givel Re-Establishment 21. (c) Are you receiving treatment from the Givil Re-Establishment

Signature of Applicant: Stanly Anthony
Place of Residence: Sellow Come By Figs. Signature of Barrister of the
Supreme Court, Stipendiary Hegistrate, Hotary Fuhilte, Hustice of the
Peace, or Commissioner of affidewits.

	Disting Disting		War Service	10	et amount due
<u> </u>					
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	dortified	correct.		Fayncate	r

#5491 Pte .Stanley Anthony,

Seldom Come Bye.

dear Sir:-

Flease find enclosed Discharge Certificate #2973.

Faymaster & 0.1/c Records

The Koyal Pewfoundland Kegiment

Reg. No 3491 Rank Tw. Name anthony Ju
Date of Enlistmen 37-5 18 Address Tellowbomely District Tofo
Occupation Trestermoun Classification for Discharge Medical Category [7]
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 3194 B 122 Board 1st '' 2 5
7 100 100 100 100 100 100 100 100 100 10
B 179 D 4008 Form L do 3rd " 4
B 179a D 400C
B 179b B 103
B 179c
Hillias II
Date. 14619 No. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment
I amin a position to resume civilian occupation.
& Anthon
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have for compliced with:
(a) Clothing Allowance payable 4 65.
(b) Clothing Supplied.
14-6-19

5. Transportation and Release		4.715
The above named has be	en provided with Traversand Release Certification	elling Warrente Noto his home ate Noissued.
Date 14-6-19	to./sci/cas/ii/	A frewlaget
		Demobilization Officer
4. Pay and Allowances.		
The herein named soldie	er's accounts have been	correctly balanced and all matters in con
nection therewith settled.	He has received pay a	nd allowances to
Date 14 - 1 - 19		HIII WS 4.
•		Depot Paymaster.
	98-1	G - 19
Discharged approved for		·
Forwarded with following	documents to O.C. Disc	charge Depot.
N.F. P 36 B 268	B 121	
	B 122. Board 1st	
	B 1915 do 2nd	a lorm B
1	Form L do 3rd	
B 179a D 400C	Form K do 4th	" 5
В 1796 В 103	ME 2	" 6 "
B179e B 120 1	ı 93	
14-6-19	221-	the www ball
Date	1:1	
~F ~		O. C. Discharge Depot.
APPROVED.	artire production in the same	Million Control of the series
Documents as above forwar	ded to:-	
Officer i c Rec	ords.	
	sion Commissioners.	
with following additional docum		
	Projble fo	or War Service Gratuity
JUN 28 1919	21181010 10	- PH1 + - 0
Date		monaray Capi.
and the second of the second o	e foreign was the Country	O. C. Discharge Depot.
Received the above noted docume	nts from O. C. Dischar	ge Denot
	, = 0. 0. 2/30/lai	Bo Zopou
Date of the second second second		
Date		9486

The Koyal Pewfoundland Kegiment

Report of Demobilization

Class for Demobil-

ization:	· · · · · · · · · · · · · · · · · · ·	Travelling B	oard, held on soldier for discharge.	
Discharge Depot: Head	quarters The Royal Ne	ewfoundland Regi	ment	
•		Date	13.6.19	
Regimental No 542	/			
Name Anthony	1 stanley	Rank		
Address Sucon	- Come 13.	1 J•	÷ .	
	47			
	Recommended for :-	(a) Immediate (b) Standard M	dischargeedical Board	
			C. Discharge Depot.	ifr
	Members of Board	∌ s	Falcon enior Medical Officer	······································
		1. 200	Borden M. O. Dopot	···································

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.

, , , , ,	1 . 1
	S Andhory Agnature of Man.
Janowleys, Signature of the Vocational Officer or his Representation	Reg. No. 57/9/
Signature of the Vocational Officer or his Represe	entative.

Place

Date 14-6-19 191

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

Surname antho	MEDICAL	OF Christian Na	Se	tational assumed
Sai name Over 14	hu con	·	7-	
Birthplace:—Parish	Table I.—GEN	NERAL TABL	. 140,	
	. SPECIAL		REGULA	RARMY
	on my of	May 1918.		
Examined	at X	Ouis.	at	
Declared Age	2/ years	days	years	days
Trade or Occupation	Fiahen	man		
Height	✓ feet	73 tuches	feet	inches
Weight \		137 lbs.		lbs.
Chest Girth when fully expanded		34 inches		inches
ment (Range of Expansion		4 inches		· inches
Physical Development		* * *	n' n' l	
Vaccination Marks	Right	Left	Right	Left
Nûmber				
When Vaccinated	REV= 96		D.P. V	•
Vision }	L.EV=		R.E.—V=	
	96			
(a) Marks indicating congenital peculi- arities on previous disease	(a)		(a) :	
		•		
	(b)		(6)	
(b) Slight defects but not sufficient to cause rejection		a		
•				
Approved by (Signature)	Lamor	Pason		
(Rank)	m.	gn_		
	Cuso	Medical Officer.		Medical Officer.
Enlisted	at on the	of the 1916	at	
	on Corps.	Regtl. No.	on day o	of 191 Regtl. No.
Joined on Enlistment	Morgae Type	1491		
	Regiment.	/.		
Transferred to.,	•0		3	
Became non-effective by		5 (6) 1 = 6		
(Signature)	on day	of 191	on day o	of 191
(Rank)			(
	l		1	[nmo

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.

13-6-18 TAB 19 It is hereby certified that this sol has been by five a Transiting Mad Board, and how in a property of the for Discharge on Demopile tion. Medical category 11. 13.6.19 Date of This form.	
TAB 13-6-18 TAB 20 4-7-18 TAB 20 11-7-18 TAVS. 99 It is hereby certified that this sol has been before a Travelling Med Board, and 3. I here chassisted for for Dischargeon Demobile tion. Medical category and T	
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TAIS 13-6-18 TAIS 40 4-7-18 TAIS 40 11-7-18 TAVS. 99 It is hereby certified that this sol has been before a Travelling Med Board, and 3. I here chassisted for for Dischargeon Demopile tion. Medical category and T	, ,
13-6-18 TAB TO 14-7-18 TAB TO 11-7-18 TAVS. AP It is hereby certified that this sol has been before a Transling Med Board, and he here considered to the for Discharge on Demopile tion. Medical category and T	* *
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14-7-18 T A V3. gp It is hereby certified that this sol has been before a Transiting Med Board, and h. here considered to for Discharge on Democing tion. Medical category and the solutions of the solution	
It is hereby certified that this sol has been by five a Travelling Med Board, and he here classified for Dischargeon Demopile tion. Medical category and	400
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Date of T.M. 19 Direct on a section of the section	
Date of Tables Diet are Diet Are	#
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Table IV.—SERVICE TABLE.	
Station or Troopship Date of Arrival or Departure or Station or Troopship Date of Arrival or Departure or Station or Troopship Embarkation I	

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
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		•			>
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, , ,					
0.76	1			1	3-1-1

Medical Report on an Invalid.

- 1. Unit Popal Newfoundland
- 2. Regimental No. 549
- Rank
- 5. Age last birthday Enlisted

- 7. Former Trade or Occupation
- -7A. If with previous service in Army, state-
  - (a) Former Unit;
  - (b) Regimental No.;
  - (c) Date of Discharge;
  - (d) Cause of Discharge.
- 8. Disability in respect of which invaliding is Proposed.

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

#### 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.

10. Place of origin of disability.

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

- 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 condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

	(a) In action?		
	(b) On field service?		
	(c) On duty?		
	(d) Off duty?		
15.	Was a Court of Inquiry held on the injury?		
	If so—(a) When?		
	(b) Where?		
	(e) Opinion?		
16.	Was an operation performed? If so, what?	α	
		C4.	
17.	If not, was an operation advised and declined?		
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable	On. a.	
	to active service?		
19.	Give particulars of any other disabilities	On. 4.	t ·
	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.		
			•
			Repatriation
			Grehali H
			puration
20.	Do you recommend—  (a) Discharge as permanently unfit, or  (b) Change to England?	Light	bl. Voo ame.
			14m
			Soult PA
			- Joan U.u.
			Officer in medical charge of case.
			6.41.
		general accuracy	y of this report, and concur therewith,
	ation Lander D. bamb		S
Da	te 30-4-19		Officer in charge\of Hospital.
•Lo	ss of teeth on or immediately after, active service	should be attributed th	nereto, unless there is evidence that it is due to some
		other cause.	
	† Delete this	word if no exceptions	are to be made.

She complain of one desability

13. What is his present condition?

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

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para, 392 (xvi) or xvia.), King's Regulations, and in cases of discharge under para, 392 (xvi), 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 Seerve.

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.

Transfer to		oarded Prior to Discharge or P., or P. (T), of the Reserve.
I. Unit and Corps. L.	ofal rewpoundla	nd 7. Former Trade \ Laterman,
2. Regtl. No. 3.49.8	3. Rank.	or Occupation \( \) 7a. If the soldier claims previous service in Army, he should state—
1. Name (Surname)	Certy Christian Name	(a) Former Regts. or Corps;
5. Age last birthday	22 0 0	sy with Regu. Nos.
. Posted for duty on	27 may 1918 St oh	v S
in category (or gr		
. If the disability is ar	n 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.
. If a Court of Inquir	y was held on an injury state:-	
(a) When		(d) Particulars of Pension or Gratuity
(b) Where		
(c) Opinion of Co		(if any)  B. 179 n (statement by the soldier) completed before the soldier.
(c) Opinion of Co	g particulars are to be filled in and A.F. aarge of the case.	B. 179 n (statement by the soldier) completed before the soldier
(c) Opinion of Co Note.—The foregoin seen by the Officer in ch  Note.—The answers em he will take care to co the invalid's military and case.  10. If brought i (Other disabilities)	g particulars are to be filled in and A.F. large of the case.  Statement to the following questions are to be fille infine himself exclusively to the medical medical documents. He will also careful forward for invaliding, disability in ices should be reported upon in ansa	B. 179 n (statement by the soldier) completed before the soldier
(c) Opinion of Co Nore.—The foregoin seen by the Officer in ch Nore.—The answers em he will take care to co the invalid's military and scase.  (Other disabiliti ). Date of origin of dis	g particulars are to be filled in and A.F. arge of the case.  Statement to the following questions are to be fillentine himself exclusively to the medical medical documents. He will also caref forward for invaliding, disability in its should be reported upon in answeathing the state of the	B. 179 n (statement by the soldier) completed before the soldier of Case.  d in by the Medical Officer in charge of the case. In answering laspect of the case and to such information as may be recorded ally distinguish and clearly state when cases are due to venereal life distinguish and clearly state when cases are due to venere all respect of which invaliding is proposed to be stated here. er to question No. 19). If no disability enter "nil."
(c) Opinion of Co Norz—The foregoin seen by the Officer in ch Norz—The answers em he will take care to co the invalid's military and sease.  10. If brought (Other disabiliti 2. Place of origin of di 3. Give concisty the the disability in so f	g particulars are to be filled in and A.F. arge of the case.  Statement to the following questions are to be fillentine himself exclusively to the medical medical documents. He will also careful forward for invaliding, disability in its should be reported upon in ansa sability.  Sability.  Sability.  Sability.  Sability.  Sability of aras it is recorded in the Medical ring on the case and in other	B. 179 n (statement by the soldier) completed before the soldier of Case.  din by the Medical Officer in charge of the case. In answering aspect of the case and to such information as may be recorded ally distinguish and clearly state when cases are due to venereal respect of which invaliding is proposed to be stated here. er to question No. 19). If no disability enter "nil."
(c) Opinion of Co Norz.—The foregoin seen by the Officer in ch Morz.—The answers m he will take and sease. 10. If brought (Other disability Date of origin of dis 2. Place of origin of dis 3. Give concisely the the disability in so f History, Short bea relevant ofheid doe	g particulars are to be filled in and A.F.  Statement to the following questions are to be fille infine himself exclusively to the medical forward for invaliding, disability in the should be reported upon in ansa sability.  Sabilit	B. 179 n (statement by the soldier) completed before the soldier of Case.  d in by the Medical Officer in charge of the case. In answering laspect of the case and to such information as may be recorded ully distinguish and clearly state when cases are due to venereal respect of which invaliding is proposed to be stated here. er to question No. 19). If no disability enter "nil."

	14. State	whether the disabilities are		(a) attributable to	(b) aggravated by	
	(i.	.) Service during the present war		400		
	(ii.	.) Previous active service		. / Na		
	(iii.	.) Climate in pre-war service		./ ng		
	(iv.	.) Ordinary military service before th	ne war	na		
	(v.	<ul> <li>Serious negligence or misconduct man's part.</li> </ul>	on the	ma		
	14 (a). If	f not due to any of these cause specific condition do you attribu	s, to what }	ma.		
ses suci injure car throat es, &c. ist's re to b with raph cossible cases o on the position stated		t is his present condition? (A note should be made as to Weight when it is they to afford evidence gress of the disability.)  My arva Iffors which fairly	in all cases to of the pro-	le conflar lain in reg of brides	of faction	
	16. Was a	an operation performed? If so, wher	and what	aspialis	for I buil	
	17. If not	t, was an operation advised and decl	ined? N	a		
	tee dir ser	he case of loss or decay of teeth,—Is the the result of wounds, injury eactly attributable to active service of vice under such conditions that de- ent was unobtainable?	the loss of or disease or through	na		
	not Sta hav wa	particulars of any other disabilities ex t in themselves sufficient to cause: ate whether or not they are attribut we been aggravated by service during t r, and if so, to what or by what specifications?	invaliding. able to or he present	West Ly	) ariation	
	20. Do yo	ou recommend—				
	. (	(a) Discharge as permanently unfit?				
		(b) Change to United Kingdom?				
	. Note	(b) is only applicable to soldiers in Foreign Stations.	validedat	Medical Officer in	Caft Rame	
	Station ?	regular N. 10 amp		medical Onicer in	marge or case.	
	Date	21/5/19				
	it is due to	oss of teeth on or immediately after active some other cause	service, shoul	ld be attributed thereto, un	less there is evidence that	

#### 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) 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.

(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 part of the soldier	t on	the		
22 (a). If	not due to any of these causes specific condition do the Board				
•	it?	•			
23. Is the	e disability in a final stationary condi not	ition	? If		
· ·	(a) How long is the present degrability likely to last?	ee of	f dis-		

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees, of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army? 25. If an operation was advised and declined, was the refusal unreasonable? the Military 26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? (b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? 27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? 28. Is treatment being recommended on Army Form B. 179c? 29. Does the soldier require :-(a) An attendant for his journey home? (b) Transport from railway station to his home? (c) The constant attendance of another person in his own home? Signatures :asles D. Cant President or Chairman. Members. Date Discharge Approved under Para. 392 (xvi) King's Regulations. Only applicable in cases of Station . Patients in Officer in charge, Central Hospital. Hospitale. Date .. Discharge Approved under Para. 392 ( ) King's Regulations. of the Reserve. or Transfer Approved to Class dinsert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

O.C. Discharge Centre.

Station .

Date



# 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 IC 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. Regiment from which discharged Royal Newfoundland Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children 7-9-189( Place and date of soldier's birth 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) (Rank) Station ST. JOHN'S.

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.

Uni

ical Officer ic Hospit t, officering Depot

John's, Hewlour Chan

Rank	Surname 27/5/16 T motion to present	erms of Service (a) DURATION.  Pare of agreement Qualificate Qualificate Pare of agreement Quali	istment 2/ Service recko	yearsyears	2)27/5/18
Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.5, 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
		Embarked Disembarked Soined Batt.	28 NOV19	18 / JAN	919
		arrived in UK		16/4/19.	

(a) In the case of a man who has re-engaged for, or collisted in Section D, Army Reserve, particulars of such re-engagement or collistment will be entered.

(b) Signaller, Shoeing-Smith, &c [1759]. Wt. Wil837-P1124. 1,000,000. 618, D & S. Form B108. (B. 1256.)

[P.T.O.

### The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
I. No. 5 491 Rank Name Questiony So Intended place of residence. Seldom C. By C.
2. Occupation
3. The above named man is discharged in consequence of DEMOBILIZATION:  Engible for War Service Grantly
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 JUN-14-1919 Comanding Discharge Depot The Royal Newfoundland Regiment
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 and date S.T. J.O.H.N.'S. Signature of soldier 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 ST. JOHN'S  Signature of soldier  JUN 14 1919  Signature of witness
7. Enlisted for service . 2.7. 5.18 No of days on Military Discharged from service . 2.8 - 6.19 Plus 14 Days Service . 4.1.2
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  Officer Commanding Discharge Uppor The Royal Newfoundland Regiment.  Date
9. The discharge of above mentioned soldier is hereby confirmed Now Certeast  Place Place 12 1990 Place Soldier is hereby confirmed Now Certeast  Place Place 12 1990 Place Soldier is hereby confirmed Now Certeast

a 4132079/2973

1.1491

## The Royal Pewfoundland Regiment

DEMOBILIZATION OF					
Reg. No 349/ Rank Try: Name Unilhouy					
Date of Enlistment 37 5 18 Address Address Loldon longly to District fofo					
Occupation Tasherman Classification for Discharge Ly Medical Category H.					
Recommendation S.M.B. Disability Rating					
Passed to Demobilization Officer with following documents:—					
N.F. P 36					
B 178 W 3494 B 122 Board 1st " 2					
B 178a					
B 179					
B 179a					
B 179c B 120 M 93					
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# ####					
Date O. C. Discharge Depot.					
A PARTICULARS FOR DEMOBILIZATION					
A PARTICULARS FOR DEMOBILIZATION					
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.					
Civil Re-Establishment.     I am					
1. Civil Re-Establishment.					
Civil Re-Establishment.     I am					
Civil Re-Establishment.     I am					
1. Civil Re-Establishment.  I am					
1. Civil Re-Establishment.  I am in a position to resume civilian occupation.					
1. Civil Re-Establishment.  I am					
1. Civil Re-Establishment.  I am					
1. Civil Re-Establishment.  I am. in a position to resume civilian occupation.  Christiany  Particulars passed to Vocational Officer for information and action.					
1. Civil Re-Establishment.  I am					

3. Transportation and Release Certificate.	
The above named has been provided with Travelling Warrants No	is home
at Alder Committy and Release Certificate No. 2782 issued.	
Date 14-6-19 M Smewlaff	
Demobilization Offi	cer
4. Pay and Allowances.	
The herein named soldier's accounts have been correctly balanced and all matters	in con-
nection therewith settled. He has received pay and allowances to	19
Date	1.
Depot Paymast	er.
25 / 18	
Forwarded with following documents to O.C. Discharge Depot.	
N.F. P 36	
B 178 W 3494 B 122 A Board 1st " 9	
B 178a D 400A B 1915 do 2nd 3 2 Form	B
B 179 D 400B Form L do 3rd " 4	T
B 179a D 400C Form K do 4th " 5	
B 179b B 103 ME 2 " 6	
B179c	
Date 14.6.19 In think Gaff	
O. C. Discharge Depo	
7	
APPROVED.	
Documents as above forwarded to:—	
Officer i c Records. Board of Pension Commissioners.	
with following additional documents	
Eligible for War Service Gratult	У
JUN 28 1919	r
Date	٦٠
O. C. Discharge Depo	it.
Received the above noted documents from O. C. Discharge Pepot.	
Mandeath KI	a a
Date June 30/19 for Delecord	•••
Jan V Total Corto	

### Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms			
B 121.			
39.		7	Re

Number of Sheet Dale formaland Signature of O. C. Company OBD Who hiers

Re	gimental Numb	er and Nam	•	Enlistment	Trade	Cont Contract to C			
No.  Jufgi  Joined  Joined	anto	Date Date	tante	Age on 2/ year months Place and Date O hus of Enlistment 67-5-18	Februar Religion Mith	Good Conduct Badges, Se	rv:ce pay or	proficiency pay	
Joined Joined		Date		Period of with Colours / 47 years	Place of Birth	77000		-	
Place	Date of Offence	Rank	Cases of Drunken- ness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				m is	11.	7			
				Demobilized St	Alens /2	? -9.			
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				To be carried over,				9	

Fold Here

#### ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here



OCT	1921.
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[P.T.O.]

The accompanying Victor, Holal and/on British War Medal

is/are forwarded herewith to

	Stanley Anthony	
n respec	et of his service as No. 5491	Rank Pte.
	to this service as 110. 5-221	Nank_1-66.
. \		
Name	S. Anthony	Royal Nfld. Regt.
		Milds Forestry Corps.
D		
rece	eipt of the same should be ackn	owledged hereon.
	war.	. 14
Received	- war.	medal
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ignature	- stante	conthing
	October 22th	
Date	October 22	- 148
	11.	
ddress_	Seldom . con	me · Que
CHARLES STATES		// %

Extract from Baily Orders Part 11 Unit The Royal Effd. Rogt. St. Joun's, July 16th, 1919.

The discharge of the Undernoted on demobilisation has been AMERICAN COMPURED by Officer I-O Records from 12-7-19

5491 Pte. Stanley Anthony.

C.R. 5491

#### Extract from Nominal Roll from Ist. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left Rouen Gamps 22/4/19, enhanked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Hazeley Down Camp 23/4/19.

#5491 Pte. S. Anthony.

C.R. 1491

Extract from Daily Orders part 11, from Unit The Royal Mild.Regt.St.John's.dated July 25,1918.

The following man embarked for overseas on H.M.S. "Columbella" July 22,1918.

#5491 Pte.Stanley Anthony.

Extract from Daily Orders part 11, from Unit The Royal

N Nfld.Regt.St.John's, dated May 29,1918

#5491 Pte. S. Anthony.

Attested for General Service with the Royal Nfld Regt. from May 27,1918

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

Date

June 18th 1919.

5491, Pte. S. Anthony.

Reported at Headquarters 1/6/19.

me "Corsican"

which sailed Liverpool May 22/1919.

Extract from Bodly Orders Part 11 Unit The Royal Effd. Regt. St. John's, June 19th, 1919.

The discharge of the undermoted on demobilisation has been ARREVIED by O.G. Discharge Depot with effect from 20-6-19.

5491 Pte. S. Anthony.

Extract from Fominel Roll of draft No. 86 from the End., Dattalion of the Soyal BosSoundland Regiment., Windhester to the let., Dattalion of the Rewfoundland Regiment, /9.88. F. Sabarked Conthampton SZ/11/19.

#5491 Pte. S. Anthony.

Nº 4747



# 1st. NEWFOUNDLAND REGIMENT ALLOTMENTS

concerne		tion of the relative Identity	Certificates by the Person	Persons
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
4394	Father 1	Henry Authory.	Seldom ConeBy	60
·		V C		·
			Total Allotment, \$	60
8	his form must be comigned by the Officer Cequired payments on	pleted by the Officer Commanding commanding Company and handed application.	Company, signed by the Volume to the Paymaster as authority	teer, counter- to make the
Sig.)	Cuntre	0	Stanly and	thery-

Reg. No. 5491	Rank It Name Anthony S.  Address Geldon Come Rye	
Allotment	Allottee	· · · · · · · · · · · · · · · · · · ·
Date of Allotment. Returned on S.S.	Corsican Cause Ausclage	7
14.6.19. DI	PAULLE TO DEMOBILIZATION OF SOME APPROVED ON DEMOBILIZATION.	
		•••••

Reg. No. 5 # 9 / Rank Pte Name Allotment Date of Allotment Embarked for Overseas Spe Vacc 28-5-18 24 han 4-7-18, 3 9-246/18. R.K. 26418