



FIRST NEWFOUNDLAND REGIMENT 4345

ATTESTATION OF

No. 4345 Name Geo. Goulow Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Geo. Goulow</u> |
| 2. What is your full Address? | 2. <u>Trinity East</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Relief</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, Geo. Goulow, 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.

W. 16:2:18

Geo. Goulow, SIGNATURE OF RECRUIT.
Geo. Goulow, Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. Goulow, 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 Trinity East on this 16 day of Feb, 1918

Signature of Attesting Officer Geo. L. Barty Major

†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 CofE

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

Date Feb 16 1918 } Approving Officer.
 Place Trinity East }

† 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).....

H. Newlow

C.R.

4345

110

C.R. 4345

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt. St.
John's, Aug. 15th, 1919.

~~Extract from~~

The discharge of the undernoted on demobilisation has been CONFIRMED
by Officer i/c Records from 7-8-19.

4345 Cpl. Geo. Howlow.

C.R. 4345

Extract from Daily Orders Part 21 Unit The Royal WFLD.
Regt. St. John's, ~~XXXXXX~~ 15-7-19.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 24-7-19

4345 Cpl. Geo. Fowlow.

C.R. 4345

Extract from Orders Part II by Lt. Col. B.J. BARTON, D.S.O.,
COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.
22/4/19.

The undermentioned N.C.O. is confirmed in rank as from
22/4/19.

4345, L/C. (A/Cpl) G. Fowlow as Corporal.
4345

C.R. 4345

Extract from Daily Orders Part 11 By. Lt. Col. B. J.
Barton, D.S.O. Commanding 2nd Bn. Royal Wfld. Regt.
dated 2-8-18.

To be L/C.

4345 Pte. G. Fowler.

C.R. 4345

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 26, 1916.

4345 Pte. Fowlow C.

C.R. 4345

Extract of Daily Orders part 11, from Unit Royal
Newfoundland Regiment. February 16, 1918..

#4345 Pte. G. Fowlow.

Attested for General Service, with the 1st Mfld.
Regt. with effect from 16/2/18.

0674726

N.F.P./79.

No 2926/419.

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/Bn. Ryl Nfld Regt.

Winchester.

19th February 1919

February 21 1919

4345. A/Cpl. Fowlow. G.

Receipt hereunder:

With reference to the following telegram from the Minister of Militia / / (36)

E. Fowlow
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding

"Pay to- 4345. Fowlow.

£9.17.0.

Received the sum of Nine pounds
Seventeen Shillings in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £9.17.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. C. Munnis
Chief Paymaster & O. i/c Records.

E. Fowlow
No. 4345 Rank Captain
Witness M. Rockett

Kowlow, Geo

4345

Hay Sept.

August 7th 1919.

#4345, Cpl. Geo. Fowlow,

Trinity East.

Dear Sir:

Enclosed please find Discharge Certificate
3543.

Yours truly,

Capt. S

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4345 Rank Off Name Faulow Geo
 Intended place of residence Trinity East

2. Occupation clerk
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 10 1919

J. M. H.
 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 10 1919

G. Loutch
 Signature of soldier
J. A. Snow Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 10 1919

G. Loutch
 Signature of soldier
James O'Brien
 Signature of witness SP1

STATEMENT OF SERVICE

7. Enlisted for service 16-2-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 538

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

D. R. Cooper 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 7/1919

M. Rowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

Aug 13 207913543

13
31
20
31
20
31
7
173

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 8.7.19

Regimental No. 11345

Name Lowlow George

Address Trinity East

Present Medical Category A1

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

Members of Board

RH Lant Major
O.C. Discharge Depot.

HP Paterson
Senior Medical Officer

W. O. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 345 Rank Cpl Name E Lowlow Gray
 Date of Enlistment 16-2-18 Address Trinity E District Trinity
 Occupation Block Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19

H.M. [Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E Lowlow

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6000

(b) ~~Clothing~~ Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 2383 to his home at Trinity East and Release Certificate No. 3370 issued.

Date 10-7-19

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 7-8-19

Date 10-7-19

H. H. H.
Depot Paymaster.

Discharge approved for 29-7-19

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		

2 Form B

Date 10-7-19

J.A. Knowlton
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.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,

G. Lowlow

Signature of Man.

Reg. No. 4345

J. H. Shweept.
Signature of the Vocational Officer or his Representative.

Place at Johns

Date 10-7-19

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

MEDICAL HISTORY

OF

Surname Loulow Christian Name Wes

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16 day of Feb 1918	St John's	_____ day of _____ 1914	_____
Declared Age	23 years 6 days		years	days
Trade or Occupation	Telegraph			
Height	5 feet 7 inches		feet	inches
Weight	120 lbs.			lbs.
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	1 inch		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Thomas P. Stoddard</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at _____		at _____	
	on 16 day of Feb 1918		on _____ day of _____ 1914	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	Royal Field	at 325		
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]	<i>[Signature]</i>			
[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 *George Fowler*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4345*

Intended address *Trinity East*

Height on discharge *5 Feet 5*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *High*

Figure on discharge *Medium*

Christian name of Father *Martin*

Christian name of Mother *Amy*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Trinity East 24-8- age 24-1894*

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) *George Fowler*

(Rank) *Pl*

Station **ST. JOHN'S!**

Date *July 5-7-19*

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



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

Station

Date

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

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

1. Unit and Corps *Royal Army Medical Corps* } Former Trade or Occupation } *Cook*
2. Regtl. No. *4341* 3. Rank *Corporal* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Fawcett* } *George* } (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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.)

The Complaints of no disability

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

20. Do you recommend—

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

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

Repatriation

W.E. Proctor, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Down*

Date *4/14/19*

* 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

August 15, 1919

Mr. G. Fowles,
Trinity East, T.B.

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 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..... *G* 2. Surname..... *Lowe*
3. Rank..... *Captain* 4. Regtl. No..... *4345*
5. Address in full to which future payments of gratuity are to be forwarded..... *Trinity East*
6. Date of enlistment in the Regiment..... *Feb. 16/18*
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..... *W*
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 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..... *Seven teen 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 24/19*

no

(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.

Signature of Applicant: - *G. Lowlow*

Place of Residence: *Dunstable East.*

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

This *10* day of *July* 19..*19*...

Signature of Barrister of the *John M. McCarthy*
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.					Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121
20.Number of Sheet OneRegiment of Royal NewfoundlandSignature of O. C. Company W. H. J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted Lance Corp 2-8-18 M.H.</u> <u>A/C or prob 8-11-18</u>
No.	<u>Hawkins Regt.</u>	Age on	<u>25 years 6 months</u>	<u>Private</u>	
<u>11 245</u>		Place and Date of Enlistment	<u>St John's Nfld. 16.5.19</u>	Religion	
Joined	Date	Period of	<u>with Colours 1/20 years.</u> <u>with Reserve 3/5 years.</u>	Place of Birth	
Joined	Date			<u>St John's Nfld.</u>	

Place	Date of Offence	Rank	Case of Discharge	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<u>Demobilized St John's 7-8-19</u>

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4345 Rank Cpl Name Fowlow Geo
 Date of Enlistment 16-2-18 Address Trinity E District Trinity
 Occupation bleak Classification for Discharge E7 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 8.7.19

O. C. Discharge Depot. H. News H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

G. Fowlow

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 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2383 to his home at Trinity East and Release Certificate No. 3370 issued.

Date 10-7-19

J.A. Lawless
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 7-5-19

Date 10-7-19

J.A. Lawless
Depot Paymaster.

Discharge approved for 24-7-19

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		

2 Form B

Date 10-7-19

J.A. Lawless
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 24 1919

Date

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

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

Date July 31/19

J.A. Lawless

Reg. No. 4345 Rank Cpl Name Fowler Geo

Attested Address Trinity E

Allotment: Allottee

Date of Allotment Returned from Overseas July 1919

Returned on S S Cassandra Cause Discharge

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION.

8-7-19
24-7-19

4345

C.P.

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

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

- 1. Unit and Corps *Royal Newfoundland Land* Former Trade or Occupation *Clerk*
- 2. Regtl. No. *4345* 3. Rank *Cpl* 7a. If the soldier claims previous service in Army, he should state (a) Former Regts. or Corps; with Regtl. Nos.
- 4. Name *Foculow* *Joseph* (Surname) (Christian Name)
- 5. Age last birthday *24*
- 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 (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 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. *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 Complaints of no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatriation

W.S. Proemier *Capt R.A.M.C.*
 Medical Officer in charge of case.

Station *Weyley Down*

Date *4/4/19*

* 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