

4353

FIRST NEWFOUNDLAND REGIMENT

No. 4353 Name Defal Francisorps Me.	1
No. 4353 Name Social Situations of Puestions to be put to the Recruit/before Enlistment.	5
1. What is your name?	5
2. What is your full Address?	
3. Are you a British Subject? 3.	
4. What is your age?	
5. What is your Trade or Calling? 5.	-10
6. Are you Married? 6	
7. Have you ever served in any Branch of His Ma) jesty's Forces, naval or military, if so,* which? } 7.	
8. Are you willing to be vaccinated or re-vac-	
9. Are you willing to be enlisted for General Ser-	
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?	
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?	<u>)</u> .
made by me to the above questions are true, and that I am willing to fulfil the engagements made. Signature of Witness.	
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful dear true allegiance to his Majesty King George the Fifth, His Heirs and Successors, and that I will, as in dound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against enemies, according to the conditions of my service.	luty
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 question he would be liable to be punished as provided in the Army Act.	lons
The above questions were then read to the Recruit in pry presence.	1/
I have taken care that he understands each question, and that his answer to each question has been duty enter as replied to, and the said recruit has made and signed the declaration and taken the oath before me at the control on this	**************************************
†CERTIFICATE OF APPROVING OFFICER.	1
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the quired forms appear to have been complied with. I accordingly approve, and appoint him to the:	ге-
Date	
Place	ncer.
† 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.	

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Name years. o months. inches Girth when fully expanded Chest Measurement Range of expansion. Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-Corps in which served Signature of Officers certi-Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of entries Days Years Days Service towards limited engagement reckons from

	1353 Rank	Name	Janei Jante 0	s. J. Harbor.	
Date of All	otment	Returned	from Overseas	1.7	
	for Overseas				
lace > 67,8	M- K- 14.	; 2md 9mor. 5 3-14-20. 3	· 3.1 × 720.1	3.3.18	
					·

sayrest from sails Orders part II, unit the selfide is dated July 5the 1919

the discharge of the interneted on demobilization has been ACRE LAIRD by C. S/o Records on noted date.

4 353 Ple. Jos. Francis.

3-7-15.

Extract from Daily Orders Part 11 Unit res The Royal Mild.
Regt. Depot, St. John's, June 9th.1919

The discharge of the undernoted on demobilisation has been APPROVED by O.C. Discharge Depot, with effect from 18-6-19

4353 Pte. J. Francis.

, and Tremminume

Extract from Daily Orders Part il Depot, Sp. John's, Date June 7th 1919

Pte, J. Francis 4353

Reported at Headquarters 1-6-19. which sailed Liverpool May 22/1919.

and a matrice of the stop of the ma

ex "Corsican"

Retrait from Mominal Roll depos 1st. Battalion Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st.Battalion left Roten Camps 22/4/19, embarked at Havre 22/4/19, disembarked at Southampton 23/4/19 and reached Hazeley Down Camp 23/4/19. Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O., Commanding 1st Battalion, Royal Newfoundland Regiment, dated 5/9/18.

The following arrived to-day and is posted to Company as under (A. Coy.).

4353, Pte. J. Francis.

Extract from Nominal Roll Braft # 51, inn to B.E.F. Embarked Folkestone, Sl-8-18.

4353 Pte. Francis J.

Extract from Hominal Roll Emberbod St. John's for Overseas, Her. 36, 1918.

4353 Pte. Francis J.

Extract of Daily Orders part 11, from Unit The Royal Newfoundland Regiment, Headquarters, St.John's, dated February 25,1918.

#4353 Pte. J. Francis.

Attested for General Aervice with the 1st Newfoundland Regiment, with effect from 25/2/18.

Trancis C.R. 4353 Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. & xvia.), 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), I	P., or P. (T), of the Reserve.
1. Unit and Corphogral Newfoundland	d. 7. Former Trade Tusherman
2 Regtl No.4253 3 Rank Offe .	7a If the soldier claims previous service is

Francis J. (Christian Names)

5. Age last birthday .. 23.

6. Posted for duty on 18. 2. 18. at St. John. in category (or grade).....

8. If the disability is an injury was it caused

- (a) in action
- (b) on field service
- (c) on duty

of treferrations has

(d) off duty?

the Manager etter fat

- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

- Army, he should state-
 - (a) Former Regts. or Corps; with Regtl. Nos.

- (b) Date of Discharge ;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

Norz .- The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier 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 veneral disease.

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.

	• (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?	
eses such	15. What is his present condition?	11 - 4
threat, tes, &c.,	(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	he conflains of
graphs possible; cases of tion the position		pre pro-
e stated.		
	16 Was an apparation marformed 2. Year when a days a	211
	16. Was an operation performed? If so, when and what was its nature?	<i>9</i> 00
	17. If not, was an operation advised and declined?	na
	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 treat-	na
	inent 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?	wa
	etros e correcto a cara kind ocean (12 faces en 12 faces Total (14 face) en la cara la cara en 12 faces en	
	20. Do you recommend—	Repatriation
	(a) Discharge as permanently unfit?	- arriation
	(b) Change to United Kingdom?	
	Note—(b) is only applicable to soldiers invalided at Foreign Stations.	
	UD	housin a s
	Station Hazeley & Camp	Medical Officer in charge of case.
	Date . 29. 4:19.	
	Loss of teeth on or immediately after active service, sho it is due to some other cause	ald be attributed thereto, unless there is evidence that
1,14,8		

14. State whether the disabilities are

(a) attributable to (b) aggravated by

Nº 3903^A



1ST. NEWFOUNDLAND REGIMENT

	Whether Wife, Child, other Relative or Friend	Name (in full)	Address	AMOUNT (each person
782	Father.	Mrs auron Fr	areis Stanto Ho	y les
·				
TOWN M		1 - 1 - 1 - 0 - 0 - 0 - 0	Total Allotmen	_

From:

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

15th, August

191 8

Subject: 4353, Pte. J. Francis D

With reference to the following telegram (7306) from the Hon. Minister of Militia, received

"Pay to 4353 Francis £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.

Officer Commanding,

2/Bn. R. Newfoundland Regt. Winchester.

Receipt hereunder.

Danta LIEUT, COLONEL, COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2 Batt'n Royal Newfoundland Regiment

Received the sum of 0 x ecends - on account of

cable remittance from Newfoundland.

TO,- The Chief Paymaster,
Royal Fewfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.T.C.A. "Prisoners of "ar Fund" in quarterly instalments for the period of one year.

Commencing on the lat July 1918.

Regt1, No.	Rank	Name	Amount	Signature.
4553	F/5	Francis J.	\$2.50	

I have the honour to be, Sir,

Your obedient servant.

If of Francis

Dato June 38 1918

Kraucis J. 4353

Agy Loept.

< ___

July 3, 1919

#4353 Pte. Joseph Frances,

Hents hardor, T.B.

Dear Sir :-

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

Yours truly

Paymaster & Officer 1/c Records.



in full

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every mestion in this Declaration There must be no blanks and no decknes. 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
RECORDE, PAY & RECORD OFFICE, ST. JOENS 3.
Chaisiden name toutet. France, summere
3. Renk Livate
5.Address in full to which fature payments of gratuity are to be
forwarded, forethe Francis & anto AA
Tarrity Day
6. Date of enlistment in the Regiment. February 30. 1.
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was boing issued, irmediately prior to your discharge
Claon Francis
8. Relationship of such dependents T. a.thu
9. Address in full of such dependents
Truly Say
10. Is said dependent, now, or was said dependent at any time in receipt
of Separation Allowance on account of enother soldier?
11. Were you on active service only in Nfld, In so, give dates and
particulars of such service
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Give total length of time which you served on active service,
whether in Pfld.or Oversecs
14 Month our seas 13

13. Have you had more than one enlistment? If so, give particulars	
of discharge and re-enlistments, and under what regimental number	
	rs.
//6	
14. Have you already received any payment of Post Discharge pay or	••
Var Service Cretuitys to sent	
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 Dorces.	4
17. Are you entitled to receive, or have you received any Gratuity	
in the nature of Pest Discharge Pay from the Imperial Forces? If	
so, state amount received, or to which you are entitled	1
The	8
18. Did you revert Oversees to a rank lower than the substantive	
renk 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 Roat.? Her. If not give?- (a) date	•
of discharge(b) Reason for discharge)
do Reson for discharge	
20 Did you at any 1:	
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	
Jepus J. S. Ferent lasts 88 Belgin	in

21.(c) Are you receiving treatment from the Wivil Re-Establishment	
Com.(b) If so are you in receipt of full pay and allowances from	
that Cormittee	
and I sake this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if	
and under Oath.	

Signature of Berrister of the Supreme Court, Stippediany Hegistra's (Notery Public, Mastice of the Peace, or Commissioner of affidavits.

1500	DOGM	DISCHARG.	E PAY		
Da te				War Sorvice Gratuity.	Net amount due
<u>.</u>	• • • • •	••••••			
• • • •	• • • • •	•••••			
		cortified	correct.		Paymaster

August 9th 1919.

Mr.H. Francis. Manuels. C.B.

Dear Sir:

deferring to your application, I enclose cheque for seventy dollars (\$70.00) being amount of first payment due you on account of war service trainity.

Yours truly,

Capt. a Paymaster.

DEPARTMENT OF HILLITTA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Peufoundland 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. Moroco 2. Surmana. Dances
3. Renk. 4. Regtl. 10. £3.86
5. Address in full to which future payments of gratuity are to be
forwarded. Monniels CB
6. Date of enlistment in the Regiment. May 2 418
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, irredictely prior to your discharge
ho
8. Relationship of such dependents
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. It so, give dates and
particulars of such service
••••••••••••••••••
12. Give total length of time which you served on active service,
whether in liftld.or Oversees
1.2

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
of discharge and recently the
14. Have you already received any payment of Root Discharge pay or
War Service Grabuity? If so, state amount you and your dependents
have already received and by whom paid

15. Have you been issued with a Ver Service Bedge?
16. Have you during the present war, served in the E perial Derees
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Post Discharge Ray from the Departal Forces? If
so state mount received, or to which you are entitled

18. Did you revert Overseas to a rank lower than the substantive
renk hold by you on your crritel in Englant?
(b) If so was such reversion in consequence of Micanhact or
19. Are you now serving in the Ret.?
of discharge July 3/19(b) Roason for discharge
pemon
20. Did you at any time serve at the first in an actual theatre of
dotes of such service
War? If so give particulars of the confidence of
21.(a) Are you recoiving treatment from the Givil Re-Establishment
com.(b) If so are you in receipt of full pay and allowences from
that Cormittee
and I the this solern declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

3. H Francis

Signature of Applicant:

dortified correct.

Place of Residence: Declared before me at: This 19 day	A John use of July 191	a '9
Signature C Supreme Gour	of Berrister of the rt, Stipendiary Heristry Fablus, Eustice of commissioner of affide	the JA
POST DISCULTED PAR. Date pand Soldier, Depende	m. Service	Not amount due
	·····	

#4353 Pte.Joseph Francis.

Hants Harbor, T.B.

Dear Sir :-

Please find enclosed Discharge

Certificate No. 2282.

Yours truly

Paymester & Officer i/c Records.

The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
1.	No.4353 Rank Phi Name Travel J Intended place of residence. Hauto Harbor
2.	Occupation — Prohemon Classification of soldier — Medical Category — HI
3.	The above named man is discharged in consequence of DEMOBILIZATION Eligible for War Service Gratally
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. Comanding Discharge Depot The Royal Newfoundland Regiment
5.	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE 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. ST. JOHN'S. Place and date Signature of soldier Signature of witness
6.	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and Date Signature of soldier 24-6-19 Agnature of witness
7.	STATEMENT OF SERVICE Enlisted for service 25-2-18 No of days on Military Discharged from service 18-6-19 Plus 14 days Service 493-
8.	APPROVAL OF DISCHARGE The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place Officer Commanding Discharge Depot The Royal Newfoundland Regiment. Date
9	The discharge of above mentioned soldier is hereby confirmed M. How Capt Place Hours . Med. Place May 1/919

The Royal Newfoundland Regiment

Class for Demobil-
ization:-
1
1

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

Discharge Depot: Head	dquarters The Royal Newfoundland	Regiment 4-5-19
Regimental No	Hants Hr	Pt.
Present Medical Categor	y 4 7	
		nmediate discharge
	· (O.C. Discharge Depot.
	Members of Board	Materon
		Senior Medical Officer LuBurden M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No 4353 Rank 1/4 Name Francis Josephy
Date of Enlistment 25.2 18 Address Hart M District Auraly
Occupation Jeshermand Classification for Discharge Medical Category I
Recommendation S.M.B Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178 W 3494 B 122 Board 1st " 2
B 178a
B 179a D 400B Form L do 3rd " 4
B 179b B 103 ME 2
В 179с В 120 М 93
Date M. 6.1.9 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
r. Civil Re-Establishment.
I am
1 2 maris
-MI,
Particulars passed to Vocational Officer for information and action.
Date:
Date
Date
2. Clothing. Certified that Clothing Regulations have been complied with:—
2. Clothing. Certified that Clothing Regulations have been complied with: (a) Clothing Allowance payable
Date

3. Transportation and Release Certificate.	1705
The above named has been provided with T	ravelling Warrant No 13 85 to his home
	001
at and Release	Certificate No. 224 Dissued.
	ON the NO LASS
4-6-10	The state of
Date	Demobilization Officer
	Jennesmannen einer S.W. 235
4. Pay and Allowances.	20125 L
The herein named soldier's accounts have b	een correctly balanced and all matters in connection
	1-7-10
therewith settled. He has received pay and al	lowances to
4-6-19	Hilly th
Date	Depot Paymaster.
	Depot Paymaster.
/Y-	0 - 19
Discharge approved for	
B 11 31 611 1 1 1 1 1 0 C	Dischaus Deset
Forwarded with following documents to O.C	Discharge Depot.
	N.F. Med D.F. 1
Б 178 W 3494 В 122	Board 1st " 2 From 3.
B 178a D 400A B 1915	/
	do 3rd
B 179a D 400C Form K	do 4th " 5
B 179b B 103 ME 2	
В 179с В 120 М 93	
2 2100	
11 6-16	the mounted.
Date	J. H.
pate	Demobilization Officer.
	//
APPROVED.	
	1 1
Documents as above forwarded to:	
Officer i c Records. Board of Pension Commissioners.	
with following additional documents.	
Fligible	for War Service Gratulty
Eligible	IOI Wat Oct 1120 Offermans
MATERIAL PROPERTY OF THE PROPE	
HIN 1 0 1010	Tell sail ah
JUN 1 8 1919	
Date	O. C. Discharge Depot.
The state of the s	A page and the selection will have a selected
Received the above noted documents from O. C. Discha	irge Depot.
are the contract of the contra	Ladding 200 year 1977
Date	
Date Transferrence Control	

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 fellows:

To resume gormer Occupation

Signature of Man.

Reg. No. Froncis

Signature of the Vocational Officer or his Representative.

Place M Jahrs.

Date 4-6-19

191 1019

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

MEDICAL HISTORY

Surname France	is		Christian Na	ro	Sos	eph.
	Т	able I.—GE	NERAL TABLE		.41	
Birthplace:—Parish	Hai	ets. H.	1.B. Count	ty		
			RESERVE.		REGULAR	7-07-2
Rxamined	on at		guarters	at	day	of 191
Declared Age		22 years	6 hours		years	days
Trade or Occupation		Lisa	Kerman			
Height		√ feet	6 inches		feet	ineher
Weight			136 lbs.			lbs.
Chest Measure- ment Rauge of Expansion			36% inches			inehee
Physical Development						
(Δrm		Right	Left	Rìgh	it	Left
Vaccination Marks			1 Scar			
When Vaccinated		,,				
Vision		-V= 96 4	4	R.E.—V= L.E.—V=		
	(a)			(a)		
(a) Marks indicating congenital pect arities or previous disease	27.					
(b) Slight defects but not sufficient cause rejection	to (b)			(b)		
Approved by (Signatur	a	amirta	from			
(Ran	k)	my	Medical Officer.			W. P. Lan
	at	01-1	hns ht		-	Medical Officer.
Knlisted			11 1	at	1	
	on	Corps. day	of Teley 1917 Regtl. No.	on Corps.	day of	
Joined on Enlistment				Corps		Regtl, No.
	60	yal	4353			
Fransferred to	1º	yal Youndlar				
Secame non-effective by						
	on-	day	of 191	on ,	day of	/
[Signature					usy 61	191
[Rank	12		7		1	
	Vinterior					LA MA

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

Date	Brief Details, and Signature			
	To standing the standing of th			
26-2-18	Vacc. 40			
5. 3:18:	ra.B.			
12.3. 18	Do. 18 Llo. 18			
22-3-16	I lo. if			

It is hereby certified that this soldier has been be fire a Travelling Medical Board and has been classified as for Dischurgeon Demobilisation. Medical category

Date of T.M.B. My Discharge Typotellication

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
				1	
	en sauce.	Paris.	70		

Enlisted (Neth	Towns of Sanitary Age on Enli	stment ? 2	years	6month
Date of pr	omotion to presen	Terms of Service (Danadas Date of ap	Service reckor	s from (a)	25/2/10
Extended	Junkana	Re-engaged Q	ualification (b) Corpo Trade a	and pate	
Date	Report From whom received	Record of promotions, reductions, transfers, casualities, &c., during active service, as reported on Army Form B 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form A. or other official documents.
26.8.18	8.18	A I Embarked		3 1 AUG	1913
	M. Con	Disembarked	dram.	3-1. VIIG	1919
		ARRIVED D	f. B. D.	S-SEL.	218
		John of Hothe Rom		ō SE	191a - 1855
		(to I will			
		corred in Mik.	1. 1. 1. 1. 1. 1.	13/4/19	
	3			55.5	
/					
	Nexton	Kin: Father aaron.	7-	4.	4,70 6.

⁽a) In the case of a man who has re-engaged for, or collisted into Section D, Army Reserve, particulars of such re-engage ment or collistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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. Boy at Mewfound land 2. Regtl. No. 43.6.8 3. Rank. Ote	7. Former Trade \ Jisherman
2. Regtl. No. 4 3. 6.8 3. Rank.	7a. If the soldier claims previous service in Army, he should state—

(Christian Names)

5. Age last birthday.

1/1/18. at St Johns. 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?

9. If a Court of Inquiry was held on an injury state :-

(a) When

(b) Where

(b) Date of Discharge;

(a) Former Regts. or Corps; with Regtl. Nos.

(c) Cause of Discharge.

(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

11. Date of origin of disability.

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.

	14.	State whether the disabilities are	(a) attributable to	(b) aggravated by
property		(i.) Service during the present war		
		(ii.) Previous active service		-a Them as 1
		(iii.) Climate in pre-war service	la	
		(iv.) Ordinary military service before the war	The	e WaqiiqaMa
		(v.) Serious negligence or misconduct on the man's part.	Z	Lankaaa
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	no.	1 3 61 1
all cases such	15.	What is his present condition?	11 -	0 · 11
eye, ear, e and throat, bilities, &c., pecialist's re- t is to be ched with diographs re- possible; in cases of putation the ct position and be stated.		(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	disstul	lows of h
			bearing or a very engine	
			en le biet en als	
	16.	Was an operation performed? If so, when and what was its nature?	na	
	17.	If not, was an operation advised and declined?	na	
e luce	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 treat- ment was unobtainable?	na	
	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?	na	
		nd of the confidence of an entire contract of the contract of		
		on which of the fit of Kind May 1995 and the fit of the		
	•		10	t
	20.	Do you recommend—	101+	1
		(a) Discharge as permanently unfit?	Trepatria	ucon
		(b) Change to United Kingdom?		1.74
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	& Processier	- Catal Rama
	Sta	tion Hazeley bown	Medical Officer in o	harge of case.
	Dat	te 28/4/19		
	it is	Loss of teeth on or immediately after active service, should due to some other cause	d be attributed thereto, unl	ess there is evidence that



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. $i \mid c$ Records together with the remainder of the man's documents.

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

Name in full Francis

Regiment from which discharged Royal Dewfoundland Regimental number 4353 Intended address Hants Mr Height on discharge 5 Feet 7 Color of hair on discharge Light Complexion Rully Oolor of eyes Rue Descriptive Marks Figure on discharge mediu Christian name of Father Cano Christian name of Mother -Wife's maiden name in full -Date and place of marriage -Christian names of children-Place and date of soldier's birth Hants As. June 15. 1895 Nature and locality of civil employment required

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.

I declare that I am the soldier referred to above and that all the particulars contained in the above

Date 4-6-19

statement are, to the best of my knowledge, correct

Station Stockers

(Soldier's signature in full) Joseph Feancis

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

FORM K

Nº 3903



1st. NEWFOUNDLAND REGIMENT

(each pe	ADDRESS	NAME (in full)	Whether Wife, Child, other Relative or Friend	Identity Certificate No.
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		- Viviania		
91.				
	· · · · · ·			
	Total Allotment, \$			val.

10 6 Honts Harfore 6/1/20 Dear Sis I wanted to no afaut this prise many what is due to us who Served in This war from 1914 to 1918 7 Will you kinly oblige & sent me my Paper your Sincerally 435-3 J Francis Hon MIG. 280.00 M to Hand Is baldur

Hants De Joseph 25/20 Please forward my pin am, sin yours truly

1 Hants Hartor 1918 Hon. J.C.P. Break Sing my son Joseph Francis, who volunteered and was accepted in the held Regt during Thomany, told having about 1500 month conce to only address, not having be heard suything about it sines to heard anything about it since to
lift, Joseph James

Trancis

To Joseph Francis

We comment of the Joseph Francis

We comment of the Joseph Francis Nº 3903



1ST. NEWFOUNDLAND REGIMENT

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Date July 25/20
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N.B. For completion and return to the Department of Militia

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ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Date of Late

Address Address Address

	1921.

The accompanying Victory Medal a	nd/or British War Medal
is/are forwarded herewith to	
Joseph Francis	. 1160 VIII
in respect of his service as No. 4353	Rank Pute.
Name Joseph Francis	Royal Nfld. Regt. Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon-

Received_	& 8-PS	Badge
	Joseph 7 ra	
Date	Lept. 8th	
Address_	Hants . Hr.	7. 78.

Army Form B. 121.

Squadron, Troop, Battery and Company Conduct Sheet.

Regiment of Recyal Keufoundland Signature of O. C. Company Mills

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	Joined	D	ate		Period of with Colours / 79 years.	Place of Birth				
	Place	Date of Offence	Rank	Cases of Drunk- eness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS -
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The Royal Newsoundland Regiment

DEMOBILIZATION OF
Reg. No. 4353 Rank 114 Name Frances Josephy
Date of Enlistment 25. 2. 18 Address Hart M District Trensky
Occupation
Recommendation S.M.B
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 3
B 178a D 400A B 1915 do 2nd 3 3 B 179 D 400B Form L do 3rd " 4 4
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Date. H. 6.76 O. C. Discharge Depot.
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PARTICULARS FOR DEMOBILIZATION
r. Civil Re-Establishment.
I amin a position to resume civilian occupation.
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J Francis
Particulars passed to Vocational Officer for information and action.
Fertituals passed to vocational Circle for intrinsaction and action.
Date
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2. Clothing. Certified that Clothing Regulations have been complied with:—
#6.00
(a) Clothing Allowance payable. A. O. T. T. Company of the Company
(b) Clothing Supplied
Date O ilc. Re-clothing.

The Royal Newsoundland Regiment

Reg. No. 4353 Rank ME Name	Francis Josephy
Date of Enlistment 25.2.18 Address	to the Touch
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Recommendation S.M.B	ty Rating
Passed to Demobilization Officer with following documents:-	
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Date	O. C. Discharge Depot.
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Certified that Clothing Regulations have been compli	ied <u>with</u> :—
(a) Clothing Allowance payable.	De son sella
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3. Transportation and Release Certificate.	
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DEFARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

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ttention: Reference Section.	. For attention o	f:
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eteran is stated to have served To enable this WAR VETI ligibility of the above-named, w	ERANS ALLOWANCE DISTRICT	AUTHORITY to determine the
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Date and place of all enlist	tments. 25 Feb 1918	July grand
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 Date of all discharges and notes. Date and place of birth as pattestation paper. 	per 15 June 1895	- Hants Harbor
. Marital status; If married, name in full of wife.	Single	
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Head, Reference Section.

9. Decorations, if any. WVA 18.

DEPARTMENT OF VETERANS AFFAIRS

CIRCULATING SHEET

File No. D.V.A.

NFLD.DOCS

Name of correspondent or purport of communication

FRANCIS, JOSEPH

4353

Date	P.A. or B.F.	Initials	Referred to	For Remarks	Initials	Date
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