



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5350 Name Charles Compton Meth Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <u>Charles Compton</u> |
| 2. What is your full Address? | 2. <u>Goquet</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>.....</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</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 <u>.....</u>
Corps <u>.....</u> |
| 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, Charles Compton 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.

Charles Compton SIGNATURE OF RECRUIT.
P. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Compton 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 23 day of May 1918
Signature of Attesting Officer Asdricks Lieut.

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date May 23 1918
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

5350

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

Name Charles Compton
 Apparent age 19 years _____ months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Compton
Griquet, | Relationship - Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-5-18</u>									
Joined at <u>St. Albans</u> on <u>May 23-1918</u>									
<u>Discharged August 4/1919</u>									
<u>Embarked St. Albans train to Halifax N.S. 22-9-18</u>									
<u>Left for Demobilization 24-6-1919. Arrived H.M. 1-7-1919</u>									
<u>Demobilization St. Albans 4-8-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>74</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5350.

Extract from Daily Orders Part II Royal Newfoundland Regiment,
Depot St. John's dated Aug. 8th 1919.

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

5350, Pte. C. Compton.

C.R. 5350

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

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

5350 Pte. C. Compton.

C.R. 5350

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

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

#5350 Pte. C. Compton.

"G" Company.

C.R. 5350

Extract from Daily Orders 24th June 1919 The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5350 Pte. C. Compton.

Reported at Headquarters 1st 7th 19 or "Consentia" which
sailed Glasgow June 24th, 1919.

C.R. 5350

Extract from 0000000000 Nominal Roll Entrained At. St. John's
for Overseas Sept. 22, 1918.

5350 Pte. Compton Charles.

C.R. 5350

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 30, 1918.

#5350 Pte. C. Compton.

Discharged from Denovans Hospital 26-7-18

C.R. ~~3330~~
5350

Extract from Orders by Lt. Col., B.J. BARTON, D.S.O., Commanding
2nd., Battalion of the Newfoundland Regiment dated November
10th., 1918.

The undermentioned man will proceed to join the Newfoundland
Forestry Corps on Monday the 18th., on probation.

6

5350

~~3350~~ Pte. C. Compton,

BC.

C.R. 5350

Extract from Daily Orders part 11, from Unit/The Royal
Mfld.Regt.St.John's, dated May 25.1918.

#5350 Pte. Charles Compton.

Attested for General Service with the Royal Mfld.Regt.
from 23.5.18

C. Compton

C.R. 5350

~~ASD~~

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 Horse Artillery*
2. Regtl. No. *8350* 3. Rank. *Plt.*
4. Name *Corapton* *Charles*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Shoemaker*
- 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 (b) Where (d) Particulars of Pension or Gratuity
(c) Opinion of Court (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *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 ? }

No complaint 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 ?

Repatriation

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.

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

Station *Hazley Down*

Date .. *9/21/19*

* 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

To be Noted

Part II Orders
Card Index 49.5
Nominal Roll



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 1918

Regimental No. 530

Name Campbell Charles

Address

Disease or Disability measles & Pneumonia

Finding of last Standing Medical Board,

held on 19

Present Condition

Recommendation Standing Medical Board

Category

Members of Board

R. H. Tait Capt.

C. C. Depot

See Gordon for

D. D. M. S.

Archibald for

M. O. Depot

Compton, C

5950

Ray sept.

No. 10767

ORIGINAL

N.F.F./54

NEWFOUNDLAND CONTINGENT

No. 332

To: The Minister of Militia.
St John's,

" " Company.

NEWFOUNDLAND
MEMORANDUM OF STOPPAGES/CREDITS on account of

Balances from previous Pay Book

NOTE: - Charge under

Column.

~~Credit~~

Debit Pay & Record Office London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d			
5350	Pte Compton.C	Error in Dr Balance brought forward as per observation C Coy ended 26.6.19					1	0
							1	0

CHECKED.

Rls

27-8-19

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

August 26th

1919.

Chief Staff Officer (London).

CERTIFIED THAT the above ~~stoppages~~ Credits have been made
in the Pay Book " " Co'y for Period / / to / /

Dated at _____

_____ 1919.

O.C. " " Company,
_____ Battalion.

Return ORIGINAL, retain DUPLICATE.

DUPLICATE.

No. 10767

N.F.P./54.

NEWFOUNDLAND CONTINGENT

To: **The Minister of Militia,
St John's,
NEWFOUNDLAND.**

No. 232

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on account of
Balances from previous Pay Book

NOTE:- Charge under Column.
~~XXXXXX~~ **Debit Pay & Record Office London**
Credit

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d	10	0
5350	Pte Compton, C	Error in Dr Balance brought forward as per observation C Coy ended 26.6.19				1	0
						1	0

CHECKED
Plw
27-8-19

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

August 26th

1919.

[Signature]
Chief Staff Officer (London).

~~XXXXXXX~~

CERTIFIED THAT the above Stoppages/Credits have been made
in the Pay Book " " Co'y for Period / / to / /
Dated at _____

_____ 1919.

_____ O.C. " " Company,
_____ Battalion.

Return ORIGINAL, retain DUPLICATE.

August 4th 1919.

#5350, Pte.C.Compton,
Griguet St, Barbe.

Dear Sir:

Enclosed please find Discharge Certificate
3359.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5350 Rank. PLC Name. Conlon C
 Intended place of residence. 23-5-18
 2. Occupation Fisherman
 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 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 JUL 7 - 1919

[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 Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
 Officer in Charge
 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 Charge
 The Royal Newfoundland Regiment

[Handwritten number]
20791559

The Royal Newfoundland Regiment

Class for Demobilization

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No. *5350*..

Name *Compton C*

Address *Guinet St. Barbe*

Present Medical Category *A1*

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

Members of Board {

R.H. Lat Major
O.C. Discharge Depot.

W. Brown
Senior Medical Officer

See Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5350 Rank Plt Name Scott, J. B.
 Date of Enlistment 23-5-18 Address Conquest District St. John's
 Occupation Fisherman Classification for Discharge E 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 349A	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 14-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. to be employed

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 [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 9837 to his home at Guignet and Release Certificate No. 3212 issued.

Date 7-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-5-19

Date 7-7-19

Mrs. H
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. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919

J.R. Coole 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.

b Compton

Signature of Man.

J. H. Snowlight

Signature of the Vocational Officer or His Representative.

Reg. No. 5380

Place

M. Johns

Date

7-7-19.

191

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

MEDICAL HISTORY

Surname Compton OF Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish Groquet County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	23 rd	May	1918	191
Declared Age	19	years		
Trade or Occupation	fisherman			
Height	5	feet	5 1/2	inches
Weight	116	lbs.		
Chest Measurement	Girth when fully expanded	36 1/2		
	Range of Expansion	1 1/2		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/12	L.E.—V= 6/12	R.E.—V=	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amundson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>Seychar</u>	at	
	on	23 rd day of May	1918	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal Nfld. Regiment.</u>	<u>5350</u>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. I. D. Hospital	6	6	18	12	7	18	Measles - Pneumonia	36	Transferred to Donovan Convalescent Hoop July 12, 18	Sw. Burden
Donovan Conv. Hospital	12	7	18	25	7	18		18		Sw. Burden



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 *Charles Compton*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5350*

Intended address *Briguet St Barthe*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father —

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 *Briguet 26 Dec. 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) *Charles Compton*

Pl.
(Rank)

Station *Logan's*

Date *4-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

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 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 Hampshire Land*
9350
2. Regtl. No. *3* 3. Rank. *R/E*
4. Name *Compton* *Charles*
 (Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on..... at.....
 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) 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. *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.)

The Complaints of my 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.

Reputation

W. E. Proctor *Capt* *Rome*

Station *Hoyeky...*

Medical Officer in charge of case.

Date *9.14.19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

August 11th 1919.

Mr. C. Compton,
Griguet, French Shore.

Dear Sir:

Referring to your application; I enclose
cheque for seventy dollars (\$70.00) being amount
of first payment due you on account of war Service
Gratuity.

Yours truly,

Capt. &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no omissions. 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..... *Charles* 2. Surname..... *Compton*
Ake
3. Rank..... 4. Regt. No..... *5350*
5. Address in full to which future payments of gratuity are to be forwarded..... *Srequet, French Shore,*
.....
6. Date of enlistment in the Regiment..... *Nov 20/18*
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..... *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*
.....

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

no

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

no

15. Have you been issued with a War Service Badge?

no

16. Have you, during the present war, served in the Imperial Forces?

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 Regt.? If not give: (a) Date of discharge. *July 21/19* (b) Reason for discharge.

no

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: *Charles Compton*
 Place of Residence: *Guznet, Beach Grove,
 St. Johns.*
 Declared before me at:
 This *7* day of *July* 19*19*...

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

*John M. Cartney
 J.P.*

POST DISCHARGE PAY.

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

UNITED STATES GOVERNMENT
 BUREAU OF PENSIONS
 WASHINGTON, D. C.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Regiment of

Royal Newfoundland

Number of Sheet *501*

Signature of O. C. Company

W. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	19 years months	<i>Fisherman</i>		
<i>5350</i>	<i>Compton's Co</i>	Place and Date of Enlistment	<i>St. John's 23^d 18</i>	Religion		
Joined	Date			<i>Method</i>		
Joined	Date	Period of	with Colours <i>174</i> years.	Place of Birth		
Joined	Date		with Reserve <i>36^s</i> years.	<i>Jonquet</i>		

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
				<i>Demobilized</i>	<i>St John's</i>	<i>4/19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5350 Rank Plt Name Scamilton, G.
 Date of Enlistment 23-5-18 Address Conquest District St. John's
 Occupation Fisherman Classification for Discharge H. Medical Category H.
 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 1-7-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. 6 Bonaparte

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. 2837 to his home at Empire and Release Certificate No. 3212 issued.

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

4. Pay and Allowances.

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

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

Discharge approved for 11-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board list	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 7-7-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 *J.P. Coogan Capt*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 21 1919 *[Signature]*

Reg. No. *5350* Rank *7th* Name *Compton Ches*
Attested Address *Groquet*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

7 4 19
21 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION