



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5656 Name Chesley Austin Corp. S.A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Chesley Austin</u> |
| 2. What is your full Address? | 2. <u>Snooks Arm Green Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>29</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>mines</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 <u>Yes</u> |
| 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, Chesley Austin 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.

Chesley Austin SIGNATURE OF RECRUIT.
Dr. R. P. Howes Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chesley Austin, 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. John's on this 10 day of June 1915.

Signature of Attesting Officer Aspinks

†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

5656

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

Name Chesley Austin
 Apparent age 20 years 0 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Austin
Snooks Army | Relationship Father
Green B. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-6-18</u>									
Joined at <u>St John's</u> on <u>June 10-1918</u>									
<u>Discharged August 4-1919</u>									
<u>Embarked St John's St Columella to Halifax N.S. 22-7-18</u>									
<u>To Halifax stand for demobilization 24-6-19</u>									
<u>Arrived to Halifax stand 1-7-1919</u>									
<u>Demobilization St John's 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 56 days
 " " Pensions " " " " " " " " " " " "

L. Austin.

C.R. 5656

1880



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Austin, Regl. No. 5656
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
7 Dollars and 1/4 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 August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>479</u>	<u>Father</u>	<u>James Austen</u>	<u>Snoek's Bay</u>	<u>50¢</u>
			Total Allotment, \$	<u>50¢</u>

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.) James Hunt
 Officer Commanding
F. Company

(Sig.) Charles Austin
 (Rank) Pvt.

July 15th 1917

Wife
5718 R. Harper

No. 1791/266.

B 067073
NEWFOUNDLAND CONTINGENT
58 VICTORIA ST.
LONDON, S.W. 1
FEB 19

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. Royal Nfld. Regt.~~
~~Winchester.~~

1st February 1919

February 1st 1919

5656, Pte. C. Austin.

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / (937)

Karn
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n.

"Pay to 5656. Pte .E. Austin.

Cheque £5.0.8. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of Five pound
& eight pence in respect of
telegraphic remittance from the
Minister of Militia.

F. J. Marshall
Chief Paymaster & O. i/c Records.

C. Austin
No. 5656 Rank Private
Witness M. Rockett

Austin, C

5656

Gay Sept.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

Asst. Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5656. Chesley A. Austin</i>	Age on	<i>20</i> years <i>0</i> months	<i>Unemp.</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 40-6-18.</i>	Religion	
Joined	Date			<i>Sa.</i>	
Joined	Date	Period of	with Colours <i>156</i> years. with Reserve <i>365</i> years.	Place of Birth	
Joined	Date			<i>St. John's Am.</i>	

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>H 8/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5656 Rank Plt Name Austin
 Date of Enlistment 10-6-18 Address Prosser St District Gate
 Occupation Miner Classification for Discharge E Medical Category A1
 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 4-7-19 O. C. Discharge Depot. Miner

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. Charles Austin
Mr Newman mark

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 _____

Date 7-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2192 to his home at Smock's Amd Release Certificate No. 3227 issued.

Date

7-7-19

J.A. Lawless
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 1-7-19

Date

1-7-19

J.A. Lawless
Depot Paymaster.

Discharge approved for

21-9-19

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	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

7-7-19

J.A. Lawless
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

JUL 21 1919

Date

J.R. Cooper Capt
for O. C. Discharge Depot.

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

Date

July 21/19

Reg. No. *1106* Rank *Plt.* Name *Arthur C.*

Attested ... Address *Brooks Arm*

Allotment ... Allottee ..

Date of Allotment ... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

4.7.19

PASSED TO DEMOBILIZATION OFFICER

21.7.19

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5656

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5656 Pte. C. Austin.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5655'

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date ⁴3-8-19.

5656, Pte. C. Austin.

C.R. 5656

Extract from Daily Orders Part 11, from Unit, The Royal Nfld.,
Regiment, St. John's, dated June 11th 1918.

5656, Pte. Ches. Austin.

Attested for General Service with The Royal Nfld. Regt.,
10/6/18.

August 11th 1919.

Mr. C. Austin,
Snook's Arm. N.D.B.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of War Ser-
vice gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

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..... *Charles* 2. Surname..... *Austin*

3. Rank..... *Private* 4. Regtl. No..... *5656*

5. Address in full to which future payments of gratuity are to be forwarded..... *Snook's Arm*

6. Date of enlistment in the Regiment..... *24/6/18*

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..... *Not Applicable*

9. Address in full of such dependents..... *Not Applicable*

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 Hfld. If so, give dates and particulars of such service.....

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

Overseas
1 Year 4 1/2 days

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

Not Applicable

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.

Not Applicable

15. Have you been issued with a War Service Badge? No

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

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

Not Applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Not Applicable

(b) If so, was such reversion in consequence of Misconduct or inefficiency? Not Applicable

19. Are you now serving in the Regt.? No If not give:- (a) Date of discharge. 4/9/19 (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.

Persecution Nov 11th 1918

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. Not Applicable

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:

his
Chesley Austin
mark

Place of Residence:

Snoek's Arm, N.D.B.,
St. John's, Nfld.

Declared before me at:

This

7th, 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.			Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.
.....
.....
.....
Certified correct.			Paymaster

August 4th 1919.

#5656, Pte. C. Austin.
Snook's Arm. Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate # 3343.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3656 Rank PLC Name Austin C
 Intended place of residence Snooks Arm Tullagel.
 2. Occupation Miner
 Classification of soldier E 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 JUL 7 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 7 1919

[Signature]
 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 7 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service.....	<u>10-6-18</u>	No. of days on Military
Discharged from service..	<u>21-7-19</u> Plus 14 days	Service.. <u>421</u>

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 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 August 4/1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

[Handwritten number] 21 31 4
213207913343

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 *4.7.19*

Regimental No *5656*

Name *Austin Chesley*

Rank *Pte*

Address *Snooks Arm*

Present Medical Category *Ai*

Recommended for: { (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board {

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

P. Paterson
Senior Medical Officer

S. W. Burden
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.

Austin

Signature of Man.

Reg. No. 5656

J. H. Snow

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

7-7-19.

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The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5656 Rank Sgt Name Frederick S. G. G. G.
 Date of Enlistment 10-6-18 Address Brookfield District St. John's
 Occupation Miner Classification for Discharge E Medical Category A.1.
 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 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19 O. C. Discharge Depot. Min. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Mr. Freeman

Charles G. Austin
mark

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 _____

Amblin

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2192 to his home at Snooks Ann and Release Certificate No. 3227 issued.

Date 7-7-19

J.A. Snowball
Demobilization Officer

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 8-8-19

Date 7-7-19

Mrs. H.
Depot Paymaster.

Discharged approved for 21-7-19

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	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 7-7-19

J.A. Snowball
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 JUL 21 1919

W.P. Cooper Capt.
for O. C. Discharge Depot.

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

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 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 *Austin, Chesley.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2656*

Intended address *Snooks Arm, St. John's.*

Height on discharge *5* feet *6*.

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Med*

Christian name of Father *James*

Christian name of Mother *Dea*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Snooks Arm, 24 Dec. 1898.*

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) *Austin Chesley*

Rank *Private*

Station *St John's*

Date *11-7-19*

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



~~C.R.~~

5656

Extract from Daily Orders part 11, from Unit The Royal
Hf16 Reg .St. John's, dated July 25, 1918.

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

#5656 Pte. Chesley Austin.

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

MEDICAL HISTORY

OF

Surname Austin Christian Name Charles A.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's, N.B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	10 th	June	191	
Declared Age	20	years		years
Trade or Occupation	Miner			
Height	5	feet		inches
Weight	128	lbs.		lbs.
Chest Measurement	38 1/2			inches
	4 1/2			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	1 Scar			
	10 years ago.			
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	6/6	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)	Lammie Paterson			
(Rank)	Major			
Enlisted	at	St. John's	at	
	on	10 th day of June	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment			
		5656		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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.L.B.*
2. Regtl. No. *5711* 3. Rank... *Plt.*
4. Name *Austin* *Chisley*
 (Surname) (Christian Names)
5. Age last birthday *31*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *miner*
- 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."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. 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 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 complaint of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

Refused

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.

D. G. Gummer
 Medical Officer in charge of case.

Station *Hogbydown*

Date *12-11-19*

* 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

