



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 132 Name Thomas Brown C.P.E.

### Questions to be put to the Recruit before Enlistment.

- |  |                                   |
|--|-----------------------------------|
| 1. What is your name? .....  | 1. <u>Thomas Brown</u>            |
| 2. What is your full Address? .....  | 2. <u>Upper Cove</u>              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                     |
| 4. What is your age? .....   | 4. <u>20</u> Years & ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>               |
| 6. Are you Married? .....  | 6. <u>No</u>                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                     |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                     |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>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, Thomas Brown 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.

Thomas Brown SIGNATURE OF RECRUIT.

J. W. P. P. P. Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Brown 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 17 day of May 1915.

J. P. P. P. 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 compiled with. I accordingly approve, and appoint him to the .....

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

Date.....191.....  
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5132

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

Name Thomas Brown  
 Apparent age 20 years 0 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 33 inches  
 Range of expansion 2 inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Brown  
Hippers Island 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.	
(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 <u>17-5-18</u>									
Joined at <u>Milnes</u> on <u>17-7-1918</u>									
<u>Discharged</u> <u>August 6/1919</u>									
<u>Embarked at Milnes S. Coast India to Halifax N.S. 22-7-18.</u>									
<u>To be ensign for demobilization 24-6-19.</u>									
<u>Arrived Halifax 1-7-1919</u>									
<u>Demobilization at Milnes 16-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 16-8-1919 [date of discharge]. 1 years 92 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5132

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, dated October 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilization  
has been CONFIRMED by Officer i/c Records from  
noted date 6/8/19.

5132, Drever, 3.

C.R. 5432

Extract from Daily orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 26th 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by O.C. Discharge Depot from noted date  
24-7-19.

5132, Pte. T. Drover.

CD 5132

Extract from Daily Orders Regt. St. John's The Royal Nfld.

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

5132 Pte. T. Drover.

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

Extract from Daily Orders Regt. St. John's The Royal Nfld.

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

C.R. 5732

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, date 4 July 25, 1918.

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

#5132 Pte Thomas Drover.

C.R. 5132

Extract from Daily Orders part 11, from Unit The Royal  
H214. Regt. St. John's, dated May 16th, 1918.

#5132 Pte. T. Drove.

Attended for General Service with the Royal H2144 Regt.  
from 17.5.18.

T. Drouot

C.R.

5132

*L. H. D.*





No. 15901/ST. <sup>1691</sup>

N.F.P./79.

NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd. Bn. Royal Nfld. Rgt.,  
Winchester.

October 3rd. 1918

October 9 1918

Subject: 5132, Pte. T. Drover,

Receipt hereunder.

With reference to the following telegram (6486) from the Hon. Minister of Militia, received

*J. J. Barton* LIEUT. COLONEL,  
OFFICER COMMANDING 2<sup>nd</sup> BATT'N  
ROYAL NEWFOUNDLAND REGIMENT

"pay to 5132, Pte. T. Drover, £2.1.0.

Received the sum of Two  
Pounds One Shilling on account of  
cable remittance from Newfoundland.

Draft £ 2.1.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. J. Drover  
No. 5132 Rank Private

*H. J. Mansel*  
Chief Paymaster & O. 1/c Records.

Witness: *J. Murphy* Plt

20197/2300/P&A

Officer Commanding,  
2nd. Bn. R. Newfoundland Rgt,  
Hazeley Down Camp,  
Winchester.

9th. December, 8.

5132. Pte. T. Drover.

✓10643

Pay to 5132 Drover. - £3:6:0

3:6:0

*P. & A.*

No 20197/2300/P&A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. R. Newfoundland Rgt.,  
Hazeley Down Camp,  
Winchester.



*065778*  
*1/1*

9th. December, 1918.

Subject: 5132. Pte. T. Drover.

With reference to the following telegram (10643) from the Hon. Minister of Militia, received

Pay to 5132 Drover - £3:6:0

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

*H. C. Guinness*  
Chief Paymaster & O. i/c Records.

Dec 13 1918

Receipt hereunder.

*Kampt*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. 2<sup>nd</sup> Batt'n  
Royal Newfoundland Regiment

Received the sum of three shillings on account of cable remittance from Newfoundland.

*10* Thomas Drover

No 5132 Rank Private

*Wm. R. Newberry*

Drower, Thomas

5132

Ray Sept

Sept 3, 1919

5132 Pte. Thomas Dwyer,  
Upper Island Cove.

Dear Sir:-

Please find enclosed Discharge Certificate #3819.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5132 Rank Pte Name Drover J  
Intended place of residence Upper Isles Cove

2. Occupation Orderman  
Classification of soldier E Medical Category AI

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 23-7-19  
*Ambrose*  
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 22-7-19  
*Thomas Drover*  
Signature of soldier  
*Ambrose*  
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 upon discharge.  
Place, ST. JOHN'S  
Date 23-7-19  
*Thomas Drover*  
Signature of soldier  
*James O'Brien*  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No. of days on Military  
Discharged from service 24-7-19 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 Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
Place, ST. JOHN'S  
Date JUL 24 1919  
*A.R. Cooke Capt*  
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 10/1919  
*M. Bowley Capt*  
Officer in Charge  
The Royal Newfoundland Regiment

*225 267915819*

COPY.

# The Royal Newfoundland Regiment

Class for Demobilization:—  
**E**

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 22-7-19

Regimental No. 5132

Name Drover, Thos.

Address Upper Island Cove

Present Medical Category A1

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

Members of Board {  
L. R. COOPER, CAPT,  
O.C. Discharge Depot.  
(sgnd) L. Paterson  
Senior Medical Officer  
" F. W. Burden  
M.O. Depot

Military Service: 447 days



# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

**Co** *Reserve Board*

Please receive documents as indicated below

No. RANK AND NAME

N. F. 34	Non-effective account.	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificate	Alignment papers	Headquarters Travelling Board	Proceedings on discharge
B. 178	B. 178a	B. 179	B. 208	W. 3484	D. 400A	B. 103	B. 120	B. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1015	Form L	Form K	A. F. W. 3463	D. F. 3	D. F. 1	
5132	Pte.	Drover, H. S.																			/

Received above noted documents, \_\_\_\_\_  
 Dated \_\_\_\_\_ 19 \_\_\_\_\_

Signature of Officer forwarding documents

Date *Aug 29<sup>th</sup>* 19*19*



# The Royal Newfoundland Regiment

Class for Demobilization:

*7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 22<sup>nd</sup> 1919*

Regimental No. *5132*

Name

*Brown Thomas*

Address

*Upper 26<sup>th</sup> Co*

Present Medical Category

*A1*

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

Members of Board

O. C. Discharge Depot.

*H. Brown*  
Senior Medical Officer

*G. W. Berden*  
M. O. Depot

# The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2132 Rank. Platoon Name Donald J. [unclear]  
 Date of Enlistment 17-5-18 Address W. [unclear] St. [unclear] District St. John's  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 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	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 22-7-19

*[Signature]*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment

I am \_\_\_\_\_ in a position to resume civilian occupation.

*Has <sup>his</sup> Drove <sup>mark</sup> with wife*

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

(b) Clothing Supplied *[Signature]*

Date 23-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11944 to his home at Upper East Cove and Release Certificate No. 5764 issued 23-7-19

Date 23-7-19 W. H. Blouston  
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 6-8-19

Date 23-7-19 M. Cooper Capt  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.	1 2 3 4 5 6 Form B
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			

Date 23-7-19 W. H. Blouston  
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

JUL 24 1919

Date ..... L. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*Shover*

Signature of Man.

*M. Clouser*

Signature of the Vocational Officer or his Representative.

Reg. No. 5182.

Place

*21- Johns*

Date

*23-7-19.*

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## 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 *Thomas Dross.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5132.*

Intended address *Upper Old Lane.*

Height on discharge *5.* Feet *6.*

Color of hair on discharge *Black.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks —

Figure on discharge *medium.*

Christian name of Father *Joseph.*

Christian name of Mother *Lusiana.*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Upper Old Lane, 24<sup>th</sup> Dec, 1826*

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)

*his*  
*Thomas Dross.*

*Plt*  
(Rank)

Station *ST. JOHN'S.*

Date *22. 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.

Date

Oct.14,1919

#5132 Pte. Thomas D over,  
Upper Island Cove.

Dear Sir:-

Referring to your applicat on I enclose <sup>two</sup>cheques  
for Seventy dollars (\$70.00) respectively, being amount of  
first and second payments due you on account of War Service  
Gratuity.

Yours truly

Major  
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 26th. 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 *J. Thomas* 2. Surname *Drover*

3. Rank *Pte* 4. Regtl. No. *5132*

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

*Street of St. George*  
6. Date of enlistment in the Regiment *May 17/18*

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

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in field, if so, give dates and particulars of such service..... *over seas,*

12. Give total length of time which you served on active service, whether in field or overseas..... *From May 19/18*

*To July 22/19*

*2895  
12772*



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.

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?

19. Are you now serving in the Res? *No* If not give: (a) Date of discharge. (b) Reason for discharge.

*Temporarily* *Revoluntary*

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*

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.

his

Thomas X Grover  
Mark

Signature of Applicant:

Place of Residence:

Upper Island Cove  
St. John's, Nfld.

Declared before me at:

This

24th day of July 1918

John W. Carthy  
J.P.

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

POST DISCHARGE PAY.			Net amount due
Date paid	to	War Service Soldier, Dependent, or Widow.	
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
Certified correct.			Paymaster

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

## MEDICAL HISTORY

OF

Surname ArrowsChristian Name Thomas

Table I.—GENERAL TABLE

Birthplace:—Parish

Upper DeCove Co. County St. John's

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	17 <sup>th</sup> day of May 1918	St. John's	day of	191
Declared Age	20 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 6 $\frac{1}{2}$ inches		feet	inches
Weight	117 lbs.			lbs.
Chest Measurement	Girth when fully expanded	33 inches		inches
	Range of Expansion	2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V=	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Amint Dalton</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's		at	
	on 17 day of May 1918		on	day of 191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld. Regt.			
Transferred to	5137			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
<i>Vacc 18-5-18</i>	<i>LAB</i>
<i>5-6-18</i>	<i>LAB</i>
<i>27-6-18</i>	<i>LAB</i>
<i>4-7-18</i>	<i>LAB</i>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

**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. S. B.*
2. Regtl. No. *2120* 3. Rank. *P. 15*
4. Name *Smith* *J. H. S.*  
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *J. H. S.*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(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 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? }

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 complaints of no sensibility*

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?

*Repatriation*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*W. E. Proemier* *Staff Nurse*

Station *Hazcheyerim*

Medical Officer in charge of case.

Date *1-14-19*

\* 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



ST. JOHN'S, July 23/19

Royal Newfoundland Regiment.

Billeting Account,

To Pte Grewer  
Upper Isld Cove

Billeting Soldiers as undermentioned

from July 6/19 to July 28/19

5132 Pte Grewer

21 60

ADJUTANT	<i>[Signature]</i>
SN. NO.	3648
IND. LEADER	INITIALS
PAY LEADER	INITIALS
COV. LEADER	INITIALS

Certified correct for

*[Signature]*

Billeting Officer.

*[Handwritten initials]*



Feb. 28, 1920

Pte. T. Drover,  
Upper Island Cove.

Dear Sir:

I enclose cheque  
for \$21.60, being amount of board allowance  
due you for period, from July 6, 1919 to  
July 28, 1919.

Yours truly,

Major  
Paymaster

LM-  
Enc.

ST. JOHN'S, JUL 25 1919

# Royal Newfoundland Regiment.

Billeting Account,

To *M<sup>rs</sup> J. Mercer*

Billeting Soldiers as undermentioned

from *July 1<sup>st</sup> /19* to *July 6<sup>th</sup> /19*

*5132* *Plt J. Dwyer* *6 60*

ACCOUNT	<i>B. Dwyer</i>
CH. NO.	<i>3669</i>
IND. LEGBK.	<i>77</i>
PAY LEGBK.	<i>68</i>
DATE LEGBK.	<i>1919</i>

Certified correct for

*Ambleton*

Billeting Officer.

*Mrs J. Mercer*  
*mark*

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

---

Fold Here

OCT 15 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

Thomas Drover

in respect of his service as No. 5132 Rank Pte.

Name T. Drover Royal Nfld. Regt.  
~~Nfld. Fusiliers Coy.~~

Receipt of the same should be acknowledged hereon.

Received Thomas Drover

Signature Thomas Drover

Date October 1921

Address Upper 1st Colde Cornsplat Bay

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet 122

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No. <u>5132</u>	<u>Driver Theob.</u>	Age on <u>20</u> years <u>0</u> months	<u>St. John's</u>	<u>fisherman</u>		
Joined	Date	Place and Date of Enlistment	Religion			
Joined	Date	<u>17.5.18</u>	<u>C. of E.</u>			
Joined	Date	Period of } with Colours <u>09</u> years. with Reserve <u>36</u> years.	Place of Birth			
Joined	Date		<u>Upper Falls Cove</u>			

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>Royal Coy</u>	<u>27/4-18</u>	<u>Pt.</u>		<u>Inattention on Parade</u>	<u>Sgt. Penney</u>				
	<u>11-12-18</u>			<u>Duty on Mounting Guard</u>	<u>Cpl Sommers</u>	<u>7 days CB</u>	<u>30/18</u>	<u>Capt M. Long M.H.</u>	
				<u>Duty on Mounting Guard</u>	<u>C. of St. Dunstan</u>	<u>3 days CB</u>	<u>12/18</u>	<u>Capt M. Long M.H.</u>	
				<u>Demobilized</u>	<u>A. D. H. M.</u>	<u>16/19</u>			

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2132 Rank Plt. Name Edward J. [unclear]  
 Date of Enlistment: 1.7.5.18 Address Upper Dept. St. St. John's  
 Occupation Fisherman Classification for Discharge 1/1 Medical Category A.1.  
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	25
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: 22.7.19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment

I am  in a position to resume civilian occupation.

*Has <sup>Hub</sup> x Drove <sup>mark</sup> w/ wife*

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: 23-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *JR944 7 2014* to his home at *Mphur East Camp* and Release Certificate No. *3766* issued.

Date *23-7-19* ..... *M. B. Coates Lt.*  
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 *6-8-19*.....

Date *23-7-19* ..... *M. B. Coates Capt.*  
Depot Paymaster.

Discharge approved for *24-7-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 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.....		

*1/2 Form 13*

Date *23-7-19* ..... *M. B. Coates Lt.*  
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 24 1919* ..... *L. A. COOPER, CAPT.*  
O. C. Discharge Depot.

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

Date *Aug 30 1919* ..... *3/11*

Reg. No. *1137* Rank *Pte* Name *Archer, J.*  
Attested ..... Address *Upper Island Coal.*  
Allotment ..... Allottee ..  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Castardra* Cause *Discharge*

~~PASSED TO DEMOBILIZATION OFFICER~~

~~DISCHARGE APPROVED ON DEMOBILISATION~~



C.R. 5732  
Army Form B. 179a

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), 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 Infld*.....
- 2. Regtl. No. *132* 3. Rank.....
- 4. Name *Traver Thomas*.....  
(Surname) (Christian Names)
- 5. Age last birthday *21*.....
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Tradesman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)
- 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

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 general 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 complainant of no disability*

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

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

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

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.

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

Station *Harley Down*

Medical Officer in charge of case.

Date *11/11/19*

\* 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