



FIRST NEWFOUNDLAND REGIMENT

4076

ATTESTATION OF

No. 4076 Name Joseph Clark Corps 6 of 6

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph Clark
2. What is your full Address? 2. Hilton C.R.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 3 Months
5. What is your Trade or Calling? 5. Seaman
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

Joseph Clark 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.

Joseph X Clark SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Joseph Clark 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.....

on this..... day of..... 1915

Signature of Attesting Officer [Signature]

†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 } 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Clark
 Apparent age 19 years 1 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Clark
Hilton Co. B. | Relationship Father

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 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>6-11-17</u>									
Joined at <u>St. John's</u> on <u>November 6-17</u>									
<u>Discharged July 9, 1919</u>									
<u>Embarked St. John's St. Helier by Halifax N.S. 29-7-18</u>									
<u>Embarked for St. H. 2-7-18</u> <u>Embarked France 5-7-18</u>									
<u>Joined Battalion 9-7-18</u> <u>Transfers from Rouen 22-4-19</u> <u>Arrived</u>									
<u>Newbury 13-4-19</u> <u>to headquarters for demobilization 22-5-19</u>									
<u>Arrived Newbury 6-6-19</u>									
<u>Lieutenant</u> <u>St. John's</u> <u>9-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-7-19 (date of discharge) 1 years 256 days
 " " Pensions " " " " " " " "

J. Clarke

C.R. 4076

P.R.O.

C.R. 4076

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 27th, 1919.

The discharge of the underneted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-6-19.

4076 Pte. Jos Clarke,

C.R. 4076

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

Date June 18th 1919.

4076, Pte. J. Clarke.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

CR 4076

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.

#4076 Pte, J. Clarke.

C.R. 4076

Extract from Nominal Roll to H. E. F. embarked
Folkestone 2-7-18

#4076 Pte. J. Clarke.

CR. 4076

Extract from Nominal Roll Draft. "H" Company Embarked
S.S. "Floresel" Jan. 29th, 1918.

4076 Pte. Clarke J.

4076

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, Dec.24th, 1917.

4076 Pte. J. Clarke.

Discharged from Military infectious Hospital and posted
to Headquarters for duty with effect from 24/12/17.

C.R. Lot

4076

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. Dec. 22, 1917.

4076 Pte. J. Clarke.

Admitted to Militray Infectious Hospital on observation
for mumps with effect from 22-12-17.

4076

C.R.

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, Dec.20th, 1917.

4076 Pte. J. Clarke.

Discharged from Military Infectious Hospital and posted to
Hdq's for duty with effect from Dec.20th/17.

C.R. 4076

Extract from Daily Orders Part II Unit The Royal
Wfld. Regt. St. John's, Nov. 29th, 1917.

4076 Pte. J. Clarke.

Admitted to Military Infectious Hospital suffering from
V.D.G. ~~Perferts~~ 50¢ per day from Nov. 29th, 1917.

C.R. 4076

Extract from Daily Orders Part II Unit The Royal
Wild. Regt., St. John's, Nov. 6th, 1917.

4076 Pte. J. Clarke.

Attested for General Service with the 1st WFLA. Regt.,
with effect from Nov. 6th, 1917.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file OTTAWA, April 21st, 1950.

Attention of

Newfoundland

NAME CLARKE, Joseph

REGIMENTAL
NUMBER
4076

C.P.C. No.
W.V.A. No. 46320

~~NAVY~~
ARMY
~~RCAF~~

The DEPARTMENT has received information from

Army Signal Teletype, District Administrator, St. Johns Newfoundland D.V.A.

(STATE AUTHORITY AND SOURCE OF INFORMATION OF DEATH)

20-4-50

regarding the death of the above-mentioned veteran.

Particulars are as follows:

Date of Death..... not stated
Cause of Death..... not stated
Place of Death..... not stated



Name and Address of next of kin..... Mrs. Joseph Clarke (Widow)

TILTON, Nfld.

Director War Service Records: This form to be destroyed if advice of death already received.

Copies to: Returned Soldiers' Insurance Division:
if no insurance please destroy.

1 pay Mr. Pearce

A.C. Weeden

for
Chief, Central Registry

*Noted
R+B*

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland
 Rank Pte Surname Blake Christian Name Joseph
 Religion C. of E. Age on Enlistment 19 years 1 months
 Enlisted (a) 6.11.17 Terms of Service (Duration) Service reckons from (a) 6.11.17
 Date of promotion to present rank Date of appointment to lance rank
 Extended Re-engaged Qualification (b)
 or of Corps Trade and rate
 Occupation Fisherman Tilley Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		AI 28-6-18	Embarked .. Disembarked .. Entered in station	2 JUL 1918 5 JUL Field	9-7-18 Bused 13/7/18
		Arrived in UK		23/7/19	

Int

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

NEXT OF KIN - Isaac Blake Tilley. C.B. Wfld.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland

Number of Sheets over
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Ho 76</u>	Age on	<u>19</u> years <u>1</u> months	<u>Stokerman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John</u> <u>6-11-17</u>	Religion	
Joined	Date	Period of	with Colours <u>256</u> years.	Place of Birth	
Joined	Date		with Reserve <u>365</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St John Mt</u>	<u>13-1-18</u>	<u>Pte</u>		<u>Absent from Church Parade</u>	<u>L. Miller</u>	<u>2 days C.P.</u>	<u>1818</u>	<u>H. A. Hartley Major</u>	<u>for 15 days pay</u>

Demobilized St. John's, 9/19

To be carried over

CR. 4076

Extract from Daily Orders Part II Royal Newfoundland
Regiment, Depot St. John's dated 12-7-19.

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from noted
date ⁹22-7-19.

4076, Pte. J. Clarke.

4076

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1126 Rank Plt Name Blaker, J.
 Date of Enlistment 6-11-17 Address Tilly District St. John's
 Occupation Fisherman Classification for Discharge F1 Medical Category A1
 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
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 24-6-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature]
J. X. Clarke
with *[Signature]*
W. J. Chorney

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 [Signature]

Date 24-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1928 to his home at Sutton H3 Grace and Release Certificate No. 2979 issued.

Date 24-6-19 *J. H. Crawford*
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 24-6-19 *J. H. Crawford*
Depot Paymaster.

Discharge approved for 25-6-19
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	<i>to Form B</i>
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 24-6-19 *J. H. Crawford*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity.

Date JUN 25 1919 *R. H. Sait* MAJOR
O. C. Discharge Depot.

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

Date July 10/19 *James Keith*
Board Records

Reg. No. *4076* Rank *Sgt* Name *L. Carke, Jr.*

Attested Address *Pittston*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Loisicaw* Cause *Discharge*

24.6.19 PASSED TO DEMOBILIZATION OFFICER

25.6.19 DISCHARGE APPROVED ON DEMOBILISATION.

No. 1076

Name Clarke

Sqn., Batty.,
or Company

A Royal New Zealand

Corps

Date of
enlistment 16. 11. 17G.C.
BadgesService or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drunkPeriod not reckoning towards
freedom from fine

Sheet No.

Signature of
Company, etc.Character
Good

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Enlist	16/11/17	Pvt		Deficient of iron rations	Capt. Moore	Admonished pay for same	16/11/18	2nd Lt. Matthews	B4
Rover	16-4-19	Pvt		Deficient of K. value 107	Capt. Hardlow	pay for same	15-4-19	Major Lewis	R2

(P.T.O.)

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*
2. Regtl. No. *4076* 3. Rank. *Pte*
4. Name *Clarke* *Joseph*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *Nov 30/18* at *St Johns*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
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.
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
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } <i>na.</i> | |
| (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? } *na.*

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 disability

16. Was an operation performed? If so, when and what was its nature?

na

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

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. Procmier Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Weymouth D. Camp*

Date *29/4/19*

* 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

DENTAL DEPARTMENT "

Central Military Hospital,
WINCHESTER.

1. 6. 18

To. Medical Officer i/c

Royal 7th Regt.

Hazely Down Camp.

No.

4076 Pli Blake

has been fitted with an upper
----- denture.
~~lower.~~

Will you kindly see that this fact is recorded in
his Medical History Sheet and Army Book 64.

J. K. Anderson.
Capt. R.A.M.C.
Dental Surgeon.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir;-
Please charge the amounts set opposite my name to my account and
pay it to the N.W.S.A. "Prisoners of War Fund" in quarterly instalments
for the period of one year,
Commencing on 1st July 1916.

Regtl. No.	Rank,	Name	Amount	Signature.
4076	Pte	Clarke J	\$2 ⁵⁰	

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date -----

23-6-16

J. P. C. Clarke
23-6-16



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Clark, Regl. No. 4076 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins Dec 17

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 3206, Father, Isaac Clark, Luton 613, 60. Total Allotment, \$ 60.

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 Company [Signature] 1917

(S) Joseph Clark Pte (Rank)

FORM K

Nº 3837^A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Clark, Regl. No. 4076
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
sixty Dollars and 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: Dec 1st 17

Allotment begins Dec 1st 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3206	Partner	Isaac Clark	Halton 613	60
Total Allotment, \$				60

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.) W. H. [Signature]

Officer Commanding
Company

[Signature]

(Sig.) Joseph x Clark

(Rank) Pte

Clarke, J.

4076

Day Depth

July 11, 1919

#4076 Pte. Joseph Clarke,
Tilton, C.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 the War Service Gratuity.

Yours truly

Captain,
Paymaster & O.i/c 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/O RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Joseph* 2. Surname..... *Clark*

3. Rank..... *Private* 4. Regt. No..... ~~4076~~ *4076*

5. Address in full to which future payments of gratuity are to be forwarded..... *Hillou Conception Bay*

6. Date of enlistment in the Regiment..... *21st October 1918*

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

As other *Deana Clark*

8. Relationship of such dependent..... *Mother*

9. Address in full of such dependents..... *Deana Clark*

Hillou C.B.

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 Mfld. If so, give dates and particulars of such service..... *England - France*

England 1919 - France January 1919 -

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Oct 21st 18 to 25th June 19 -*

..... 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

no

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?

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.? If not give - (a) date of discharge. (b) Reason for discharge.

no

25 June 19

Disability

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
Ypres - Coblenz*

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: *Joseph ^{his} Clarke _{mark}*
 Place of Residence: *Litton Conception Bay*
 Declared before me at: *St Johns*
 This *25th* day of *June* 19*19*....

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

Wm James Jr?

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Classify.	Net amount due	
.....
.....
.....
Certified correct.				Paymaster	

July 9, 1919

#4076 Pte. Joseph Clarke,

Tilton, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2861

Yours truly

Raymaster & U.i/c Records
Captain

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4076 Rank Pte. Name Clarke, Joseph.
 Intended place of residence Tilton, Hr. Grace.

2. Occupation Fisherman
 Classification of soldier F 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 JUN 24 1919
 Date ST. JOHN'S. *J. M. Mustitt*
 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 ST. JOHN'S Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S.
JUN 24 1919
J. Clarke
 Signature of soldier
A. Blomston
 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 24 1919
J. Clarke
 Signature of soldier
J. W. Chancey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-11-17 No of days on Military
 Discharged from service 25-6-19 PLUS 14 DAYS Service 618

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.
 Date JUN 25 1919
R. H. Sait 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
 Date July 9/1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

2 PB 2079 / 2861

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 4076

Name Clark, Jos.

Rank Pte

Address Tilton

Present Medical Category A1

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

R. H. Gait Capt.

O.C. Discharge Depot.

Members of Board

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 611 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

70 *Pension's Board.*

Please receive documents as indicated below

NO.

RANK AND NAME

4076. *Pl.* *Clark, J.*

N. F. P. 388	Non-effective account.	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificat	Allotment papers	Headquarters Travelling Board	Proceedings on discharge
B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	A. P. W. 3463	D. P. 2	D. P. 1	
																					/

Received above noted documents,

Dated 19

Signature of Officer forwarding documents:

Date 4.7. 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24.6.19

Regimental No 4076

Name Clark Joseph Rank Pte

Address Silton

Present Medical Category A.

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

Members of Board

R. J. Laist Major
O.C. Discharge Depot.

H. Watson
Senior Medical Officer

J. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 496 Rank Plt Name J. Clarke
 Date of Enlistment 6-11-17 Address Tilton District St. John's
 Occupation Intercom Classification for Discharge 1 Medical Category A
 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 <u>3</u>
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 24-6-19 P. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Clarke
W. J. Mahoney

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 24-6-19 O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R1928 to his home at Filton H.E. Grace and Release Certificate No. 2979 issued.

Date 24-6-19

J.A. Crawford
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 9-7-19

Date 24-6-19

J.H. Mars
Depot Paymaster.

Discharged approved for 25-6-19
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
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 24-6-19

J.A. Crawford
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 25 1919

R.H. Jait MAJOR
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.

Blake J.

Signature of Man.

Reg. No. 4076

J. A. Snowball

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

24-6-19.

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

MEDICAL HISTORY

Surname Clark OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Tilgh C. Bay. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	6	St. Johns	1917	
Declared Age	19	years	1	days
Trade or Occupation	Fisherman			
Height	5	feet	6	inches
Weight			139	lbs.
Chest Measurement	Girth when fully expanded		37 1/2	inches
	Range of Expansion		3 1/2	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	Left		
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	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)	<i>Samuel Peterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	6	on	1917
		day of Nov		day of
		1917		1917
Joined on Enlistment	Corps.		Corps.	
				Regtl. No.
Transferred to	1st Nfld Regt			
		4076		
Became non-effective by	on		on	
		day of		day of
		1917		1917
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Military Inf. Dis. Hosp. St. Johns.	30	11	17	20	12	17	V. D. S.	21	

ist in case of Warrant Officers treated in quarters.

in the cause, nature or treatment of the case likely to be of interest or of future use. In case of
and re-admissions to hospital will be shown. The subsequent progress, including particulars
ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged. Cured.

St. K. S. S. S.

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* } Former Trade or Occupation } *Tradesman*
2. Regtl. No. *4076* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Clarke* *Joseph* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on *Nov 30/18* at *St. Johns*
 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? } *m*

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 explains his disabilities

16. Was an operation performed? If so, when and what was its nature? *m*

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

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? *m*

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? *m*

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. Proctor
Capl Name

Medical Officer in charge of case.

Station *Mazeley Down*

Date *27/4/18*

* 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

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

The Royal Newfoundland Regiment

DISEMBARKATION TICKET

Group No. 2
No. 4076 Rank Pte Name Clarke J.W.
Address Selby

PASS. You are granted permission to be absent from Depot
until JUN 13 1919 on which date you will report
for demobilization, (see over)

EMPIRE BARRACKS
ST. JOHN'S, N.F.

R.H. Jait Capt.

COMMANDING DISCHARGE DEPOT



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 *Joseph Clark*

Regiment from which discharged *Royal Newfoundland*

Regimental number *407/6*

Intended address *Silton*

Height on discharge *5* feet *8*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Moses*

Christian name of Mother *Diana*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Silton 1895 Nov 25*

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) *Joseph Clark*

(Rank) *Pvt*

Station *Silton* Date *23.6.19*

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.

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

ST. JOHN'S,

JUN 24 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte J Clarke

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

4076 Pte J Clarke 25. 00

ACCOUNT	<u>BYM</u>
CH. NO	<u>24858</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GRN LEDGER	INITIALS

Certified correct for \$ 25. 00

M. Blunstone

Billeting Officer.

J. Clarke

6/24/19