



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5121 Name William G. Hampton Corps Artillery

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William G. Hampton
2. What is your full Address? 2. Robertson
South Sound, H.A.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 1 Months
5. What is your Trade or Calling? 5. Fisherman
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
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, William G. Hampton 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 G. Hampton SIGNATURE OF RECRUIT.
John P. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William G. Hampton 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 St. John's on this 10th day of May 1915.

R. Brooks Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1915

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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5121 Name Wm G. Frampton Capt

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. William G. Frampton
2. What is your full Address? 2. White Rock
South Sound NB
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. Tradesman
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
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, William G. Frampton 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 G. Frampton SIGNATURE OF RECRUIT.
Just W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William G. Frampton 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 17 day of May, 1918.

R. B. Dicks Signature of Attesting Officer Lieut

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).....

C.R. 5121

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

The discharge of the undernoted on demobilisation has
been confirmed by officer i/c Records from 8-8-19.

5121, Pte. W. Frampton.

C.R. 5121

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot, with effect from ²¹20-7-19

5121 Pte. W.Frampton.

C.R. 5121

Extract from Daily Orders Battalion Unit The Royal Nfld.

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

5121 Pte. A. Frampton.

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

C.R. 5121

Extract from Daily Orders part 11, from Unit The Royal
Mfld. ^Rgt. St. John's, dated July 25, 1918.

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

#5121 Pte. Wm. Frampton.

C.R. 5121

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 18th, 1918.

#5121 Pte. W. Frampton.

Attested for General Service with the Royal Nfld. Regt.
from 17.5.18

W. L. Frampton

C.R.

5121

1110

No. 1969/2203

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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



2nd December 1918

Dec. 5th 1918

Subject: 5121, Pte. W. G. Frampton

With reference to the following telegram (10329) from the Hon. Minister of Militia, received

Pay to 5121 Frampton £6:0:0

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

Chief Paymaster & O. i/c Records.

Receipt hereunder.

Cham

LIEUT. COLONEL
Officer Commanding 2nd Bn
NEWFOUNDLAND REGT
2nd Bn. ROYAL NEWFOUNDLAND REGT

Received the sum of Six
pounds on account of

cable remittance from Newfoundland.

W G Frampton
No. 5121 Rank Pte

Witness: A. L. Carter, Pte.

No. 7813/1523

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 Bat. Ryl. Arid. Regiment
Winchester.



21st May 1919

May 23rd 1919.

5121 Pte. W.G. Frampton

With reference to the following telegram from the Minister of Militia / / 19 (197):

Receipt hereunder.

"Pay to-5121 W.G. Frampton
£4. 0. 0.

P. Kane LIEUT. COLONEL.
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n.

R. H. R.

Cheque £ 4. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Four pounds in respect of telegraphic remittance from the Minister of Militia.

A. A. Minnell

W. G. Frampton

Chief Paymaster & O. i/c Records.

No. 5121 Rank Private

Witness: *M. Rocketts*

Scampton, W

5121

Ray sept.

August 5th 1919.

#5121, Pte. W. Crampton,
White Hook, T.B.

Dear Sir:

Enclosed please find Discharge Certificate
#3398.

Yours truly,

Capt. E.
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5121 Rank Plt Name Frankton W.
 Intended place of residence White Rock

2. Occupation Fisherman
 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 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
 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 8 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No. of days on Military Service 446
 Discharged from service JUL 22 1919 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 Records, 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 Records
 The Royal Newfoundland Regiment

CRS 20991 3298

15
20
31
41

The Royal Newfoundland Regiment

Class for Demobilization: E.C.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

Regimental No. 5121

Name Cramp ton Jim

Address White Rock

Present Medical Category A7

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

Members of Board {

R.H. East Major
O.C. Discharge Depot.

W. P. ...
Senior Medical Officer

W. O. ...
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5121 Rank Plt Name Frankton W. G. Date 7-7-19
 Date of Enlistment 17-5-18 Address W. St. John's District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. P. 136	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. W. G. Frankton

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
W. G. Frankton

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 £10

Date 8-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. **R2229** to his home at **White Rock** and Release Certificate No. **3323** issued.

Date **8-7-19**

J.A. Knowlton
Demobilization Officer

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**

H. Mink
Depot Paymaster.

Discharged approved for **22-7-19**

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
B179c	B 120	M 93		

2 Form B

Date **8-7-19**

J.A. Knowlton
O. C. Discharge Depot.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **6/6/22 JMC**

J.P. Coole 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.

W. F. Hampton

Signature of Man.

J. H. Shawcroft

Signature of the Vocational Officer or his Representative.

Reg. No. 5121

Place

St Johns

Date

8-7-19.

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

MEDICAL HISTORY

Surname Trampton

Christian Name William G.

Table I.—GENERAL TABLE.

Birthplace:—Parish White Rock P.S. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	17	May	1918	191
at	St. Johns		at	
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	84	inches
Weight		145	lbs.	lbs
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Wm. J. Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	17	day of	May
		1918	on	day of
				191
Joined on Enlistment	Corps.	The Royal	Corps.	Regtl. No.
		Nfld		5121
Transferred to	at			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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 *Frank Low. Wm. G.*
Regiment from which discharged **Royal Newfoundland**
Regimental number *1151.*
Intended address *White Rock. S. B.*
Height on discharge Feet *11"*
Color of hair on discharge *Dark.*
Complexion *Ruddy.*
Color of eyes *Gray.*
Descriptive Marks _____
Figure on discharge *Tall.*
Christian name of Father *Kenneth.*
Christian name of Mother *Elizabeth.*
Wife's maiden name in full _____
Date and place of marriage _____
Christian names of children _____
Place and date of soldier's birth *White Rock. N. B. July 20th 1898.*
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)

W. G. Prompton

(Rank)

Al

Station

ST. JOHN'S.

Date

S. J. 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 F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Tradesman*
2. Regtl. No. 3. Rank. 7a. If the soldier claims previous service in Army, he should state—
4. Name *Tranpton* *W. M.* (a) Former Regts. or Corps ;
(Surname) (Christian Names) 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
(b) Where (if any)
(c) Opinion of Court

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

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

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 his 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 invalidated at Foreign Stations.

Repatriation

W.E. Proctor
Capt. Rame
 Medical Officer in charge of case.

Station *Mageley Down*

Date *2/4/19*

* 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

August 12, 1919

Mr. William Frampton,
White Rock, 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 crosses, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *William*..... 2. Surname..... *Tranpton*

3. Rank..... *Pte*..... 4. Regt. No..... *5121*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *White Rock T.B.*.....

6. Date of enlistment in the Regiment..... *May 16/18*.....

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 Hfld. If so, give dates and particulars of such service..... *Newfoundland only*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 yr 1 mo*.....

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

..... *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge. *July 8/19.* (b) Reason for discharge. *Demob*

..... *Imp 5/19.*

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

..... *No England only*

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

..... *No*

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

Signature of Applicant: *W. F. Hampton*

Place of Residence: *White Rock, N.B.*

Declared before me at: *St Johns*

This *8th* day of *July* 19*.19.*

John M. Carthy

Signature of Barrister of the 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.		

Register

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59.

Number of Sheet 6

Regiment of Royal Newfoundlands

Signature of O. C. Company C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5121</u>	Age on	<u>19</u> years	<u>Fisherman</u>	
	<u>Prampton W. H. G.</u>		months		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date		<u>17.5.18</u>	<u>C. of E.</u>	
Joined	Date	Period of } with Colours / <u>11</u> years. with Reserve / <u>3 1/2</u> years.		Place of Birth	
Joined	Date			<u>White Rock. T. N.</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</u>			<u>5</u>		<u>19</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5121 Rank Private Name Francis W. L.
 Date of Enlistment 12-5-18 Address White Rock District St. John's
 Occupation Submarine Classification for Discharge 1 Medical Category 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3404	B-122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 108	ME 2		" 6	" 6	
B 179c	B 120	M 93				

Date 7-7-19 O. C. Discharge Depot. W. L. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. L. H.

Particulars passed to Vocational Officer for information and action.

Date _____

JUL 1919

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 0 0 0

(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 Warrants No. B2229 to his home at White Rock and Release Certificate No. 5323 issued.

Date 8-7-19 *J.A. Snow Capt.*
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 8-7-19

Date 8-7-19 *J.A. Snow Capt.*
Depot Paymaster.

Discharge approved for 22-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.P. P/36	B 288	B 121	N. F. Med	D.F. 1	<i>2 Form B</i>
B 178	W 3494	B 122	Board Ist.	" 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	
B179c	B 120	M 83			

Date 8-7-19 *J.A. Snow Capt.*
O. C. Discharge Depot.

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 22 1919 *J.R. Cooper Capt.*
O. C. Discharge Depot.

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

Date July 24 1919 *J.R. Cooper*

Reg. No. 5121 Rank - Y6 Name Franklin, Wm
Attested Address. White Rock
Allotment..... Allottee JUL 1 1919
Date of Allotment..... Returned from Overseas.....
Returned on S.S. *Cassandra* Cause. *Discharge*

6 7 19
22 7 09

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION.

Army Form 217/a
C 1917

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge and in cases of transfer to Class W., W. (T), P., or P. (T), of the Reserve, 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* }
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2771* 3. Rank. *Pte* }
 7a. If the soldier claims previous service in Army, he should state—
4. Name *Frankston* *W. M.* }
 (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? } ✓

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.)

See complaint 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.

Retardation

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

Station *Hazeley Down*

Date *2/11/19*

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