



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5740 Name Les. Foley Corps RC

Questions to be put to the Recruit before Enlistment

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

I, Les Foley 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.

Les J. Foley SIGNATURE OF RECRUIT.
Rte R Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Les Foley 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 H. Grace on this 9 day of July 1918.

Signature of Attesting Officer Atkins Lieg

†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 10-7-18 191
Place Woolley H. } Approving Officer.

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

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

C.R. 5740

Extract of Orders by Major H.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.

5740 Pte. L. Foley.

"C" Company

C.R. 5740

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 U.C. Discharge Depot from noted date
21-7-19.

5740, rte. Leo. Foley.

C.R. 5740

Extract from daily orders part II Coy: 1 Newfoundland Regiment
Depot St. John's dated Aug. 22nd 1919.

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

5740, Pte. Leo Foley.

C.R. 5740

Extract from Daily Orders Base Unit The Royal Nfld.

Regt. St. John's July 2nd 1919.

5740 Pte. L.Foley.

Reported at Headquarters 187-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5740

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.

#5740 Pte. L. Foley.

C.R. 5740

Extract from Nominal Roll Entitled St. John's for Overseas.

Sept. 22, 1918. "E"

5740 Pte. Leo Foley.

C.F. 5740

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated July 10, 1918

#5740 Pte. Leo J. Foley.

Attested for General Service with the Royal Mfld. Regt.

9-7-18

C.R. 5740

Extract from Daily Orders Part 11 Unit The Royal Nfdl.

Regt. St. John's, dated Aug. 22, 1918.

5740 Pte. Leo Foley.

Grant d leave from 22-8-18 to 1-9-18.

L. Foley

C.R. 5740

1110

21448/2433

21448/2433

066345

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

28th December 1918

Subject: 5740, Pte. L.J.Foley,

With reference to the following telegram (1186) from the Hon. Minister of Militia, received

"Pay to 5740, Pte. L.J. Foley, £1.0.0.

Draft £1.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. C. Munnell Maj.
Chief Paymaster & O. i/c Records.

January 2nd 1919

Receipt hereunder.

Wm. R. ...
Officer Commanding, ~~2/Bn. Royal Nfld. Regt.~~
Royal Newfoundland Regiment.

Received the sum of One
Pound. on account of

cable remittance from Newfoundland.

L. Foley
No. 5740 Rank Pte

Witness W. Stans C. S. M.

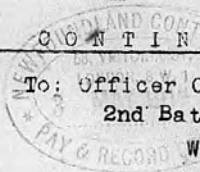
No. 6177/901

N.F.C. / 70.

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. Nfld. Regiment,
Winchester.



22nd April 1919

April 24th 1919

5740 Pte. L.J. Foley

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (146)

G. Seymour 1st Br.
Officer Commdg. 2 Batt'n.

"Pay to- 5740 J.L. Foley
£8. 5. 0.

Received the sum of £8-5-0.

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

Eight pounds five in respect of telegraphic remittance from the Minister of militia.

A. J. [Signature]
Chief Paymaster & O. i/c Records.

L. J. Foley
No. 5740 Rank Pte.
Witness Geo Perry

Holy, Leo

5740

Ray Sept.

August 18, 1919

#5740 Pte. Lee Foley.
Harbor Grace.

Dear Sir:-

Please find enclosed Discharge Certificate #3769.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5740 Rank Pvt Name Joley L
 Intended place of residence H^o Grace

2. Occupation Student
 Classification of soldier F 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 22 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 21-7-19

[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 21-7-19

[Signature]
 Signature of soldier
[Signature]
 Signature of witness SP

STATEMENT OF SERVICE

7. Enlisted for service 9-7-18 No. of days on Military Service 393
 Discharged from service 21-7-19 Plus 14 days

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

JUL 21 1919

Date

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

August 4/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

JUL 20 7 9 / 1919

The Royal Newfoundland Regiment

Class for Demobilization: 46

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 21/19

Regimental No. 5740

Name Foley Leo

Address 45 Grace

Present Medical Category A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

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

Members of Board

[Signature]
Senior Medical Officer

[Signature]
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. *7470* Rank. *Pvt.* Name *Staley Leo*
 Date of Enlistment *7.7.18* Address *St. John's* District *St. John's*
 Occupation *Student* Classification for Discharge *17* Medical Category *H.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.....	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 *21.7.19*

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

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 *21.7.19*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
 (b) Clothing Supplied.....

Date *22.7.19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 2518 to his home at Hv Grace and Release Certificate No. 3765 issued.

Date 22-7-19 Ambler
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-8-19

Date 22-7-19 H. H. With
Depot Paymaster.

Discharge approved for 21-7-19

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
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 22-7-19 Ambler
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 N. 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 return to school.

Leo Foley

Signature of Man.

Reg. No.

5740

Chas. V. McGrath

Signature of the Vocational Officer or his Representative.

Place

St. John's Nfld.

Date

July 22 1919

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

MEDICAL HISTORY

OF

Surname

J. Day

Christian Name

Lee

Table I.—GENERAL TABLE

Birthplace :—Parish

St. John's County *Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>9th</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Student</i>			
Height	<i>5</i> feet <i>8 1/2</i> inches		feet	inches
Weight	<i>139</i> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	<i>35 1/2</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches

Physical Development

Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>1 Scar</i>		

When Vaccinated *6 years ago*

Vision	R.E.—V= L.E.—V= <i>6/6 6/6</i>	R.E.—V= L.E.—V=
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(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

Lammie Paterson

(Rank)

Medical Officer

Medical Officer

Enlisted

at *St. John's* on *1st* day of *July* 191*8*

Joined on Enlistment

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Transferred to

ROYAL NEWFOUNDLAND REGIMENT. 5740.

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Leo. Foley*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5740*

Intended address *Ar. Grace*

Height on discharge *5 Feet 8 1/2*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Indisposition*

Christian name of Father *John*

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 *Ar. Grace 14-7-USE 20-1899*

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) *Leo Foley*

(Rank) *GT*

Station **ST. JOHN'S.**

Date *July 15th 1919*

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

Medical Officer i/c Hospital.
Unit, or Command Depot.



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 Newfound Land* } Former Trade or Occupation } *Student*
2. Regtl. No. *5740* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Foley* } *Geo.* } (a) Former Regts. or Corps ;
 (Surname) } (Christian Names) } with Regtl. Nos.
5. Age last birthday... *19*.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *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.)

The Complaint 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. Procmier. Capt
Same

Medical Officer in charge of case.

Station *St. Gabriel, D.V.M.*

Date *9. 11. 17*

* 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

August 19, 1919

Mr. J. L. Foley,
Harbor Grace.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name... *John Leo* 2. Surname... *Joley*
3. Rank... *Private* 4. Regtl. No... *5740*
5. Address in full to which future payments of gratuity are to be forwarded..... *H. Grace*
6. Date of enlistment in the Regiment... *July 9th 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *None*
8. Relationship of such dependents..... *Not applicable*
9. Address in full of such dependents..... *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not applicable*
11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Yes. Went overseas on Sept. 22nd 1918*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *one year 13 days*
- 1.2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *ho*

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.

..... *ho*

15. Have you been issued with a War Service Badge?..... *ho*

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

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..... *ho*

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *not applicable*

19. Are you now serving in the Res?..... *ho* If not give? - (a) Date of discharge..... *July 22 / 1919*

(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..... *ho*

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..... *not applicable* *ho*

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: *Leo Foley*

Place of Residence: *Holman*

Declared before me at: *St. John's*

This *22nd* day of *July* 19..*19*....

Chas. E. Hunt

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

Notary Public

POST DISCHARGE PAY			Net amount due
Date paid	Amount paid	War Service (Gratuity)	
.....
.....
.....
Certified correct.			Paymaster

FORM K

N^o. 6363



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Leo Foley, Regl. No. 5740.

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins August 12th/18.

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Entry for Mary Foley, water Street, St. John's, with amount 50. Total Allotment, \$ 50c.

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

(Sig.) J.P. James 2/Lieut
Officer Commanding
7 Company
St John's
July 12th 1918.

(Sig.) Leo Foley
(Rank) Pte

ST. JOHN'S, *July 22nd 119*

Royal Newfoundland Regiment.

Billeting Account,

To *W. L. Foley*

Billeting Soldiers as undermentioned

from *July 1st 119* to *July 22nd 119*

5740. W. L. Foley 22 70

ACCOUNT	<i>Byr</i>
CH NO	<i>3614</i>
INITIALS	<i>EW</i>
IND ADDRESS	INITIALS
PAY LESSON	INITIALS
GEN LESSON	<i>2</i> INITIALS

Certified correct for

R. J.

McClouston

Billeting Officer.

W. L. Foley

PMA

5940 Foley

Please make first pay. W.S.G.

7/7/19

with
T.C.R.

October 1st, 1919.

Major Howley,
O. I. C. Pay and Records.

Please pay to L. Poley 5740
the sum of twenty dollars
in payment of allowance for month ending September 30.
in connection with re-education.

\$20.00

Pension Nil.

ACCOUNT	
CH. NO.	14198
IND. LEDGER	

Lev

J. C. B.
W. Mitchell
Vocational Officer.

Leo Poley

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70 ⁰⁰/₁₀₀

JUL 24 1919 19

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay.
balance of Pay.

L. Foley
J. C. [Signature]

Regtl. No. Rank

Ch. No.	3654	Initials	<i>J. C.</i>
Pay Ledger	309	Initials	<i>W.</i>
Gen. Ledger		Initials	

No. 5740

Rank Private

Name

L. Foley

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

 Forms
B 121.
39.

 Regiment of The Royal Newfoundland.

 Number of Sheet One.
Signature of O. C. Company E. B. Dickson.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5740. Co. 1 day.</u>	Age on	<u>19</u> years <u> </u> months	<u>Student</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date			<u>R.C.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		<u>127</u> years.		<u>St. John's</u>
			with Reserve	<u>136</u> years.	

Place	Date of Offence	Rank	Case or Division offences	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 4 8 19</i>					

To be carried over.

C.R. 5740

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.

Date..... Nov. 15th 1919.
Place..... Ft. V. Grace.....

Name..... L. Foley, Pte.....

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. (I), 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. *Regt. Newfoundland*
2. Regtl. No. *5740* 3. Rank. *plc.*
4. Name *Joley* *Res.*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Student*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

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

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 ?

One Complaint No Disability

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

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 ?

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.S. Prosser, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Bazely Down*

Date *9/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5740 Rank Pvt Name Foley Leo
 Date of Enlistment 9-7-18 Address St. John's District St. John's
 Occupation Student Classification for Discharge 1 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
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 21-7-19 O. C. Discharge Depot St. John's

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 21-7-19 AMB [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____ AMB [Signature]

Date 22-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2515.....to his home at 41 Grace and Release Certificate No. 3765 issued.

Date 22-7-19..... A. M. Blomstedt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-8-19

Date 12-7-19..... W. M. Smith
Depot Paymaster.

Discharge approved for..... 21-7-19
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.....
B 179c.....	B 120.....	M 93.....		

Date 22-7-19..... A. M. Blomstedt
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

JUL 21 1919

Date L. R. GORDON
O. C. Discharge Depot.

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

Date Aug 11 1919..... [Signature]