



N

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. S 491 Name Stanley Anthony Meth

### Questions to be put to the Recruit before Enlistment

1. What is your name? ..... Stanley Anthony
2. What is your full Address? ..... St. Johns, Comberby  
1890
3. Are you a British Subject? ..... yes
4. What is your age? ..... 21 years ..... Months
5. What is your Trade or Calling? ..... Fireman
6. Are you Married? ..... no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Are you willing to be enlisted for General Service? ..... 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, Stanley Anthony 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.

Stanley Anthony SIGNATURE OF RECRUIT.

Joseph P. Meth Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Stanley Anthony 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 St. Johns on this 27 day of May 1915.

Signature of Attesting Officer CB Drinks Kent

### †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 ..... 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) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1491 Name Stan. Anthony Corps Meth

### Questions to be put to the Recruit before Enlistment

1. What is your name? ..... 1. Stanley Anthony
2. What is your full Address? ..... 2. St. Johns, Conception Bay
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 21 Years, ..... Months
5. What is your Trade or Calling? ..... 5. Farmer
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, Stanley Anthony 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.

Stanley Anthony SIGNATURE OF RECRUIT.  
Jas. W. ... Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Stanley Anthony 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 St. Johns on this 21 day of May 1915.  
Signature of Attesting Officer Jas. W. ...

### 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  
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).....





S. Anthony

C.R.

5491

~~PRO~~

Medical Report on an Invalid.

Station Hazelton Down  
 Date 30/4/19

- |                      |                           |  |  |
|----------------------|---------------------------|--|--|
| 1. Unit              | <u>Royal Newfoundland</u> | 7. Former Trade<br>or Occupation             |  |
| 2. Regimental No.    | <u>5491</u>               | 7A. If with previous service in Army, state— |  |
| 3. Rank              | <u>plc</u>                | (a) Former Unit;                             |  |
| 4. Name              | <u>Anthony Stanley</u>    | (b) Regimental No.;                          |  |
| 5. Age last birthday | <u>22</u>                 | (c) Date of Discharge;                       |  |
| 6. Enlisted          | { on <u>May 22/15</u>     | (d) Cause of Discharge.                      |  |
|                      | { at <u>St Johns</u>      |  |  |

**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.  | <u>nil</u> |
| 10. Place of origin of disability.  | <u>nil</u> |
| 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. | <u>nil</u> |

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- |   |              |
|---|--------------|
| (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). | } <u>na.</u> |
| (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?

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

*No complaints of no disability*

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

- (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?  
(c) Opinion?

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

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 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.

*na.*

*Reparation*

20. Do you recommend—

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

*W. Procunier*      *Capt Ramo*

Officer in medical charge of case.

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

Station *Hazeley Bourn*

Date *30/4/19*

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.

† Delete this word if no exceptions are to be made.







No. 4770/206

From: NEWFOUNDLAND CONTINGENT N.F.P./80.

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

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

26th March 1919

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.

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

11-4 1919

5491 Pte Anthony S.

This man wishes the amount retained to credit of his account please

Deposited  
26/3/19 *[Signature]*

No. 18104/1971

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To: *25076*  
Officer Commanding,  
2/B- Royal Newfoundland Regt.  
Winchester.

7th November 1918

*Nov. 9th* 1918

Subject: 5491, Pte. S. Anthony *D*

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. Kindly obtain his receipt hereon.

*W.A. Minnall Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*M Martin* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Ten  
pounds on account of

cable remittance from Newfoundland.

No. 5491 Rank Private

Witness Stanley Anthony

Witness. A. L. Carter, Pte.

Anthony S

5491

Hay Leph.

July 12, 1919

#5491 Pte. Stanley Anthony,

Seldom Come By.

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 & U.I. Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Hooley* 2. Service *Anthony*  
*Hooley* 3. Rank *Private* 4. Regt. No. *5491*  
6. Address in full to which future payments of gratuity are to be forwarded *Seldom Cove Bay*  
*709 District*  
6. Date of enlistment in the Regiment *May 28/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
8. Relationship of such dependents.....  
9. Address in full of such dependents.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*  
12. Give total length of time which you served on active service, whether in field or overseas..... *From May 28/18 to June 14/19*

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.

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?

19. Are you now serving in the R.C.S.T.? *No* If not give - (a) date of discharge *June 14/19* Reason for discharge *Temporary 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 & Germany - Arras Nov. 1918 & Dec. 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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



Signature of Applicant: *Stanley Anthony*  
 Place of Residence: *De Lorge Come By Lago, Dis.*  
 Declared before me at: *St. Johns Nfld.*  
 This *14th* day of *Aug* 19*41* by *J. P. McCarthy*

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

POST DISCHARGE PAY.				Net amount due
Date paid	Sold	Reid	War Service	
	Soldier	Dependent	Benefit	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

July 12, 1919

#5491 Pte. Stanley Anthony.

Seldom Come Bye.

Dear Sir:-

Please find enclosed Discharge Certificate #2973.

Yours truly

Sydney  
Seymour & O.i/c Records  
Captain.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3491 Rank Plt Name Anthony A. Jago  
 Date of Enlistment 27 5 18 Address St. John's District St. John's  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. P. 1/36	B 268.	B 121	N. F. Med.	D. F. 1
B 178	W 3194.	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 14 6 19 J. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment

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

B Anthony

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 Amelbush

Date 14-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>89. 715</sup> to his home at Seldon Cove by and Release Certificate No. 2182 issued.

Date 14-6-19

*J.A. Knowlton*  
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 14-6-19

Date 14-6-19

*J.A. Knowlton*  
Depot Paymaster.

Discharged approved for 28-6-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 14-6-19

*J.A. Knowlton*  
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 JUN 28 1919

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

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 5491

Name Anthony Stanley Rank \_\_\_\_\_

Address Seldom - Come - Bay

Present Medical Category Ai

Recommended for: (a) Immediate discharge \_\_\_\_\_

(b) Standard Medical Board \_\_\_\_\_

Members of Board

RH Lant Capt  
O.C. Discharge Depot.

H. Robinson  
Senior Medical Officer

See Borden  
M. O. Depot

## 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.

*S. Anthony*

Signature of Man.

Reg. No. 57496

*J. J. Snowlett*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

14-6-19

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

# MEDICAL HISTORY

OF

Surname

*Anthony*

Christian Name

*Stanley*

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

*Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	<i>27<sup>th</sup></i>	<i>day of May 1918</i>		
Declared Age	<i>21</i>	years		
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet	<i>7 3/4</i>	inches
Weight			<i>137</i>	lbs.
Chest Measurement	Girth when fully expanded		<i>34</i>	inches
	Range of Expansion		<i>4</i>	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lance &amp; Palmer</i>			
(Rank)	<i>Major</i>			
Enlisted	at	<i>St. John's</i>	at	
	on	<i>27<sup>th</sup></i>	on	<i>27<sup>th</sup></i>
	Corps.	<i>1491</i>	Corps.	<i>1491</i>
Joined on Enlistment	<i>Royal Nfld. Regiment</i>			
Transferred to				
Became non-effective by				
(Signature)				
(Rank)				





## Medical Report on an Invalid.

Station

Hazelley, D. Camp

Date

30-4-19

1. Unit *Royal Newfoundland*
2. Regimental No. *5491*
3. Rank *Pte*
4. Name *Anthony Stanley*
5. Age last birthday *22*
6. Enlisted { on *May 22/18*  
at *St Johns*
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. *and.*
10. Place of origin of disability. *and.*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *and.*  
*and.*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *and.*
- (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?

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

*The emphasis of our disability*

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

- (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?  
(c) Opinion?

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

*a. e.*

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

*a. e.*

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?

*a. e.*

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.

*a. e.*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation*

*Sign: W. L. Proctor*  
*S. Y. M.*

*Capt R. A. M. C.*

\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Douglas D. Camp*  
Date *30-4-19*

\_\_\_\_\_  
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.

† Delete this word if no exceptions are to be made.

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 Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *5498* & Rank *Pls* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Anthony Samuel* (a) Former Regts. or Corps ; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *27*
6. Posted for duty on *27 May 1916* at *St John's* in category (or grade) *.....*
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When
- (b) Where
- (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

11. Date of origin of disability. *Dec 4 1918*

12. Place of origin of disability. *Hayes Court*

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.

*admission he states that he was admitted 11th Stationary Troop with influenza 28th Jan 1919 admitted Fullham and Wash. sends letter to Woodsworth Discharge to be considered for Repatriation*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *He complains of aching pain in right back.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*lung area. Shortness of breath general condition fairly good*

16. Was an operation performed? If so, when and what was its nature? *aspirated for fluid twice*

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*

*Reparation*

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.

*W. Procimies. Capt R.A.M.C.*

Station *Beagles D. Camp* Medical Officer in charge of case.

Date *29/5/19*

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

**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.

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?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (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)?

Only to be answered when the soldier is placed in other than Grade IV.

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:—

Station *Hayley D. Camp* ..... } President or Chairman.  
 Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... } Officer in charge, Central Hospital.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station ..... }  
 Date ..... } O.C. Discharge Centre.



## 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. & 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 *Anthony, Stanley*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5491.*

Intended address *Seldom Court Lge.*

Height on discharge *5 Feet 8.*

Color of hair on discharge *Dark Brown*

Complexion *Leak.*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Henry*

Christian name of Mother *Jane*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Seldom. 17-9-1896*

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

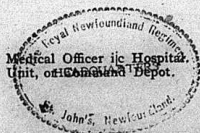
(Soldier's signature in full) *Stanley Anthony*

(Rank) *Pl.*

Station **ST. JOHN'S.**

Date *13 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.



Station

Date



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5491 Rank Pvt. Name Anthony S. Seldom  
 Intended place of residence C. Bye
2. Occupation Fisherman  
 Classification of soldier 2 Medical Category A2
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 JUN 14 1919 H. M. S. H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S  
JUN 14 1919  
Anthony S. Seldom  
 Signature of soldier  
A. M. C. [unclear]  
 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  
JUN 14 1919  
Anthony S. Seldom  
 Signature of soldier  
W. J. [unclear]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No of days on Military  
 Discharged from service 28-6-19 PLUS 14 DAYS Service 412

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
JUN 28 1919  
R. H. [unclear] Major  
 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, Nfld.  
July 13/1919  
M. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

A 9 B 2079/2973



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5491 Rank Plt. Name Anthony J.  
 Date of Enlistment 27.5.18 Address Aldersburgh District 140  
 Occupation Fisherman Classification for Discharge by Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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 178a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-6-19 O. C. Discharge Depot. H. Must

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Anthony in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
- (b) Clothing Supplied Amelinski

Date 14-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 8-715 to his home at Belton, Conn. by and Release Certificate No. 2782 issued.

Date 14-6-19

*J.A. Snowball*  
Demobilization Officer

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 12-1-19

Date 14-1-19

*J.A. Snowball*  
Depot Paymaster.

Discharge approved for 28-6-19  
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	2 Form B
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 14-6-19

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

O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 28 1919

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

O. C. Discharge Depot.

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

Date June 30/19

*Handwritten signature*  
for O.C. Records

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
35.

Regiment of

*The Royal New Zealand*

Signature of O. C. Company

Number of Sheet *one*  
*CB Dukes Lieut*

Regimental Number and Name <i>Sgt Anthony Stanley</i>		Enlistment		Trade <i>Fisherman</i>		Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	21	years	months			
Joined	Date	Place and Date of Enlistment	<i>S. J. Hus</i>		Religion			
Joined	Date	Period of		with Colours	<i>1 1/2</i>	years.	Place of Birth	<i>With</i>
Joined	Date			with Reserve	<i>3 1/2</i>	years.	<i>Seldon Comely Togo</i>	

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>S. J. Hus</i>		<i>12</i>		<i>7</i> <i>-9</i>

To be carried over.

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.

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

Stanley Anthony

in respect of his service as No. 5491 Rank Pte.

Name S. Anthony Royal Nfld. Regt.  
2nd Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received war. medal

Signature Stanley Anthony

Date October 22<sup>nd</sup>

Address Seldom, come. 2/20

[P.T.O.]

C.R. 5491

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.

St. Jean's, July 16th, 1919.

The discharge of the Undernoted on demobilization has been ~~REMOVED~~  
CONFIRMED by Officer I-C Records from 12-7-19

5491 Pte. Stanley Anthony.

C.R. 5491

**Extract from Nominal Roll from 1st. Battalion**

**Royal Newfoundland Regiment dated 30-4-19.**

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked 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.

5491

Extract from Daily Orders part 11, from Unit The Royal  
Wld. 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.



C.P. 5491

Extract from Daily Orders part 11, from Unit The Royal

H 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

C.R. 5491

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

Date

June 18th 1919.

5491, Pte. S. Anthony.

Reported at Headquarters 1/6/19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5491

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

The discharge of the undernoted on demobilisation has been  
APPROVED by C.G. Discharge Depot with effect from 23-6-19.

5491 Pte. S. Anthony.

C.R. 5491

Extract from Nominal Roll of Draft No. 66 from the 2nd., Battalion  
of the Royal Newfoundland Regiment., Winchester to the 1st., Battalion  
of the Newfoundland Regiment., /P.M. F.  
Embarked Southampton 22/11/14.

#5491 Pte. S. Anthony.



Reg. No. *5491* Rank *Pfc* Name *Anthony S.*

Attested ..... Address *Seldone Come Bye*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-49*

Returned on S.S. *Corisican* Cause *Discharge*

*14-6-49*  
*28-6-49*

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILISATION.

Reg. No. 5491 Rank Pte Name Anthony, S. & Co  
Attested 27-5-18 Address Seldon Bone Pye  
Allotment 60 Allottee Henry Anthony (Address)  
Date of Allotment 1-7-1918 Returned from Overseas  
Embarked for Overseas **WB 22 1918** Cause

136/18 1st Dec Vacc 28-5-18 2nd Dec 4-7-18 3rd Dec 11-7-18  
H.L. 16/18 - 246/18 R.L. 264/18