



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4484

Name Leonard William Corps Field

Questions to be put to the Recruit before Enlistment

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>William Leonard</u> |
| 2. What is your full Address? | 2. <u>Buch Cove</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years |
| 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 |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, William Leonard do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Leonard SIGNATURE OF RECRUIT.

J. Day King Signature of Witness.

William Leonard OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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

on this 18 day of April 1918

Signature of Attesting Officer J. James Kent

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date April 1918

Place St John's

Signature of Approving Officer J. James Kent

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).....

Apr 19-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Seaming
 Apparent age 18 years months Height feet inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Mary Seaming
Post Office | 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 L'epot	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 _____									
Joined at _____ on _____									
<div style="font-size: 2em; font-family: cursive;">Rescharged July 29/1919</div>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 Pensions " " " " " " " " " " " "

Reg. No. H H 84 Rank Plt. Name Diamond W.
 Attested 18. H. IV Address Pouch Cove
 Allotment 60 Allotee Miss John (Mary) Waters
 Date of Allotment _____ Returned from Overseas _____
 Embarked for Overseas 22-9-18 Cause _____

Vacc. 23/18. 10/18/18 1st 17-5-18 3rd 13/18

C.R. 4484

Extract from Daily Orders part II Royal Newfoundland
Regiment Depot St. John's dated August 1st 1919.

The discharge of the undersigned on demobilization has
been CONFIRMED by Officer i/c Records from not ed
29-7-19.

4484, Pte. W. Diamond.

C.R. 4484

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
11
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3--18.

The following joined the Battn. 3-11-18.

4484 Pte. S. Roche.

D Coy.

C.R. 4484

extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by U.C. Discharge Depot with effect
from following date
15-7-19.

4484, rte. W. Diamond.

C.R. 4484

Extract from Daily Orders Royal Field Artillery, The Royal Field

Regt. St. John's, July 3rd, 1919.

4484 Pte. W. Diamond.

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

C.R. 4484

Extract of Orders By Major M.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.

#4484 Pte. W. Diamond.

"A" Company.

C.R. 4484

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

The undermentioned will proceed to join the Newfoundland
forestry Corps, on Monday 18th November 1918.

#4484 Pte. W. Diamond

BC.

C.R. 4484

Extract from Nominal Roll Entrained St. John's for Overseas,

Sept. 22, 1918. "C"

4484 Pte. Diamond Wm.

C.R. 4484

Extract from Daily Orders part 12, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4484 Pte. W. Diamond.

Attested for General Service with ~~the~~ the Royal Newfoundland
Regiment, from 18/4/18.

W Diamond

C.R.

4484

~~FRD~~

No. 5833/848

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

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



14th April 1919

April 16th 1919

4484 Pte Diamond W.

With reference to the following telegram from the Minister of Militia / / (132

Receipt hereunder

E. Kern
Officer Commanding

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 4484 Diamond W.
£6. 2. 3.

Received the sum of £6. 2. 3

Signed two of three in respect of telegraphic remittance from the Minister of Militia.

Cheque £ 6. 2. 3 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. Diamond

Chief Paymaster & O. i/c Records.

No. 118 Rank PLS

Witness Yes

Yes

Diamond, W.

4484

Pay Ser

July 29th 1919, ~~1918~~

#4484, Pte. W. Diamond,
Pouch Cove.

Dear Sir:

Enclosed please find Discharge Cer-
tificate # 3253.

Yours truly,

Capt. ~~Raymaster~~.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4484 Rank Plt Name Diamond W.
 Intended place of residence Pouch Cove

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 15 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 15 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 15 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-4-18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 468

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 ¹⁴eight days from date.

Place, ST. JOHN'S

Date JUL 15 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 July 29/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

13
 31
 30
 29
 103

ad B 20 79/253

The Royal Newfoundland Regiment

Class for Demobilization: _____

P.O.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

July 14/19

Regimental No. _____

4484

Name _____

Diamond. H/M

Address _____

Pouch Cove

Present Medical Category _____

A-7

Recommended for: (a) Immediate discharge _____

(b) Standing Medical Board _____

Members of Board {

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

J. Peterson
Senior Medical Officer

W. B. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. *1448* Rank *Spr* Name *Mr. Diamond W.*
 Date of Enlistment *18.12.18* Address *Pouch Cove* District *St. John's*
 Occupation *Fisherman* Classification for Discharge *Ey.* Medical Category *A.I.*
 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.	5
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 *15.7.19* O. C. Discharge Depot. *W. H. H.*

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. *W. Diamond*

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 *W. Diamond*

Date *15-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9-911 to his home at Pouch Cove and Release Certificate No. 3630 issued.

Date 15-7-19
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 29-7-19

Date 15-7-19
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

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.	" 6.
B 179c	B 120	M 93		

Date 15-7-19
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
O. C. Discharge Depot.

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

Date

JUL 15 1919

H R Cooper Capt
 O. C. Discharge Depot.

Civil Re-establishment Committee



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

To resume former Occupation.

William Diamond

Signature of Man.

W. C. [unclear]

Signature of the Vocational Officer or his Representative.

Reg. No. 4484

Place ST. JOHN'S.

Date 15-7-19 191

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

MEDICAL HISTORY

Surname Diamond OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Pouch Cove County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	18 th	April		
	at	S. Johns	at	
Declared Age	18	years		
Trade or Occupation	Fisherman			
Height	5	feet 6 inches		
Weight		120 lbs.		
Chest Measurement	Girth when fully expanded... 35 inches			
	Range of Expansion... 4 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
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)	<u>James Paterson</u>			
(Rank)	Quartermaster			
	S. Johns Medical Officer.			Medical Officer.
Enlisted	at	S. Johns	at	
	on	18 th day of April	on	
Joined on Enlistment	Corps.	The Royal Newfoundland Regt	Corps.	
	Regtl. No.	4484	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	on	day of
		191		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 *Diamond, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4444*

Intended address *Adams Cove*

Height on discharge *5* Feet

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father _____

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Adams Cove 28-2-1900*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *William Diamond* *He*
(Rank)

Station **ST. JOHN'S.** Date *14-7-19*

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 Newfoundland* 7. Former Trade or Occupation } *Seafarer*
2. Regtl. No. *4454* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Seaman* *William* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *49*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

He complains of no Disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

Repatriation

Station *Bozley Down*

Date *9/4/19*

W. E. Proctor . *Captn RMC*
 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

July 30th 1919.

Mr. W. Diamond,
Pouch Cove.

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. & Paymaster.

RS).

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name..... *William* 2. Surname..... *Drainoud*

3. Rank..... *Pte* 4. Regtl. No. *4484*

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

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

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

8. Relationship of such dependents..... *Wife*

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 Nfld. 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 Nfld. or Overseas..... *1 yr 2 mos.*

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. (b) Reason for discharge.

..... *July 15/19* *Dismissed*

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* *replaced 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:

W Diamond

Place of Residence:

Rock Cove

Declared before me at:

St Johns

This

15 day of *July* 19*19*

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

John J. Corby
J. J.

POST DISCHARGE PAY.				Net amount due
Date paid	W. S. Soldier.	Paid Dependents.	War Service Disability.	
.....
.....
.....
Certified correct.			Registrar	

THE ROYAL Nfld REGIMENT DR

To Mr. A. Vaters, 1944

To transportation from St. John's to Pouch Cove and
return for # 4483, Pte. Wm. Diamond.

\$15.00

As per voucher attached.

E. J. [unclear]

ACCOUNT	
CH NO	3536
IND LEDGER	INITIALS
PAY ORDER	INITIALS
GEN LEDGER	INITIALS

CERTIFIED CORRECT

W. Cooper Capt Adjt

Wilfred Hawkins

No. 19

TRAVELLING WARRANT

Date 27/12

The Royal Newfoundland Regiment

15

Please issue 1st Class Passage and Meals for

No. 1000 Rank Private Name A. C. [unclear]

From - ST. JOHN'S - To [unclear]

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECK

[Signature]
SIGNATURE OF ISSUING OFFICER.

No. *R 19*

TRAVELLING WARRANT

Date *2-7-18*

The Royal Newfoundland Regiment

Mailman
Please issue 1st Class Passage and Meals for

No. *4484*

Rank *Che*

Name *James W*

To -

ST. JOHN'S

From *St. John's*

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

R. H. J. J. J.
The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

R. H. J. J. J. MAJOR
SIGNATURE OF ISSUING OFFICER.

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To PT A Diamond

Billeting Soldiers as undermentioned

from July 2/19 to July 13/19

4484 PT A Diamond 11 60

ACCOUNT	<u>A. Diamond</u>
CH. NO.	<u>3080</u>
IND. LEDGER	INITIALS <u>AD</u>
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 11.60

A. M. Blouin

Billeting Officer.

W. Diamond

6005.

The Royal Newfoundland Regiment

14484

DEMOBILIZATION OF

Reg. No. 14484 Rank Plou Name Diamond, W.
 Date of Enlistment 1.8.41-18 Address Pouch Cove District #1
 Occupation Sherman Classification for Discharge A Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 14-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W Diamond

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

W Diamond

Date 15-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8.911 to his home at Donah Cove and Release Certificate No. 8630 issued.

Date 15-7-19 Demobilization Officer Amela Lovelace

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 15-7-19.

Date 15-7-19 Depot Paymaster Amela Lovelace

Discharge approved for 15-7-19
Forwarded with following documents to O.C Discharge Depot.

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

Date 15-7-19 Demobilization Officer Amela Lovelace

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 15 1919 K.R. Cooper Capt.
O. C. Discharge Depot.

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

Date July 28 1919

Reg. No. *4484* Rank *Pte* Name *Diamond, W.*
Attested Address *Pruck Lane.*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge!*

15 7 19 PASSED TO DEMOBILIZATION OFFICER

15 7 19 DISCHARGE APPROVED ON DEMOBILISATION

C.R. 4484
Army Form B. 13A.

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 Newfoundlands*
- 2. Regtl. No. *4484* 3. Rank. *Pvt*
- 4. Name *Dianar* *William*
(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
(d) Date of Discharge ;
(e) 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, &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.)

Complains of no disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

W. B. Proctor

Capt Rawe

Station *Fazley, Devon.*

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