



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5062 Name Chas F Courtney Corps Infantry

Questions to be put to the Recruit before Enlistment

1. What is your name? Chas F Courtney
2. What is your full Address? Burgess Landing
3. Are you a British Subject? Yes
4. What is your age? 20 Years 0 Months
5. What is your Trade or Calling? Printer
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? Yes 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? Yes

I, Chas F Courtney 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.

Chas F Courtney SIGNATURE OF RECRUIT.

J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chas F Courtney 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 recorded as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 10 day of May 1918

Chas F Courtney 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 May 10 1918

Place St John's } 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)

C.R. 5062

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug 6th, 1919.

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

5062, Pte. C. Courtney.

C.R. 5062

Extract from Daily Orders Part 11 Unit The Royal Nfls.
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
19-7-19.

5062 Pte. C. Courtney.

C.R. 5062

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 24th 1919.

5062 Pte. C. Courtney

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

C.R. 5062

Extract from Daily Orders part 11, from Unit The Royal
H14, Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columella" July 23, 1918.

#5062 Pte. Chas. Courtney.

**Extract from Daily Orders part 11, from Unit The Royal
Hfld.Regt.St.John's, dated May 16,1918.**

#5062 Pte. C. Courtney.

**Attested for General Service with the Royal Hfld.Regt.
from 15.5.18**

C. Courtney

C.R. 5062

~~1110~~

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. *Mflds Royal*
2. Regtl. No. *5062* 3. Rank.
4. Name *Courtney Chas*
- (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Gasfitter*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court. (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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 is 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.

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?

Repatriation

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

W. E. Procunier. Capt R.A.M.C.

Station *Megeley Barr*

Date *11/4/29*

Medical Officer in charge of case.

* 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

Courtney, C

5062

Pay - Dept.

August 11th 1919.

Mr. C. Courtney,

Otter Pt. West Coast.

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 ser-
vice Gratuity.

Yours truly,

Capt. C

Paymaster.

RS/.

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?..... 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?..... no

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge..... July 21/19

(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: *Clay Loney* *(Witness) John Lee*
 Place of Residence: *Other's Arms. West Coast*
 Declared before me at: *Or Johnson*
 This *7* day of *July* 19*19*...

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

John W. McCarthy
JPM

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

August 4th 1919.

#5062. Pte.C .Courtney.

Burgeo.

Dear Sir:

Enclosed please find Discharge Certificate
3342.

Yours truly,

Capt.& Paymaster,

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5062 Rank PC Name Courtney C.
 Intended place of residence Burgo
 2. Occupation Fisherman
 Classification of soldier E Medical Category A

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

Mrs. [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

Courtney C.
 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

Courtney C.
 Signature of soldier

James O'Shannon
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 15-5-18 No. of days on Military
 Discharged from service... 21-7-19 Plus 14 days Service... 447

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 1111 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

207915342

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

4.7.19

Regimental No. *5062*

Name

Courtenay Charles

Address

Bungeo

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

W. Robson
Senior Medical Officer

See Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5062 Rank plv Name Courtesy G
 Date of Enlistment 15-5-18 Address Burgess District Burgess
 Occupation Fisherman Classification for Discharge F4 Medical Category H.1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 4-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation Charles X country
me me me

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. Also
- (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. R2195 to his home at Burges and Release Certificate No. 3230 issued.

Date 7-7-19

J.A. Knowlton
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.H. [unclear]
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		

Date 7-7-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED,

Documents as above forwarded to:—
Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 21 1919

L.R. Cooper Capt
for O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Courtney C.

Signature of Man.

Reg. No. 5062

J. A. Howlett,

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

7-7-19.

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

MEDICAL HISTORY

OF

Surname Courtney

Christian Name Chas A

Table I.—GENERAL TABLE.

Birthplace:—Parish Burgeo County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15	May	1918	191
	at	St Johns	at	
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet	6 1/2	inches
Weight			155	lbs
Chest Measurement	Girth when fully expanded		38	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/ 10 scars		A	
When Vaccinated	7 mo ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Linn B. Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	15	on	191
		day of		day of
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	The Royal 5062			
	Nfld Regt			
Transferred to				
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)		191		191



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 *Courtney Charles*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5067*

Intended address *Buysen*

Height on discharge *5 Feet 6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Robert*

Christian name of Mother *Marrett*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Buysen 5-1-1895*

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 X Courtney* (Rank) *Private*

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

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* 7. Former Trade or Occupation } *Instrument*
2. Regtl. No. *5062* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bourne* *Clas*
 (Surname) (Christian Names)
 (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *28*
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. 179a (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.

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
 reversibility*

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.)

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.

Refratuated

W. E. Roemmer, Capt Rance
 Medical Officer in charge of case.

Station ... *Hogate, Lincoln*

Date ... *1-11-19*

* 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

6,
Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39

Number of Sheet 111

Regiment of Royal Newfoundland

Signature of O. C. Company P. B. Drake / Lieut

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	20 years	months			
5662	<u>Courtesy Class</u>	Place and Date of Enlistment	<u>St. Johns</u>	Religion	<u>Methodist</u>		
Joined	Date	Period of	with Colours	years.	Place of Birth		
Joined	Date		with Reserve	<u>368</u> years.	<u>Bungo</u>		
Joined	Date						

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>Hazelton Camp</u>	<u>24.10.18</u>	<u>Plt</u>	-	<u>Failing to comply with an order</u>	<u>Lt. Puddister</u>	<u>3 days C.B.</u>	<u>26.10.18</u>	<u>Captain Piffey</u>	<u>W.P.</u>
				<u>Demobilized 4/19</u>					

To be carried over

The Royal Newfoundland Regiment

3067

DEMOBILIZATION OF

Reg. No. 5062 Rank Plt. Name Country, G.
 Date of Enlistment 15.5.18 Address Burgard District Burgard
 Occupation Fisherman Classification for Discharge A1 Medical Category H1
 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	5
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
R 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 4-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am with in a position to resume civilian occupation fisherman Country

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied _____

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2195 to his home at Bungo and Release Certificate No. 3230 issued.

Date 7-7-19 *J.A. Brown*
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 7-15-19

Date 7-7-19 *J.M. [unclear]*
Depot Paymaster.

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

N.P. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3404	B 122	Board Ist.	" 2	1
B 178a	D 400A	B 1915	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	
B179c	B 120	M 93			

Date 7-7-19 *J.A. Brown*
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 *R. Cooper Capt.*
for O. C. Discharge Depot.

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

Date July 21/19 *[Signature]*

Reg. No. *2062* Rank *Pfc* Name *Courtney, Geo.*

Attested Address *Burgeo.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on *8* *Cassandra* Cause *Discharge.*

4.7.19
21.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.