

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5665 Name George Bowes Corps Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>George Bowes</u> |
| 2. What is your full Address? | 2. <u>Southern Arm G.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Millman</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, George Bowes, 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.

George Bowes SIGNATURE OF RECRUIT.
Pte R. Bowes Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Bowes, 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 on this 10 day of June, 1918 at St. John's.

Signature of Attesting Officer C. B. Dicks Lieut.

† 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 1918
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

5665

Name George Bower

Apparent age 22 years months. Height 5 feet 5 3/4 inches

Chest Measurement { Girth when fully expanded 37 inches
Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Fannie Bower,
Southern Arm | Relationship Mother,
G.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 Helens</u> on <u>June 10 1918</u>									
<u>Discharged August 4 1919</u>									
<u>Embarked St Helens Train to Halifax N.S. 22.9.18</u>									
<u>Left for demobilization 24.6.19. Arrives Le Havre about 1-7-19</u>									
<u>Demobilization St Helens 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>56</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5665

Extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records from
noted date 4-8-19.

5665, Pte. G. Bowers.

C.R. 5665

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 10th, 1919.

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

5665 Pte. G. Bower.

C.R. 5665

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 2nd 1919.

5665 Pte. G. Bower.

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

C.R. 5665

Extract of Orders by MAJOR M.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5665 Pte. J. Bower.

"B" Company.

C.R. 5665

Extract from Orders by Lt. Col. B. J. BARTON, commanding 2nd.,
Battalion of the Newfoundland Regiment dated 16th. November 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY
CORPS, ON MONDAY the 18th November on Probation.

#5665 Pte. G. Bower.

BC.

G.R. 5665

Extract from Nominal Roll Entrained at St. John's Hosp
Overseas Sept. 22, 1918. "B"

5665 Pte. Power George.

C.R. 5665

Extract from Daily Orders part 11 Depot, St. John's dated Sept. 18/1918

#5665 Pte. G. Bowers/

Returned from Special Duty from R. N. CO's Dry Dock, 16-9-18.

C.R. 5665

Extract from Daily Orders Part 11 Depot St. John's dated 12-9-16.

#5574 Pte. G. BOWERS.

5665

The above mentioned soldier proceeded on Special Duty to
R. H. Co's Dry Dock, 9-9-18.

C.R. 5665

Extract from Daily Orders Part 11 from Depot St. John's September 12th 1918.

#5665 Pte. G. Bowers.

THE ABOVE MENTIONED SOLDIER PROCURED ON SPECIAL DUTY TO REED NEWFOUNDLAND
COMPANY'S BAY ROCK, 9-9-18.

C.R. 5665

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

5665, Pte. Geo. Bower.

Attested for General Service with The Royal Newfoundland Regt.,

10/6/18.

J. Gowers

CR

5665

1190

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 I. Newfoundland* } Former Trade or Occupation } *Lumberman*
2. Regtl. No. *665* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bower* } *George* }
(Surname) (Christian Names)
5. Age last birthday... *23*
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 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, 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?
(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 complaints 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?

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

Repatriation

W. E. Pocumier *Capt Rame*
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *9/14/19*

* 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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Bowers, Regl. No. 3665

hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and 50 cts. 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 July 15th / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4547	Brother	John Bowers	Docton Arms Green Bay	50cts
Total Allotment, \$				

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

(Sig.) [Signature]
 Officer Commanding
SI / [Signature] F. Company
June 27 1918.

[Signature]
 (Sig.)
 (Rank) [Signature]

FORM K

Nº 6043



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Bowers, Regl. No. 51665

hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and 50 cts. 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 July 15th 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4547	Wife	John Bowers	Southern Arm Grison Bay	50 cts
Total Allotment, 5				

PAID BY
PAY MASTERS 23/11/18
NURS BOLL
ALLOT INDEX
" REGISTER 23/11/18
EXAMINED

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

(Sig.) [Signature] 2/11/18
Officer Commanding

George Bowers
(Sig.)

SI John F. Company
June 27 1918.

(Rank) Private

Bowers, Geo

5663

May 1891

August 4th 1919.

#5665, Pte. G. Bowers.

southern arm, G. B.

Dear sir:

enclosed please find Discharge Certificate
3329.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5665 Rank Pte Name Bowers G
 Intended place of residence Southern Arm
 2. Occupation Lumberman
 Classification of soldier 1 Medical Category A1

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
 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 of soldier George Bowers
 Signature of witness J. A. Howlett

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
 Signature of soldier George Bowers
 Signature of witness W. J. C. Atkinson R. Q. M.

STATEMENT OF SERVICE

7. Enlisted for service 16-6-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 415

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
 Date JUL 21 1919
 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
 Officer in Charge Records
 The Royal Newfoundland Regiment

2035079/5529

24
31
4

The Royal Newfoundland Regiment

Class for Demobilization: —

F.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.1.19*

Regimental No. ... *5665*

Name *~~Bower~~ George*

Address *Southern Arm*

Present Medical Category *4i*

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

Members of Board {

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

L. Paterson
.....
Senior Medical Officer

George
.....
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5665 Rank Pr. Name Bowers, George
 Date of Enlistment 10-6-18 Address Southey Plains District St. John's
 Occupation Lumberman Classification for Discharge F1 Medical Category A.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 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.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

George Bowers

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. R842 to his home at Southern arm and Release Certificate No. 3236 issued.

Date

7-7-19

J. H. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date

7-7-19

J. H. Snowball
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		

Date

7-7-19

J. H. 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

J. R. Cooper Cabot
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.

George Bowers

Signature of Man.

Reg. No. *5765*

Signature of the Vocational Officer or his Representative.

Place

Date

St. Johns

7-7-19.

191

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

MEDICAL HISTORY

Surname Bower OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish Southern Cross, Nfld. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>10th</u> day of <u>June</u> 191 <u>5</u>	at <u>St. John's</u>	on _____ day of _____ 191	at _____
Declared Age	<u>22</u> years	<u>22</u> days	_____ years	_____ days
Trade or Occupation	<u>Milman</u>		_____	
Height	<u>5</u> feet <u>5 3/4</u> inches		_____ feet	_____ inches
Weight	<u>139</u> lbs.			_____ lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		_____ inches
	Range of Expansion	<u>4</u> inches		_____ inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/20</u>	L.E.—V= <u>6/24</u>	R.E.—V=	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)	<u>Lamm Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>St. John's</u>	on <u>10th</u> day of <u>June</u> 191 <u>5</u>	at _____	on _____ day of _____ 191
Joined on Enlistment	Corps. <u>Royal Nfld Regiment</u>	Regtl. No. <u>5665</u>	Corps _____	Regtl. No. _____
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 W. in found. land* 7. Former Trade or Occupation } *Turner*
2. Regtl. No. *2665* 3. Rank. *P.L.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bauer* *George*
 (Surname) (Christian Names)
5. Age last birthday *22*
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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (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. *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.)

Re 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?

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

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

Repatriation

W. E. Pocumie
 Medical Officer in charge of case.

Station *Sozely Barr*

Date *9/24/19*

*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 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 *George Bowes.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5665*
Intended address *Southern Arm.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —
Figure on discharge *Medium*

Christian name of Father —
Christian name of Mother *Fannie*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —
Place and date of soldier's birth *Southern Arm, 16th January 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) *George Bowes*

Plt
(Rank)

Station *So John'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. G. Bowers,
Southern Arm. M.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 Service
Gratuity.

Yours truly,

Capt. &
Paymaster.

MS/.

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..... *George* 2. Surname..... *Bowers*
3. Rank..... *Pte* 4. Regtl. No..... *5668*
5. Address in full to which future payments of gratuity are to be forwarded..... *Southern Arm of the Glacis*
- *H. D. B.*
6. Date of enlistment in the Regiment..... *June 9/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*
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?..... *No*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Thirteen months*
- 1. $\frac{1}{2}$

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

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.....

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

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.....

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. no

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.....

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 21/19 (b) Reason for discharge Remobilization

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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. England

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.....

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: *George Bowen*
 Place of Residence: *Southern Arm of the Arms. N.W.B.*
 Declared before me at: *St John*
 This *7* day of *July* 19*18*...

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

John M. Carthy
J.P.

POST DISCHARGE PAY.

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

Register

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5665 Rank Pvt Name Bowers George
 Date of Enlistment 10-6-18 Address Southeyville District St. John's
 Occupation Lumberman Classification for Discharge T1 Medical Category A1
 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. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

George Bowers

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R842 to his home at Southern Ave and Release Certificate No. 3236 issued.

Date 7-7-19 *J. A. Howland*
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 7-7-19

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

Discharge approved for 21-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 288	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. Howland*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records,
Board of Pension Commissioners

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 *J. R. Cooper Capt*
for O. C. Discharge Depot.

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

Date July 21/19 *[Signature]*

Reg. No. *5653* Rank *K* Name *Rowley Geo*
Attested Address *Southern Ave*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

7-7-19
21-7-19

PASSED TO DEMOBILIZATION
DISCHARGE APPROVED ON DEMOBILIZATION.