



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H 599 Name Geo Clark Corps Meth

Questions to be put to the Recruit before Enlistment

1. What is your name? Geo Clark
2. What is your full Address? Hytona Village
Cumbeur
3. Are you a British Subject? yes
4. What is your age? 22 Years & Months
5. What is your Trade or Calling? miner
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service? yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to signed by you if you are accepted? yes

I, Geo. Clarke 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.

Geo. Clarke SIGNATURE OF RECRUIT.
Geo. Clarke Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. 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 St Johns on this 22 day of April 1915

Geo. Clark, Mayor
Signature of Attesting Officer

†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. April 22 1915
Place. St Johns } 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.

Name George Clark
 Apparent age 22 years 8 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arthur Clark
Victoria Village | Relationship Father
Calverton 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. G. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-7-18</u>									
Joined at <u>St. John's</u> on <u>April 22, 1918</u>									
<u>Discharged August 31, 1919</u>									
<u>Embarked St. John's S.S. Columbus to Halifax N.S. 22-7-18.</u>									
<u>To Newfoundland for demobilization 14-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. John's 3 8 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-8-1919</u> [date of discharge] <u>1</u> years <u>104</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4599
June the 3 1914

Mr C. J. Willey Dear
Sir i would like
for you to locat my
son Pet Georgy Clarke
and let me know where
he is to i havent heard
from him sence he went
over seas i would like
to know if he is Dead or a
live let me no if you
possibly can if you please
yours truly Mrs Arthur
Clarke
Victoria

C.R. 4599

extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919

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

4699, rts. G. Clarke.

C.R. 4599

Extract from Daily Orders part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 3-8-19.

4599, Pte. G. Clarke.

C.R. 4599

June 10th, 1919.

Mr. Arthur Clarke
Carbonear.

Dear Sir:-

In answer to your telegram of recent date, I beg to inform you that information has been received from the Chief Paymaster, London to the effect that No. 4599 Private George Clarke is at present at the Depot of the Royal Newfoundland Regiment, Winchester awaiting repatriation and in good health,

Any further information we receive will at once be communicated to you.

Yours faithfully,

Casualty Officer. ^{Lieut.}

FAE/BC.

C.R. 4599

Extract from Telegram from Syn., London to Military

Dated June 7th 1919.

In answer to your telegram June 6th 4599, Clarke at Depot.

C.R. 45-99

Extract from Newark Telegram sent to Synoptical, London
June 6th, 1919.

Inform whereabouts condition of 4599 Clarke

C.R. 4599

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

4599 Pte. Clarke, G.

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

C.R. 4599

2
Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

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

#4599 Pte. George Clarke.

C.R. 4598

2

Extract from Daily Orders part 11, from Unit The Royal Bfld. Regt
St. John's, dated April, 25, 1918.

#4599 Pte. George Clarke.

Attested for General Service with the Royal Bfld. Regt.
with effect from 22/4/18.

A. Clarke

C.R.

4599

1890

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 Artillery*
2. Regtl. No. *4599*, 3. Rank.....
4. Name *J. Clarke* *Scott*
 (Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Miner*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
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
 (b) Where (if any)
 (c) Opinion of Court

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*

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? }

No complaints of no disability

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.)

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. Proemier, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Naseby Down*

Date *11/4/16*

* 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

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~full~~ ^{*****}text/extract from MINISTER OF MILITIA,

No. _____ Dated 6 / 6 / 19 (224), received 7 / 6 / 19 /

Decoded by J. M. _____ Checked by R.A.P. _____

Branch Rods _____ Acted upon (Initial) _____

Acknowledged per No. _____ Dated / /

Please inform-whereabouts of-condition of-4599-Clarke-
4260-Patey-please send-effects of-4143-Bennett-

Clarke, Geo.

4599

Ray Sept.

August 4th 1919.

#4690, Pte.G.Clarks,
Carbonear.

Dear Sir:

Enclosed please find Discharge Certificate
3486.

Yours truly,

Capt.& Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4599 Rank. Pfc Name Clarke G
 Intended place of residence Carboneau

2. Occupation Miner
 Classification of soldier E Medical Category A-1

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 19 1919

[Signature]
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 18-6-19

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

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 18-6-19

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

STATEMENT OF SERVICE

7. Enlisted for service...	<u>22-4-18</u>	No. of days on Military
Discharged from service...	<u>20-7-19</u> Plus 14 days	Service <u>469</u>

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, 14 twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 3/1919

[Signature]
Officer i/c Records
The Royal Newfoundland Regiment

[Handwritten] 2079/3486

9
31
30
31
3
104

The Royal Newfoundland Regiment

Class for Demobilization: *16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: *July 18/19*

Regimental No. *4579*

Name: *Clarke Geo.*

Address: *Carbonear*

Present Medical Category: *A1*

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

J.P. Robinson
Senior Medical Officer

Geo. Berdson
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. 4599 Rank Plt Name Clarke G
 Date of Enlistment 22. 4. 18 Address Salisbury District Salisbury
 Occupation Miner Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 15/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation

W. J. [Signature]

Clarke
mark

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
 (b) Clothing Supplied

Clarke

Date

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2507 to his home at Barbanera and Release Certificate No. 3719 issued.

Date 18-7-19 Demobilization Officer [Signature]

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 3-8-19

Date 18-7-19 Depot Paymaster [Signature]

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	
R 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 18-7-19 Demobilization Officer [Signature]

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

L. R. COOPER, CAPT,
 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.

Clarke S.

Signature of Man.

McLoughlin

Signature of the Vocational Officer or his Representative.

Reg. No. 4699.

Place **ST. JOHN'S.**

Date **18 7 19** 191

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

MEDICAL HISTORY

Surname Blark OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish Carbonear County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22nd</u> day of <u>April</u> 1918		on _____ day of _____ 191	
	at <u>St John's, Nfld.</u>		at _____	
Declared Age	<u>22</u> $\frac{8}{12}$ years _____ days		_____ years _____ days	
Trade or Occupation	<u>miner</u>		_____	
Height	<u>5</u> feet <u>5</u> $\frac{1}{2}$ inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> $\frac{1}{2}$ inches		_____ inches	
	Range of Expansion... <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	_____
	L. E.—V=	<u>6/6</u>	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>Lamin Patterson</u>		_____	
(Rank)	<u>major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u>		at _____	
	on <u>22nd</u> day of <u>April</u> 1918		on _____ day of _____ 191	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt.</u>	Corps.	_____
	Regtl. No.	<u>4599</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	



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 Clark*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4599*

Intended address *Carlton*

Height on discharge *5* Feet $\frac{1}{2}$

Color of hair on discharge *dark*

Complexion *dark*

Color of eyes *gray*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Arthur*

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 *Victoria Village 17-8- age 22- 1897*

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 Clark*
Rank, with 5 years

(Rank) *C/E*

Station *St. Johns*

Date *July 17th 1919*

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.

Station

Date

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 F., 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 Artillery* 7. Former Trade or Occupation } *miner*
2. Regtl. No. *4588* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Clark Geo* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *27*
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.)

Be complaint of no reversibility

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.

Residuality

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

Station *Henley-on-Thames*
 Date *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

August 9th 1919.

Mr. G. Clarke,
Victoria Village, Carbonar.

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 28th, 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *J. George* 2. Surname *Clark*

3. Rank *Pk* 4. Regtl. No. *4599*

5. Address in full to which future payments of gratuity are to be forwarded. *Victoria Village, Barbouet St., S.*

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

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

8. Relationship of such dependents.

9. Address in full of such dependents.

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas,*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Apr. 24/18 to July 19/19.*

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

.....
..... *No*

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

.....
.....

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

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the R.A.F.?..... *No* If not give? - (a) Date of discharge..... *July 1919* Reason for discharge..... *Non-combat*

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..... *No*

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.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Clarke, Regl. No. 4599

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 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} or Persons concerned, viz.:

Allotment begins 1-7-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4423	Mother	Mrs Arthur Harry Clarke	Victoria Village Carbonear	80
Total Allotment, £				80

This cancels Form K 6/13

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

(Sig.) [Signature]
 Officer Commanding
[Signature] Company
 July 5 1918

(Sig.) Geo ^{his} Clarke
 (Rank) Private
 Witness R. Edmund
[Signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets 1

Regiment of Royal New Forest

Signature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	years	months				
<u>11599</u>	<u>Clark Geo</u>	<u>22</u>			<u>Mines</u>			
Joined	Date	Place and Date of Enlistment			Religion			
Joined	Date				<u>Method</u>			
Joined	Date	Period of	with Colours	of years.	Place of Birth			
Joined	Date		with Reserve	of years.	<u>Victoria Village - Limerick</u>			

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>Steynes D. Camp</u>	<u>18.8.18</u>	<u>Pvt</u>		<u>Absent from Church Parade</u>	<u>Cpl L. Calver</u>	<u>2 days CB.</u>	<u>19.8.18</u>	<u>Capt M. Long</u>	<u>W.H.</u>
"	<u>31.10.18</u>	"		<u>Unkempt hair on hat</u>	<u>Cpl Bishop</u>	<u>2 days CB</u>	<u>1.11.18</u>	<u>Capt M. Long</u>	<u>W.H.</u>
"	<u>19.11.18</u>	"		<u>Duties on Guard.</u>	<u>Sgt. Burt</u>	<u>4 days CB</u>	<u>21.11.18</u>	<u>Capt M. Long</u>	<u>W.H.</u>
"	<u>19.12.18</u>	"		<u>Overstaying pass from midnight 19.12.18 until 16.00 on date 20.12.18.</u>	<u>Cpl. Hamilton</u>	<u>Deprived 1 day pay.</u>	<u>21.12.18</u>	<u>Lt. Col. B. J. Barker</u>	<u>Infantry 1 day pay. Red.</u>
"	<u>27.12.18</u>	"		<u>Absent from Parade till found in Barracks</u>	<u>Cpl. Bumpfy</u>	<u>3 days CB</u>	<u>28.12.18</u>	<u>Lieut. P. L. Mearns</u>	<u>P.H.M.</u>
"	<u>1.1.19</u>	"		<u>Inattention to duty.</u>	<u>Cpl. Kent</u>	<u>5 days CB.</u>	<u>22/1/19</u>	<u>Capt M. Long</u>	<u>W.H.</u>
				<u>Incorporated up to an 160</u>					
				<u>Demobilized</u>	<u>John's</u>	<u>3</u>	<u>8/19</u>		

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4599 Rank PT4 Name Clarke G
 Date of Enlistment 22. 4. 18 Address Carbonear District Carbonear
 Occupation miner Classification for Discharge 6 Medical Category AI
 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 July 15/19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation Gen + Clarke
with [Signature] mark

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied

Date O i/c. Re-clothing. [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2507 to his home at Cartonvar and Release Certificate No. 3719 issued.

Date 18 7 19

Almblaster
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 3-8

Date 18-7-19

W. H. H. H.
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 18 7-19

Almblaster
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

JUL 21 1919

Date

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11 19

W. H. H. H.

Reg. No. *4194* Rank *Plt.* Name *Clarke G.*
Attested Address *Yehongua Village*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Lassandra* Cause *Discharge*

18 7 19
21 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.