



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5300 Name William Best Corps C of E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>William Best</u> |
| 2. What is your full Address? | 2. <u>Logg</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, William Best 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.

W. Best SIGNATURE OF RECRUIT.
W. Coughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Best 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 Logg on this 22nd day of May 1918.

Signature of Attesting Officer C. D. Dicks Field

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 May 27th 1918 } Approving Officer.
 Place Logg }

† 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)

C.R. 5300

Extract from daily orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 11th 1919.

The discharge of the undernoted on demobilisation
has been APPROVED by O.C. Discharge Depot with
effect from 21-7-19.

5300. Pte. Wm. Best.

C.R. 5300.

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 9th 1919.

The discharge of the undernoted on demobilisation has been
confirmed by officer i/c records from noted date 4-9-19.

5300, Pte. Wm. Best.

RECEIPT.

FOR ISSUE OF BRITISH WAR METAL-1914-1919.

C.R. 5300

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

NAME *William Best*

DATE *Nov 21/19*

PLACE *Fogo*

C.R. 5300

Extract from Daily Orders Battalion Unit 110 Royal Nfld.
Regt. St. John's, July 5th, 1919.

5360 Pte. W. Best.

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

C.R. 5300

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

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

#5300 Pte. William Best.

C.R. 5300

Extract from Daily Orders part 11, from Unit The Royal
NZA. Regt. St. John's, dated July 18, 1918.

#5300 Pte. W. Best.

Discharged from Barracks Hospital 13-7-18

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 23, 1918.

#5300 Pte. William West.

Attested for General Service with the Royal Nfld. Regt
from 22.5.18

W Best

C.R. 5300

1110
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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 New Zealand Land*
 2. Regtl. No. *5240* 3. Rank. *Pte*
 4. Name *Beest* *William*
 (Surname) (Christian Names)
 5. Age last birthday. *24*
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade or Occupation } *Schorman*
 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.
 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
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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.
 12. Place of origin of disability.
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
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.)

He complains 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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

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

W.S. Proemier. Capt. Rame

Station *Murleydown*

Medical Officer in charge of case.

Date *8/14/19*

* 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

No. 2478/384

067147

N.F.P. 100.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.
2nd Bn. Ryl Nfld Regt.
Winchester

14th February 1919

Feb'y. 16th 1919

5300. Best Pte. W.

With reference to the following telegram from the Minister of Militia / / (17)

Receipt hereunder.

"Pay to- 5300. Best

J. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£5.0.0.

Received the sum of £5.0.0

Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Five Pounds in respect of telegraphic remittance from the Minister of Militia.

R. J. ...
Chief Paymaster & O. i/c Records.

W. Best
No. 5300 Rank Pte
Witness *Cpl. R. Mincee*

Best, W

5300

Ray Dept.

August 4th 1919.

#5300. Pte. Wm. Best,

Fogo.

Dear Sir:

Enclosed please find Discharge Certificate
3313.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5300 Rank. Pte Name. Best Wm
 Intended place of residence. Zogo
2. Occupation Fisherman
 Classification of soldier. E Medical Category AI
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
 for Wm H. News
 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
 - William Best
 Signature of soldier
J. Snow
 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 7-7-19 William Best
 Signature of soldier
W. Treason
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 22-5-18 No. of days on Military
 Discharged from service. 21-7-19 Plus 14 days Service. 440

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 21 1919
 for W. R. Cooper Capt
 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
W. Stowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

and B 2079/3313

10
30
31
4
95

The Royal Newfoundland Regiment

Class for Demobilization: —

96

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No. *5300*

Name *Best William* Rank *Pvt*

Address *7190*

Present Medical Category *A1*

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

Members of Board { *R. H. East Major*
O.C. Discharge Depot.

H. Adams
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5300 Rank Plt Name Best Wm
 Date of Enlistment 1951 Address Lago District Lago
 Occupation Industrious Classification for Discharge 16 Medical Category IAI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 1-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

William Best

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. Alc

(b) Clothing Supplied. Alc

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

R2200

The above named has been provided with Travelling Warrant No. 326 to his home at Fogo and Release Certificate No. 326 issued

Date 7-7-19
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 4-8-19

Date 7-7-19
H. Mrs. H.
 Depot Paymaster.

Discharge 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
F 178	W 3494	B 122	Board 1st.	" 2
F 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 7-7-19
J.A. Knowlton
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919
R. Lodge Capt.
 for O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

William Best

Signature of Man.

J. J. Snowcapt

Signature of the Vocational Officer or his Representative.

Reg. No. 5300

Place

H. Johns

Date

7-7-19

191

B

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

MEDICAL HISTORY

Surname Des OF Idigou Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St Ego County Mer

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22	May	1918	191
Declared Age	23	years		days
Trade or Occupation	fisherman			
Height	5	feet 2 1/4	inches	feet inches
Weight	127	lbs.		lbs.
Chest Measurement	Girth when fully expanded		34 1/2	inches
	Range of Expansion		3 1/2	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	Number		
When Vaccinated				
Vision	R.E.—V=	L.E.—V=	R.E.—V=	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>L. J. ...</i>			
(Rank)	Major			
Enlisted	at	St Ego, Mer.	at	
	on	22nd day of May	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	Royal Mer. Regiment		5300	
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 Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *1300* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Best* *William*
(Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on..... at.....
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 (d) Particulars of Pension or Gratuity (if any)
(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 general 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? }

*The Complaints Office
disability*

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.)

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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

Repatriation

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

W. E. Procmies. Capt R.A.M.C.

Station ... *Hazley, Bom*

Medical Officer in charge of case.

Date ... *8.14.19*

* 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



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 Office 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 *William Best.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5300*

Intended address *7090*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *Eligah*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *7090, 19th Nov, 1895*

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) *William Best*

St
(Rank)

Station *Agatha's*

Date *4-7-19*

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.

Medical Officer i/c Hospital.
Unit, or Command Depot.

August 11th 1919.

Mr. Wm. Best,

Foggs.

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 Service 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 *William*..... 2. Surname *Best*.....

3. Rank *Pte*..... 4. Regt. No. *5000*.....

5. Address in full to which future payments of gratuity are to be forwarded *To go*.....

6. Date of enlistment in the Regiment *May 21/18*.....

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

8. Relationship of such dependents *NA*.....

9. Address in full of such dependents *NA*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *NA*.....

11. Were you on active service only in Mfld, If so, give dates and particulars of such service *NA Eng Land only*.....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas *1 year & 1 month*.....

..... 1.2.....

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

..... *No*

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

..... *No*

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

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

19. Are you now serving in the Regt.? *No*. If not give: (a) Date of discharge. *July 2/19*

(b) Reason for discharge. *Demob*

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

..... *No - England only - 10 months*

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.

William Best

Signature of Applicant: _____

Place of Residence: _____

Declared before me at: _____

This

July 7

day of

St. Johns

19. *1919*

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

John M. Carthy

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent	Gratuity.	due

.....

.....

.....

Certified correct.

Registrar

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5300 Rank Plt Name Best Wm
 Date of Enlistment 22518 Address Lago District Lago
 Occupation Submarine Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	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. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Williams Best

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *Alc*
- (b) Clothing Supplied *[Signature]*

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

3. Transportation and Release Certificate.

R2200

The above named has been provided with Travelling Warrant No. 3261 to his home at Fargo and Release Certificate No. 3261 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 2157-19

Date 7-7-19 *J.A. Lawless*
Depot Paymaster.

Discharge approved for 2157-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	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 7-7-19 *J.A. Lawless*
Demobilization Officer.

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 *J.R. Cooper, Capt*
O. C. Discharge Depot.

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

Date July 28 1919 *J.A. Lawless*

Reg. No. 5300 Rank 16 Name Best Wx

Attested Address 1090

Allotment Allottee ..

Date of Allotment Returned from Overseas JUL 1, 1919

Returned on S S Cassandra Cause Discharge

PASSED TO DEMOBILIZATION OFFICER

~~REMOVED~~ APPROVED ON DEMOBILIZATION.

7.4.19
21.4.19