



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION, OF

No. H373 Name Wm Felix Corp R.O.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>William Felix</u> |
| 2. What is your full Address? | 2. <u>Felix Cove Bay & George</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>Merchantman</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 Felix 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 Felix SIGNATURE OF RECRUIT.
Joaw P. Thomas Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Felix 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 Syltous

on this 28 day of March 1918

Geo. Learty Mgr
 Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....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

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

Name William Felix
 Apparent age 20 years — months. Height 5 feet 11 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Felix Felix Cove
Bay St George | 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. Fny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>28-3-1918</u>									
Joined at <u>St Johns</u> on <u>March 28-1918</u>									
<u>Discharged August 5 1919</u>									
<u>Embarked St Johns St. Helena</u>					<u>22-7-1918</u>				
<u>to Newfoundland for Belmullet</u>					<u>24-6-1919</u>				
<u>Arrived Newfoundland</u>					<u>1-7-1919</u>				
<u>to Active Service - Demobilized at St John's</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge)					<u>1</u> years <u>131</u> days				
Pensions " " " " " " " " " " " "									

1
Kely, D^{ca}₂

4373

Ray Sept.

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

MEDICAL HISTORY

OF

Surname Felix

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Felix Cove County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25th</u> day of <u>March</u> 191 <u>8</u>	on	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation				
Height	<u>5</u> feet	<u>11 1/2</u> inches	feet	inches
Weight		<u>150</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>38</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	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>Lammie Atkinson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on <u>28th</u> day of <u>March</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt</u>	<u>#373</u>		
Transferred to				
Became non-effective by	on	day of	191	day of
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick I

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
Port Pitt Chatham	8	8	18	19	8	18	Mumps	11	

st in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of .
and re-admissions to hospital will be shown. The subsequent progress, including particulars
sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

No complications

C. South
CAPT. R.A.M.C.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Horse Artillery*
2. Regtl. No. *40373* 3. Rank. *Pvt.*
4. Name *F. S. L. I. T.* *W. P.*
(Surname) (Christian Names)
5. Age last birthday. *20*
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) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed 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.)

no complaint of no sensibility

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.

refatuation

W. E. Proeminio: Capt. R. A. M. C.

Station *Hazeley, D. O. W.*

Medical Officer in charge of case.

Date *2/14/19*

* 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



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 *Felix, William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4373*

Intended address *Felix Cove St George's*

Height on discharge *65 Feet 1 1/2*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Amr.*

Christian name of Mother *Julia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Felix Cove 5-11-1899*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full) *William Felix* *St*
mark (Rank)

Station *HEADQUARTERS ORDERLY ROOM* Date *JUL 4 1919*

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



Medical Officer in Charge
Unit, or Command Depot.

August 12, 1919

Mr. William Felix,
Felix Cove,
Port au Port.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment
due you on account of the 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 20th, 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 SENIOR OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *W* 2. Surname..... *Lehio*
3. Rank..... *Pte* 4. Regt. No..... *4273*
5. Address in full to which future payments of gratuity are to be forwarded..... *Felix Core, Port au Port*
6. Date of enlistment in the Regiment..... *March 26/15*
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 Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Sixteen months*
- 1. *2*

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?

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge. *July 23/19* (b) Reason for discharge.

demobilization

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

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

(witness) Bayhea

Signature of Applicant:

W. J. Felice
mark

Place of Residence:

Felice Conv. Post on Post

Declared before me at:

St Johns

This

8 day of *July* 1919.....

W. A. Lawrence

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

POST DISCHARGE PAY.

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

Certified correct.

Bayhea

C.R. 4373

Extract from daily orders part II Royal Newfoundland Regt.
Depot St. John's Aug. 14th 1919.

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

4373, Pte. Wm. Felix.

C.R. 4373

Exraer from Daily Orders Part 11 Unit The Royal NIA.
Regt. St. John's, July 18th, 1919.

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

4373 Pte. WM. Felix.

CR: 4373

Extract from Daily Orders Battalion Unit 9th Royal Nfld.

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

4373 Pte. W. Belix.

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

Extract from Casualties received from P.S.R. Office London,
Aug. 20th, 1916.

The undermentioned man was admitted to Central Hospital, Chatham,
(from Major Garty's draft from Hfld.) and discharged from Hos-
pital on 19-9-16, reported at their office same date and was
sent direct to Depot, Winchester.

4373 Pte. Felix, W.

Authority: Officer i/c. Records Hfld. Regt.

C.R. 4373

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

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

#4373 Pte. William Felix.

C.R. 4373

Extract of Daily Orders part 11, f.o Unit The Royal
Newfoundland Regiment, St. John's, dated March 30, 1916.

#4373 Pte. William Felix.

Attested for General Service, with effect from 28/3/16.

4372. Name *Felix J.* Sqn., Batty., or Company *C* Corps *ROYAL NEWFOUNDLAND REG.* Date of enlistment *28/1/18* Budget *100/10* Service or Probationary Pay *100/10*
 last entry in Conduct Sheet *100/10* No. and date of last drunk *100/10* Period not reckoning towards freedom from extra fine *100/10* Sheet No. *100/10* Signature O.C. Company, etc. *J. M. Bernards* Character *100/10*

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
<i>Hotel</i>	<i>3.12.18</i>	<i>Pte</i>		<i>Def of Iron Rations</i>	<i>Sg Kavanagh</i>	<i>Pay for same</i>	<i>12.18</i>	<i>Mr Bernards</i>	<i>W.P.</i>
<i>Hotel</i>	<i>5/4/19</i>	<i>"</i>		<i>Def of Rations</i>	<i>Sg Atkine</i>	<i>Concoined</i>	<i>4/4/19</i>	<i>Mr Bernards</i>	<i>Pay for same</i>

August 5th 1919.

#4373, Pte. Wm. Felix.
Felix Cove,
Bay St. George.

Dear Sir:

Enclosed please find Discharge Certificate
3360.

Yours truly,

Capt.
Officer i/c Records.

RS/.

Felix, H.

C.R. 4373

P.V.R.O.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *William Foster*, Regt. No. *4373*.

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *50* 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 *1-7-15*.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4435</i>	<i>Father</i>	<i>Mr Emile Felix</i>	<i>Felix Cove Port au Port</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-
 signed by the Officer Commanding Company and handed to the Paymaster as authority to make the
 required payments on application.

(Sig.) *Francis H. H. H.*
 Officer Commanding
B Company
1st Regt
June 26th 1915

(Sig.) *William X Felix*
Mama
 (Rank) *Pte* *W. Street*
Squerrall

1546/217/P&A.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

27th January, 1919

Subject: 4373, Pte. W. Felix,

With reference to the following
telegram (183) from the Hon.
Minister of Militia, received

"Pay to 4373, Felix, £4:2:0.

Draft £4:2:0. is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

A. H. Munroe Maj.
Chief Paymaster & O. i/c Records.

Jan 29th 1919

Receipt hereunder

Chau

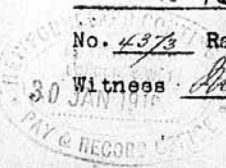
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. *2nd Batt N.*
Royal Newfoundland Regiment.

Received the sum of Four pounds
& Twenty Shillings on account of
cable remittance from Newfoundland.

W Felix

No. 4373 Rank Private

Witness *M. Rockett*



No. 5384/797

N.F.F./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. "fld. Regt.
Winchester.

7th April 1919

4373. Pte W. Felix

April 9th 1919

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (119)

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt R.

"Pay to 4373. Felix. "
£2. 9. 0.

Received the sum of Two pounds

Cheque £2. 9. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

nine shillings in respect of
telegraphic remittance from the
Minister of Militia.

Chief Paymaster & O. I/c Records.

W. Felix

No. 4373 Rank Private

Witness W. K. Schell

Form B. 122

CR
Comptrol
No.

4373

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name....4373 Ex Ste Wm Felix

Date. December 6

Place. Felix Cove Bay St George

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of The Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>William Felin</u>	Age on	20 years - months	<u>Soldier</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's 26-3-18</u>	Religion	
Joined	Date	Period of	with Colours <u>13</u> years.	<u>RC</u>	
Joined	Date		with Reserve <u>365</u> years.	Place of Birth <u>Felin St John's A.C.</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>Demobilized St. John's 5th 19</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14373 Rank Plt Name Felix Wm
 Date of Enlistment 25.3.18 Address Felix Ave District St. George
 Occupation Teacher Classification for Discharge 16 Medical Category 3
 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.
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 7.7.19O. C. Discharge Depot Wms. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 8-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2257-9857 to his home at Felix Cove and Release Certificate No. 3294 issued.

Date 1-14-19 J. A. Shewell
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 22-7-19

Date 1-14-19 J. A. Shewell
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	3. Form B
E 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 8-1-19 J. A. Shewell
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919 J. R. Coyle Capt
O. C. Discharge Depot.

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

Date July 21 1919

Reg. No. 4373 Rank Pte Name Felix Wk
Attested Address St. George's
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Returned on S.S..... Cause

7.7 19
22 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

Reg. No. 4373 Rank Plt. Name Peter, Wm.
 Attested 28.3.18. Address Peter Cove, B. Sh Geo
 Allotment 51^{dt} Allottee Mr Tom Felling (Father)
 Date of Allotment 11/7/18 Returned from Overseas _____
 Embarked for Overseas JUL 22 1918 Cause _____

28.3.18	Nae. ^{dt} 17-5-18 and Nov 20/18, and Nov 30/18.
	H.L. 10. 4. 18 - 21. 21. 18 Ext. to 26 th
15 th	Granted extension leave till 29-4-18. Returned from leave 12-5-18. Attached to ^{M.I.D.} Base as orderly.
17 th	Discharged to duty. Had measles while on home leave.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. 2713 Rank AP4 Name John W. [unclear]
 Date of Enlistment 25.3.15 Address [unclear] District [unclear]
 Occupation Fisherman Classification for Discharge 16 Medical Category [unclear]
 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.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Felix
W. H. [unclear]

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

[Handwritten 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. R2257-9857 to his home at Felix Cove and Release Certificate No. 3294 issued.

Date

J.A. Knowlton
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-8-19

Date 8-7-19

T. M. W. H.
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
F 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		

3 Form B

Date 8-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Gelliv Wm.

Signature of Man.

Reg. No. 4373

J. A. Brown

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

8-7-19

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The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4373 Rank Pte Name Felix Wm
 Intended place of residence Delix Cove
2. Occupation Fisherman
 Classification of soldier 2 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 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 JUL 8 - 1919
 Signature of soldier Felix Wm
 Signature of witness J. Snow

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 8 1919
 Signature of soldier Felix Wm
 Signature of witness W. J. Oatman

STATEMENT OF SERVICE

7. Enlisted for service... 28.3.18 No. of days on Military
 Discharged from service... JUL 22 1919 Plus 14 days Service... 496

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 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
 The Royal Newfoundland Regiment

WJB 2049/5369

4
30
31
20
31
5
131

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 *7.7.19*

Regimental No. *4373*

Name *Felix Hm*

Address *Felix Cove - St Georges*

Present Medical Category *A7*

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

Members of Board {

RH Last Major
.....
O.C. Discharge Depot.

Spatorom
.....
Senior Medical Officer

Dw Borden
.....
M. O. Depot

C.R. 4973
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.) or 392 (vii.) of 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 Land* Former Trade or Occupation } *Yeoman*
2. Regtl. No. *4373* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Felix William* (Surname) (Christian Names) (a) Former Regts. or Corps; 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 (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? }

No complaint of no disability

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

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

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

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. Procunier. Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley, Devon*

Date *24/19*

* 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

C.R. 4373

May 9th, 1922

To:- Paymaster

Please issue cheque payable to Mr. Emile
Felix of Creek Road, St. Georges, for the amount of \$81.00,
covering board due him on account of No. 4371 H. Felix,
4572 J. Felix, 4373 W. Felix.

Lieut.-Col.,
Chief Staff Officer.