



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1524 Name Parker Crowell ~~Corps~~ With

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Parker Crowell
- 2. What is your full Address? 2. Greenwood N.O.B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 0 Months
- 5. What is your Trade or Calling? 5. Numberman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10.) Name) Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Parker Crowell 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.

Parker Crowell SIGNATURE OF RECRUIT.

Jas. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Parker Crowell 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 made 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 30 day of May 1918

Signature of Attesting Officer C. B. Dickson 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 1918 } Approving Officer.
 Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5524

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

Name Parker Crowell
 Apparent age 19 years months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Crowell
Glenwood N.D.B. Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service 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>30-5-24</u>									
Joined at <u>St. Louis</u> on <u>May 30-24</u>									
<u>Discharged August 5 1919</u>									
<u>Embarked St. Louis S. Co. to St. Louis Mo. 22-7-18</u>									
<u>to Kpls for demobilization 24-6-19</u>									
<u>Arrived Kpls. 11-7-1919</u>									
<u>Demobilization St. Louis 5-8-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 5-8-1919 (date of discharge) 1 years 68 days
 " " Pensions " " " " " " " "

Reg. No. 5524 Rank Pvt Name Browell, P.
Attested 30-5-18 Address Glenwood, N. C. B.
Allotment 5. Allottee Mrs Howard Browell (Mother)
Date of Allotment 1-9-18 Returned from Overseas.....
Embarked for Overseas JUL 22 1918 Cause.....

Vacc	1-6-18	1st inoc 4-7-18	3rd inoc 11-7-18
SR	18-6-18 to 26-6-18	R. L. 276/18	

C.R. 5524

Extract from telegram received from Synoptical, London,
April 19-1919.

With reference to your telegram April 17th
verify carefully and report whether correct regimental
particulars 5523 Crowell.

C.R. 5524

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 5-8-19.

5524, Pte. P. Crowell.

C.R. 5524

Extract from Daily Orders Part 11 Unit The Royal Wilt.
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 22-7-19.

5524 Pte. P. Crowell.

C.R. 5524

Extract from Daily Orders Royal Irish Constabulary
Regt. St. John's, July 1919.

5524 Pte. C. Crowell.

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

C.R. 5524

Extract from telegram sent to synoptical, London
April 22, 1919.

In answer your telegram April 19th my telegram
April 17th should be read 5524 Crowell

C.R. 5524

Extra t from Daily Orders part 11, from Unit The Royal
Field Reg .St. John's, dated July 25, 1918.

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

#5524 Pte. Parker Crowell.

C.R. 5524

Extract from Daily Orders part 11 from Unit The Royal
Hfld Regt. St. John's, dated May 31, 1918

#5524 Pte. P. Crowell

Attested for General Service with the Royal Hfld. Regt.
from May 30, 1918

S. Crowell

C.R.

5524

ASFO

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 Rifles* 7. Former Trade or Occupation } *Houseman*
2. Regtl. No. *5524* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Crowell Parker* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
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
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

The complaint of

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 disability

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.

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

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W. E. Proenier,

Capt R.A.M.C.

Station *Hazebrouck*

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Parker Crowell, Regl. No. 5524

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)
4398	Mother	Mrs Howard (Belina) Crowell	Glenwood	50
			Total Allotment, \$	50

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.) Watson Linc
 Officer Commanding
E Company
A. Johns
June 29th 1918

(Sig.) Parker Crowell
 (Rank) Pte

№. 6541/919

1919

From NEWFOUNDLAND CONTINGENT

MAY 1919

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

25th April 1919

May 5th 1919

5524 Pte. Crowell P.

With reference to the following
telegram from the Minister of
Militia / / (142)

"Pay to- 5524 Crowell

£5. 0. 8.

Cheque £5. 0. 8. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Receipt hereunder.
J. Seymour
for **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Five pounds*

Eight pence in respect of

telegraphic remittance from the
Minister of Militia.

J. F. Marshall
Chief Paymaster & O. i/c Records.

P. Crowell.

No. 5524 Rank Private

Witness W. Barnes

13

No. 5281/762

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,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

3rd April 1919

April 3rd 1919

5524 Pte. Crowell

With reference to the following
telegram from the Minister of
Militia / / (114)

"Pay to- 5524 Crowell
£5. 0. 8

Cheque £5. 0. 8. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

P. Crowell

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Five

Guinea in respect of
telegraphic remittance from the
Minister of Militia.

P. Crowell

No. 5524 Rank Pte.

Witness A. Rockett

094950

B

Pad

Extract of Cable No.147, 23/4/19, from Military.

- Reference your telegram 19th April-Reference my telegram 17th April-should be read-5524-Crowell-fullstop-

No. 501/94/P&A.

N. F. P. 179.

066643

NEWFOUNDLAND CONTINGENT

From: .

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

10th January, 1919

Subject: 5524, Pte. P. Crowell,

With reference to the following telegram (254) from the Hon. Minister of Militia, received

"Pay to 5524, Crowell, £7:1:10.

Draft £7:1:10. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. A. ...

Chief Paymaster & O. i/c Records.

Jan. 13th 1919

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

Received the sum of *Seven pounds one Shilling & ten* on account of cable remittance from Newfoundland.

Crowell
No. *5024* Rank *Pte.*
M. J. Rochett

SIGNALLER'S RECORD SHEET.

Rgtl. No. 5524 Rank Pte Name & Initial Crowell. C
 Unit Royal Newfoundland Regt.

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests
M. Whitty Capt

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	100%	99%	98%	99%	%	
Reading ...	98%	99%	98%	99%	%	

Classified as 1st Class Signaller at Sigsbee Down Camp
 Date 9/12/18 Signature of Classifying Officer *M. Whitty Capt*
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

- | No. of Test. | DESCRIPTION OF TEST. |
|--------------|---|
| 1. | Point out on a map the conventional signs of objects enumerated. |
| 2. | From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> . |
| 3. | Measure shortest distance from point A to B on a map according to scale. |
| 4. | Set a map without a compass (a) by the ground.
(b) by the sun and stars. |
| 5. | Describe a point on a squared map by means of a map reference, and <i>vice versa</i> . |
| 6. | Measure on a map the distance from one point to another by road. |
| 7. | Set a map by compass. |
| 8. | Determine if a point A is visible from point B by studying contours, but without drawing a section. |
| 9. | Take a bearing with a protractor off a map. |
| 10. | Convert a magnetic bearing into true bearing, and <i>vice versa</i> . |
| 11. | Take a bearing with a compass and measure it on a map with protractor. |

SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.
(b) buzzer.
(c) ringing 'phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " Replace cells.
16. " Connect up cells.
17. " Trace the electric circuit with a view to locating a fault.
18. " Change a bulb.
19. " Change nightshades.
20. " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " Change to duplex and align.
25. " Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

- CELLS.
1. Render active.
 2. Connect in series and parallel.
- TELEPHONE D. III.
3. Connect and insert cells and cell connections.
 4. Test instrument.
 5. Localise and remedy the following faults:—
(a) Adjustment of buzzer.
(b) Dirty key contact.
(c) Dirty Pressel switch contact.
(d) Receiver discs and washers.
(e) Microphone capsule.
 6. Connect up earth return, metallic return, and use of condenser terminal.

FULLERPHONE.

7. Connect and insert cells and cell connections.
8. Test instrument.
9. Localise and remedy the following faults:—
(a) Adjust No. 1 or (A) contact of armature.
(b) Adjust No. 2 or (B) contact of armature.
(c) Dirty contacts.

VIBRATOR, R.A.

- *10. Connect up hand set and cell connections.
- *11. Test instrument.
- *12. Localise and remedy the following faults:—
(a) Adjustment of buzzer.
(b) Dirty key contact.
(c) Dirty Pressel switch contact.
(d) Receiver disc and washers.
(e) Microphone capsule.
13. Connect up earth and metallic return.

MISCELLANEOUS.

14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
15. 4 plus 3 Buzzer Unit. Connect up.

LINEMAN'S DUTIES.

16. Identify lines by labels.
17. Draw and explain a simple circuit diagram.
18. Draw and explain a simple route diagram.
19. Make a reef knot, barrel hitch and clove hitch.
20. Joint and insulate (a) D. II. } Single or
(b) D. III. } Twisted.
(c) D. V. }
(d) D. twin Mk. III.
21. Make simple joint in enamelled wire or single airline.
22. Lay cable (a) in open country.
(b) in trenches.
23. Tap in on (a) metallic circuit,
(b) earth circuit,
and determine on which side the fault is.
24. Test with Q. and I. detector—
(a) cells;
(b) a circuit, for disconnection earth and contact;
(c) In order to pick up wires in a rope.

* R.A. only.

This space to be pasted in A.B. 64.

Crowell, H

5524

Hay Sept.

August 11, 1919

Mr. Parker Crowell,
Glenwood.

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,

Captain & Paymaster.

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..... *Parker* 2. Surname..... *Crowell*

3. Rank..... *Pte* 4. Regtl. No..... *5524*

5. Address in full to which future payments of gratuity are to be forwarded..... *Glenwood*

6. Date of enlistment in the Regiment..... *May 28/18*

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 field, if so, give dates and particulars of such service..... *England only*

12. Give total length of time which you served on active service, whether in field or Overseas..... *1 yr 1 mo*

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. *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 Rest? *No* If not give:- (a) date of discharge, *July 27 Aug 5/19* (b) Reason for discharge, *Desert*

..... *Temp*

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

..... *No England only*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Parson Crowell.*
 Place of Residence: *Glenwood*
 Declared before me at: *St John's*
 This *8th* 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 A. Carthy

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

[Faint, illegible text, possibly a signature or official stamp]

[Faint, illegible text, possibly a signature or official stamp]

August 5th 1919.

#5524, Pte.P.Crowell,
zGlenwood.

Dear Sir:

Enclosed please find Discharge Certificate
3390.

Yours truly,

Capt.^{cc} O.i/c Records.

RS-

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5524 Rank Pvt Name Browell P.
 Intended place of residence Glenwood
 2. Occupation Lumberman
 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 8 1919
 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 8-7-19
 Signature of soldier P. Browell
 Signature of witness M. Bloustein

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 8-7-19
 Signature of soldier P. Browell
 Signature of witness James Cheaman

STATEMENT OF SERVICE

7. Enlisted for service 30-5-18 No. of days on Military
 Discharged from service 22-7-19 Plus 14 days Service 433

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 22 1919
 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 5/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

AWB 2099/0390

7
30
31
5
68

The Royal Newfoundland Regiment

Class for Demobilization: 16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

Regimental No 5524

Name Crowell Parker

Rank Plt

Address Glenwood

Present Medical Category A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

H. Benson
Senior Medical Officer

W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2224 Rank Plt Name Crowell P
 Date of Enlistment 30-5-18 Address Glenwood District Gates
 Occupation Lumberman Classification for Discharge F Medical Category A
 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	u
B 179	/ D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

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

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. P. Crowell

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied [Signature]

Date 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **R2249** to his home at **Glenwood** and Release Certificate No. **3321** issued.

Date **8-7-19**

J.A. Brown Capt
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 **5-8-19**

Date **8-7-19**

J.A. Brown Capt
Depot Paymaster.

Discharge approved for **22-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	Form B
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 **8-7-19**

J.A. Brown Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUL 22 1919**

N.R. Cooke 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.

P. Crowell

Signature of Man.

J. H. Hume

Signature of the Vocational Officer or his Representative.

Reg. No. 5524

Place

At Johns

Date

8-7-19.

191

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

MEDICAL HISTORY

Surname Brownell OF Christian Name P. Baker

Table I.—GENERAL TABLE.

Birthplace:—Parish Greenwood, NFB County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30 th	May	1918	191
at	St. Johns		at	
Declared Age	19	years	years	days
Trade or Occupation	Lumberman.			
Height	5	feet 5 1/2	feet	inches
Weight	136	lbs.	lbs.	lbs.
Chest Measurement	Girth when fully expanded		inches	
	Range of Expansion		inches	
	36	inches	inches	inches
	3	inches	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	1 Scar.		
When Vaccinated	7 years 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)	<i>P. Baker</i>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. Johns	at	
	on	30 th day of May	on	day of 191
Joined on Enlistment	Corps	Royal Nfld.	Corps	
	Regtl. No.	5524	Regtl. No.	
Transferred to	Regiment.			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Parker Crowell*

Regiment from which discharged **Royal Newfoundland**

Regimental number *552 H*

Intended address *Glenwood N.S.B.*

Height on discharge *5 Feet 7"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *W. Howard*

Christian name of Mother *Gertrude*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Gander Bay 1899 Oct 3rd*

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)

P. Crowell.

(Rank)

Private

Station

St Johns

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 N.F.L.C.* 7. Former Trade or Occupation *Shoemaker*
2. Regtl. No. *224* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Servell* *Parke* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *20*
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;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|-------------------------------------|--------------------------|
| (i.) Service during the present war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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 serviceability

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.

Retreatment

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

Station *Harrogate*

Date *12/11/19*

* 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

FORM K

Nº 6131



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Parker Crowell, Regl. No. 5524

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)
4398	Mother	^{Mrs} Howard (Celina) Crowell	Glenwood	50
			Total Allotment, \$	50

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.) Watson Lewis
Officer Commanding
E Company
A. Johns
June 29th 1918

(Sig.) Parker Crowell
(Rank) Pvt

RECEIVED

C.R. 5524

FOR ISSUE OF BRITISH WAR METAL-1914-1919.

I certify that I have received an issue of 2 inches
of British War Metal-1914-1919.

NAME *Parker Crowell*

DATE *March 22nd 1920*

PLACE *Glenwood*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of ⁵ The Royal Newfoundlanders

Number of Sheet One

Signature of O. C. Company D. S. Nichols

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Parker Crowell</u>	Age on	<u>19</u> years <u> </u> months	<u>Lumberman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u>	<u>Meth.</u>	
Joined		Date	<u>30-5-18</u>	Place of Birth	
Joined	Date	Period of	with Colours <u>1⁶⁸/₃₀</u> years.	<u>Glenwood N.B.</u>	
Joined	Date	with Reserve	<u>1³⁰/₃₀</u> years.		

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>Hazeley Camp</u>	<u>10.9.18</u>	<u>Plt</u>		<u>Losing Web belt.</u>	<u>Sgt. Peacey</u>	<u>pay for same</u>	<u>13.9.18</u>	<u>Capt. Peppy</u>	<u>W.P.</u>
				<u>Demobilized St John's</u>	<u>5</u>	<u>5/19</u>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5234 Rank Pvt Name Lowell, P.
 Date of Enlistment: 30-5-18 Address Glenora District St. John's
 Occupation Labourer Classification for Discharge F Medical Category A
 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 7-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. P. Lowell

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 8-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2249 to his home at Glenwood and Release Certificate No. 3321 issued.

Date 8-7-19

J.A. Snow Capt
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 5-8-19

Date 8-7-19

J.A. Snow Capt
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

1/5 Form B

Date 8-7-19

J.A. Snow Capt
Demobilization Officer.

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 22 1919

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

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

Date July 21/19

[Signature]

Reg. No. *1174*, Rank *Plt*, Name *Fowell B.*

Attested Address *Blunwood.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Salvage*

8719
2279

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.