



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5305 Name William Clarke corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>William Clarke</u> |
| 2. What is your full Address? | 2. <u>Springdale
London, England</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name
) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, William 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.

William Clarke SIGNATURE OF RECRUIT.
W. L. Caughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Clarke 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 Springdale on this 22nd day of May 1915.

Signature of Attesting Officer C. B. Dick 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 compiled with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date May 27th 1915 } Approving Officer.
Place Springdale

† 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

5305

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

Name William Clarke
 Apparent age 19 years — months. Height 5 feet $\frac{5}{4}$ inches
 Chest Measurement { Girth when fully expanded 35½ inches
 Range of expansion 2½ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Clarke
Springdale St. 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 enrv.			
(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>22-5-18</u>									
Joined at <u>St. John's</u> on <u>May 22-1918</u>									
Discharged August 4-1919									
Embarked St. John's S.I. Corcoranella to Halifax N.S. 22.7.18									
To RFL for demobilization 24/19									
Arrived Liverpool 1-7-1919									
Demobilization St. John's 4-8-1919									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 75 days
 " " Pensions " " " " " " " " " " " "

Reg. No. 5305 Rank Pte Name Clarke Wm
Attested 22-5-18 Address Springdale
Allotment 50 Allotee Mr Henry Clarke Balto
Date of Allotment 1/8/18 Returned from Overseas _____
Embarked for Overseas 11/1 2.2.1918 Cause _____

23-5-18	Vacc	2 nd inoc 4-7-18	3 rd inoc 11-7-18.
13/6/18	1 st inoc	13-6-18	to 20-6-18.
A.R. 16/8		24/8	R.I. 26/8.

C.R. 5305

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

~~Extract from~~

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

5305, Pte. W. Clarke.

C.R. 5305

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 ^d_b y O.C. Discharge Depot, with effect from 21-7-19.

5305 Pte. W.M. Clarke.

C.R. 5305

Extract from Daily Orders Part VI Unit The Royal Field Artillery
St. John's, July 23rd 1919.

5305 Pte. W. Clarke.

Reported at Headquarters 1919 on "Caennette" which sailed
Glasgow 24th June, 1919.

C.R. 5305

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

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

#5305 Pte. William Clarke.

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

#5305 Pte. William Clarke.

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

W Clarke

C.R.

5305

1886

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.....
2. Regtl. No. *5300* 3. Rank..... *Plt*
4. Name *Clarke* *Wm*
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Shumbarman*
- 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) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
(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. *ref*
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.

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.)

The complainant 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 invaded at Foreign Stations.

Repatriation

W. E. Proenner, Capt Retired

Medical Officer in charge of case.

Station *Mozley, L. Town*

Date *1/4/19*

* 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

NO. 1559/224/P&A.

NEWFOUNDLAND CONTINGENT

From:

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

06973
LONDON
RECEIVED
OFFICER COMMANDING
2/BN. ROYAL Nfld. REGT.,
Hazeley Down Camp,
Winchester.

27th January, 1919

Subject: 5305, Pte. W. Clarke,

With reference to the following telegram (823) from the Hon. Minister of Militia, received

"Pay to 5305, Clarke, £6.3.0.

Draft £ 6:3:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Guinness
Chief Paymaster & O. i/c Records.

Jan 29th 1919

Receipt hereunder.

J. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of £6 3 0
Five Pounds - on account of
cable remittance from Newfoundland.

W Clarke
No. 5305 Rank Private
Witness M Rockett

No. 16544/1801/P&A

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

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

To
Officer Commanding,
2nd. Bn. R.Nfld Regt.,
Hazeley Down Camp,
Winchester.

14th. October, 1918

Subject: 5305. Pte. W. Clarke

With reference to the following telegram (8820) from the Hon. Minister of Militia, received

Pay to 5305. Clarke £4..2..0.

Draft £4..2..0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. Minnow
Chief Paymaster & O. i/c Records.

Oct 17 1918

Receipt hereunder.

Chas. C. P.
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt n
Royal Newfoundland Regiment

Received the sum of four

pounds two sh on account of cable remittance from Newfoundland.

William S. Larbe
No. 5305 Rank Pte

Walter Row Jensen
CP 11

No. 7918/1532

P.D. 1000 B.S.

N.F.P. 79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester.

26th May 1919

May 27th 1919.

5305 Pte. W. Clarke

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (2032):

Exam
9/17
LIEUT. COLONEL
OFFICER COMMANDING
2ND BN. ROYAL NEWFOUNDLAND REGT.
R. W. R.

"Pay to- 5305 W. Clarke
£4. 2. 0.

Cheque £4. 2. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon..

Received the sum of Four Pounds
Two Shillings in respect of telegraphic remittance from the Minister of Militia

A. J. Minahan Maj.
Chief Paymaster & O. i/c records.

W. S. Clarke
No 5305 Rank Private

Witness: *M. R. ...*

No. 5500/808

From: NEWFOUNDLAND

CONTINGENT



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

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

99
5th April 1919

April 10th 1919

99
5305 Pte. Clarke W.

With reference to the following
telegram from the Minister of
Militia / / (124)

"Pay to- 5305 Clarke

£5. 3. 0.

Cheque £ 5. 3. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Receipt hereunder.

forward major
for LIEUT. COLONEL,
COMMANDING 2nd BATT. ROYAL NEWFOUNDLAND REGT.
R. H. R.

Received the sum of five pounds

Three shillings in respect of
telegraphic remittance from the
Minister of Militia.

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

W. Clarke
No. 5305 Rank Private

Witness M. Roberts

Clarke, D^{cu}

5305

Pay Sept.

August 4th 1919.

#5305, Pte. W. Clarke,
Springdale, N.D.B.

Dear Sir:

Enclosed please find Discharge Certificate
3851.

Yours truly,

Capt. W. Kaymaster.

KS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5305 Rank Pte Name Blake W.
 Intended place of residence Springdale
 2. Occupation Limbo
 Classification of soldier E 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

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 7 1919

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

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 7-7-19

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

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 439

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

CRB 407419551

10
30
31
4

August 11th 1919.

Mr. W. Clarke,
Springdale, N. D. B.

Dear Sir:

Referring to your application, I enclose
cheque for seventy dollars (\$ 70.00) being amount
of first payment due you on account of War 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..... *William* 2. Surname..... *Clarke*
3. Rank..... *Pte* 4. Reg't. No. *530 S*
5. Address in full to which future payments of gratuity are to be forwarded..... *Springdale, Invergate District*
6. Date of enlistment in the Regiment..... *Nov. 23/18*
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..... *no*
9. Address in full of such dependents..... *no*
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 Mfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Fourteen 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.
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?

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge *Apr. 18.19* (b) Reason for discharge *Demobilization*

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

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.

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: *William C Larbe*
 Place of Residence: *Springdale, Tullahoma District*
 Declared before me at: *St Johns*
 This *7* day of *July* 19*18* A.D.

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

John M. McCarthy
J.M.C.

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

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14.7.19

Regimental No. 4765

Name Clarke William Rank Plt

Address Springdale N.S. Bay

Present Medical Category A-7

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

Members of Board

R.H. Lant Majors
O.C. Discharge Depot.

Hatman
Senior Medical Officer

Dev Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5305 Rank Plr Name Blanker W

Date of Enlistment 23-5-18 Address Springdale District Qatar

Occupation humbman Classification for Discharge FE Medical Category A-1

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

William C. Lasse

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6.00

(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. R2180 to his home at Springdale and Release Certificate No. 3243 issued.

Date 7-7-19

J.A. Snow
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-8-19.

Date 7-7-19

J. Missitt
Depot Paymaster.

Discharged approved for 21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 7-7-19

J.A. Snow
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

N.P. 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.

William Clarke

Signature of Man.

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Reg. No. 5305

Place

21 - Johns

Date

7-7-19.

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THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Clark, Regl. No. 5305

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4491</u>	<u>Father</u>	<u>Mr Henry Clarke</u>	<u>Springdale Green Bay</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

(Sig.) Swatson Lieut

Officer Commanding
E Company

St Johns

July 2nd 1918

(Sig.) William C Parise

(Rank) Private



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 *Clarke, William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5305*

Intended address *Springdale N.D.B.*

Height on discharge *5^{feet} 8*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Henry*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Springdale 5-4-1899*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *William Clarke* *Alc*
(Rank)

Station _____ Date *JUL 4 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 _____

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

MEDICAL HISTORY

Surname Clarke OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Springdale Co. B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>22nd</u>	at	
		<u>May</u>		
		<u>1918</u>		<u>191</u>
Declared Age		<u>19</u> years		
Trade or Occupation		<u>umberman</u>		
Height		<u>5</u> feet <u>5 1/4</u> inches		
Weight		<u>126</u> lbs.		
Chest Measurement	Girth when fully expanded	<u>35 1/2</u> inches		
		Range of Expansion	<u>3 1/2</u> inches	
Physical Development				
Vaccination Marks	Right		Right	
	Left	<u>18 scars</u>	Left	
When Vaccinated		<u>7 yrs ago</u>		
Vision	R.E.—V=	<u>6/12</u>	R.E.—V=	
	L.E.—V=	<u>6/12</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>L. J. Palmer</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	<u>22nd</u>	on	
		<u>May</u>		
		<u>1918</u>		<u>191</u>
Joined on Enlistment	Corps	<u>Royal Nfld.</u>	Corps	
	Regtl. No.	<u>1305</u>	Regtl. No.	
Transferred to		<u>Regiment</u>		
Became non-effective by	on		on	
		day of		day of
		191		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 Artillery*
2. Regtl. No. *2305* 3. Rank. *Pvt*
4. Name *Clarke* *W. J.*
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Submarine*
- 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 (if any)
(b) Where
(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. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war
- (ii) Previous active service.. .. .
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the } man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaint of no disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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.

Rejection

W. E. Pevinnis

Station *Northampton*

Medical Officer in charge of case.

Date *14/1/19*

* 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

May 23rd. 1918.

The Royal Newfoundland Regiment,

1305

To Wm. Clarke, (Recruit).

May 18th. to 20th./18.

Sancti Spiritus

To Board and lodgings while waiting passage to St. John's

(As per voucher)

ACCOUNT	<i>H. Messing</i>	INITIALS	<i>HM</i>
CH. NO.	<i>7688</i>	INITIALS	<i>HM</i>
IND. LEDGER	<i>HM</i>	INITIALS	<i>HM</i>
PAY LEDGER	<i>HM</i>	INITIALS	<i>HM</i>
GEN. LEDGER	<i>HM</i>	INITIALS	<i>HM</i>

DISTRICT OFFICER
NEWFOUNDLAND
MAY 25 1918
COMMANDING

OK
J. W. D.
96

Recd. Payment May 27/18
William C. Day
23/5/18
Ordered for \$3.00
\$3.00
C. D. Dick
Lieut
ADK

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte
Newfoundland

May 25 1918

Mr. Wm Clark

Dr. Manuel Hotel.

May 18 1918 To Board and Lodging

3 00

Motor Boat Hire

Repayment in full

Storage

Extras

May 25 1918
R W Manuel

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Wey

Number of Sheet one

Signature of O. C. Company Aspicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<u>Clarke Wm</u>	Age on	<u>19</u> years <u>7</u> months	<u>lumbar men</u>				
Joined	Date	Place and Date of Enlistment	<u>St Andrews</u>	Religion				
Joined	Date		<u>22.5.18</u>	<u>Methodist</u>				
Joined	Date	Period of	with Colours	years.	Place of Birth			
Joined	Date		with Reserve	<u>175</u>		years.	<u>St Andrews</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St Johns</u>	<u>4</u>	<u>8/19</u>		

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5305 Rank Mr Name Clarke, W.
 Date of Enlistment 23-5-18 Address Springdale District St. John's
 Occupation Lumberman Classification for Discharge 1st Medical Category 1st
 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 11-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in in a position to resume civilian occupation.

William Clarke

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 Warrant No. R2150 to his home
 at Springdale and Release Certificate No. 3243 issued.

Date 7-7-19 *J.A. Newcomb*
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 4-8-19

Date 7-7-19 *H. Must*
 Depot Paymaster.

Discharge approved for 21-7-19

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
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		

2 Form B

Date 7-7-19 *J.A. Newcomb*
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

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

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

Date July 21, 1919

Reg. No. *5505* Rank *Yt* Name *Clarke Wd*
Attested Address *Springdale*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *JUL 1 1919*
Returned on S S. *Cassandra* Cause *Discharge*

4.7.19 PASSED TO DEMOBILIZATION OFFICER
21.7.19 DISCHARGE APPROVED ON DEMOBILISATION.