



**THE ROYAL NEWFOUNDLAND REGIMENT**

**ATTESTATION OF**

No. 5386 Name Harold Francis Corps Inf

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Harold Francis</u>            |
| 2. What is your full Address? .....  | 2. <u>Marble Rd</u>                 |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your age? .....   | 4. <u>26</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Miner</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, Harold Francis 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.

Harold Francis SIGNATURE OF RECRUIT.

W. O. Dean Signature of Witness.

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

I, Harold Francis 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 25th day of Nov 1918.

Signature of Attesting Officer .....

**† CERTIFICATE OF APPROVING OFFICER.**

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

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

Date ..... 1918 } Approving Officer.  
Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5386

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

Name Harold Francis  
 Apparent age 26 years          months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Francis  
Marines, C.B. | Relationship brother  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)
-----	-----	-----	-----

## Particulars as to Children

Christian Names

Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <del>fixed</del> engagement reckons from <u>23-5-18</u>									
Joined at <u>St. John's</u> on <u>May 23-1918</u>									
<u>Discharged August 31-1919</u>									
<u>Embarked St. John's N.S. to Halifax N.S. 22-7-18.</u>									
<u>To Dept for demobilization 24-6-19</u>									
<u>Arrived Keweenaw Island 1-7-1919</u>									
<u>Demobilization St. John's 3-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>2-8-1919</u> (date of discharge)					1 years		13 days		
" " Pensions " " " " " " " " " " " "									

BIT VIDEO C.R. 5386

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date 3-8-19.

5386, Pte. H. Francis.

C.R. 5386

Extract from Daily Orders part 14, Unit the Royal WFLD  
regiment dated July 21st. 1919.

The discharge of the undersigned on demobilisation has  
been approved by G. O. Discharge Dept on noted date.

#5386 Pte. H. Francis.

20-7-19

~~19-7-19~~

C.R. 5386

Extract from Daily Orders Battalion Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5386 Pte. H. Francis.

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

C.R.

5386

Extract from Daily Orders By Major M.S. Sullivan,  
Commanding Newfoundland Forestry Companies 6-12-18.

The undermentioned reported for duty from the  
2nd Bn. Royal Nfld. Regt. is attached to the strength  
"C"  
for rations from this date and posted to Companies-

5386 Pte; H. Francis.

C.R. 5386

Extract from Daily Orders part 11, from Unit The Royal  
Field Regt. St. John's, dated July 22, 1918.

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

#5386 Pte. Harold Francis.

C.R. 5386

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated May 25, 1918.

#5386 Pte. Harold Francis.

Attested for General Service with the Royal Wfld. Regt.  
from 25.5.18



H. Francis

C.R. 5386

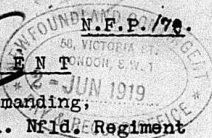
P. & R. P



)

No. 7912/1536

*PD 100005*  
*85*



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. Mfid. Regiment  
Winchester.

26th May 1919

May 28<sup>th</sup> 1919.

5386 Pte. H. Francis

With reference to the follow-  
ing telegram from the Minister of  
Militia / / 19 ( 199 ):

*J. J. Francis*  
LIEUT. COLONEL.  
Officer Commanding  
COMMANDING 2ND BN. ROTAE NEWFOUNDLAND REGT.

"Pay to- 5386 H. Francis

£4. 0. 0.

Received the sum of £4. 0. 0  
Four pounds in respect of  
telegraphic remittance from the  
Minister of Militia.

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

J. Francis  
No. 5386 Rank Rb-  
Witness: J. Perry

Chief Paymaster & O. i/c Records.

No 4665

1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Harold Francis, Regl. No. 5386  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and Twenty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1<sup>st</sup> 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4233	Father	Mr James Francis	Lony Pond Miramichi C.B.	90
			Total Allotment, \$	90

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

Sig.) Watson Lieut

Officer Commanding

E Company

SA JohnsJune 10<sup>th</sup> 1915(S.) Harold Francis(Rank) Private



Francis H.

5386

Ray Dept

August 4th 1919.

#5386, Pte.H.Francis,  
Manuels, C .B.

Dear Sir:

Enclosed please find Discharge Certificate  
F 3466.

Yours truly,

Capt.& Paymaster.

HX/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5386 Rank. PC-1 Name. Francis H. Mansel  
 Intended place of residence. Manuel's Pt. Main

2. Occupation Miner  
 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 18 1919

J. Mansel  
 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 18 1919

F. Francis  
 Signature of soldier

M. Mansel  
 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 18 1919

F. Francis  
 Signature of soldier

James O'Sheehan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 23-5-18 No. of days on Military  
 Discharged from service. JUL 20 1919 Plus 14 days Service. 438

### 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~~ <sup>14</sup> days from date.

Place, ST. JOHN'S

Date .....

R. Lodge Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 3/1919

M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

207913466

9  
20  
31  
3  
73

# The Royal Newfoundland Regiment

Class for Demobilization:—

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 18/19*

Regimental No.

*5356*

Name

*Francis Harold*

Address

*Manuels*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*H. R. Cooper Capt.*  
O. C. Discharge Depot

*H. Robinson*  
Senior Medical Officer

*W. C. Burden*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMILITARIZATION OF

Reg. No. 5386 Rank Plt Name Francis H. [unclear]  
 Date of Enlistment 23.5.18 Address Manuels District [unclear]  
 Occupation Miner Classification for Discharge T1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
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 18.7.19 O. C. Discharge Depot [unclear]

### PARTICULARS FOR DEMILITARIZATION

**1. Civil Re-Establishment.**

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

H Francis

Particulars passed to Vocational Officer for information and action.

Date 18.7.19

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #600  
 (b) Clothing Supplied [unclear]

Date 18.7.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2415 W. to his home at Mannell and Release Certificate No. 3714 issued.

Date 18-7-19 A. M. D. [Signature]  
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 .....

Date 18-7-19 .....  
Depot Paymaster.

Discharge approved for 20-7-19 .....

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		

2 Form B

Date 18-7-19 A. M. D. [Signature]  
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 ..... 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.

*H Francis*

Signature of Man.

Reg. No. 5326

*M. Blonstein*

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date 18-7-19. 191

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

# MEDICAL HISTORY

Surname J. Francis OF Christian Name Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish Manuels, Lab. County Her.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	23 <sup>rd</sup>	May	1918	191
Declared Age	26	years		days
Trade or Occupation	Miner			
Height	5	feet	5	inches
Weight	125	lbs.		lbs.
Chest Measurement	Girth when fully expanded... 38			inches
	Range of Expansion... 3			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	Left		
	Number	1 Scar.		
When Vaccinated	12 years ago			
Vision	R.E.—V=	6/15	R.E.—V=	
	L.E.—V=	6/15	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease			(a)	
(b) Slight defects but not sufficient to cause rejection			(b)	
Approved by (Signature)	<u>L. M. Paterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at	<u>St. John's</u>	at	
	on	23 <sup>rd</sup> day of May	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment	<u>Royal Her. Regiment.</u>			
Transferred to	<u>5386</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Date	Brief Details, and
24-5-18	Vacc. <i>18</i>
13-6-18	T A B } <i>10</i>
20-6-18	T A B } <i>10</i>
27-6-18	T A B } <i>10</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 10 for Discharge on Demobilisation. Medical category 10*  
*July 18/19*  
Date of July 18/19  
*Mus J.*  
Assistant Surgeon  
Discharge Office

**Table IV.—SERVICE TABLE.**

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



## 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 *Francis, Harold*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5386*

Intended address *Manuels. St de Grave*

Height on discharge *5* Feet

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Short*

Christian name of Father *James*

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 *St Johns 19-9-1892*

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)

*Harold Francis*

*H*

(Rank)

Station *ST. JOHN'S.*

Date

*17-7-19*

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

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

Date



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 Newfoundland* 7. Former Trade or Occupation } *miner*  
2. Regtl. No. *8386* 3. Rank. *plte* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Francis* *Heard* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.  
5. Age last birthday. *27*  
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. *nil*  
12. Place of origin of disability. *nil*  
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

15. What is his present condition ?

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

*The complainant of 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 when possible; and in cases of amputation the exact position should be stated.

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

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.G. Proctor, C.M.D. R.A.M.C.*

Medical Officer in charge of case.

Station .. *Hazeley Barr*  
 Date .. *8/1/45* .. .. .

\* 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.



Nº 4665



## 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Harold Francis, Regl. No. 5386  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and Ninety Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz :

Allotment begins July 1<sup>st</sup> 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4233	Father	Mr James Francis	Long Pond Manuels. G.B.	90 <sup>00</sup>
			Total Allotment, \$	90 <sup>00</sup>

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.) Watson Leut

Officer Commanding  
E Company

St Johns

June 10<sup>th</sup> 1915

(Sig.)

Harold Francis

(Rank)

Pvt

ST. JOHN'S, JUL 18 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pte H Francis

Billeting Soldiers as undermentioned

from

July 1/19 to July 16/19

5386 Pte H Francis 16 66

ACCOUNT	B M R
CH. NO.	355
INS. LEDGER	INITIALS
PAY LEDGER	INITIALS

Certified correct for

16/19  
A. McBlush

Billeting Officer.

A. Francis

602.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland Number of Sheet one  
Signature of O. C. Company C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
5386	Francis Daniels	26			
Joined	Date	Place and Date of Enlistment	Religion		
Joined	Date	23 5 18	Cath		
Joined	Date	Period of	with Colours	years.	Place of Birth
Joined	Date		with Reserve	1 3/4	
				Munich	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	S. John's	3 1/2			

To be carried over.

# The Royal Newfoundland Regiment

9538L

## DEMOBILIZATION OF

Reg. No. 5386 Rank *Plt* Name *Francis A*  
 Date of Enlistment *23-5-18* Address *Manuels* District *St. John's*  
 Occupation *Miner* Classification for Discharge *F* Medical Category *A*  
 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 *18-7-19* O. C. Discharge Depot *Mrs H*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*H Francis*

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 *Ambleton*

Date *18-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2473 to his home at Mannala and Release Certificate No. 3714 issued

Date 18-7-19

*[Signature]*  
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

Date 18-7-19

Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	2	Form B
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	1 D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	N 93					

Date 18-7-19

*[Signature]*  
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 .....

**L. R. COOPER, CAPT,**

O. C. Discharge Depot.

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

Date Aug 1/19

*[Signature]*

Reg. No. *1346* Rank *PL* Name *Francis H.*

Attested ..... Address *Manuels*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas **JUL 1 1919**

Returned on S S *Cassandra* Cause *Discharge*

<i>1 F 7 A</i>
<i>20 7 19</i>

**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 Newfoundlands* 7. Former Trade or Occupation } *Miner*
2. Regt. No. *5286* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Francis* *Harold* (a) Former Regts. or Corps. with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *27*
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.
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*  
*nil*  
*nil*

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

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

*The 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 invalidated at Foreign Stations.

*Repatriation*

*W. S. Procurier* *Capt. Rank*  
 Medical Officer in charge of case.

Station *Hazelton* .. .. .

Date *8/14/19* .. .. .

\* 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.

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.