



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5380 Name Jacob French Corps C of C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Jacob French
2. What is your full Address? Coleys Point
C. B.
3. Are you a British Subject? Yes
4. What is your age? no Years Months
5. What is your Trade or Calling? Fisherman
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 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? } Yes

Jacob French do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagement made.

Jacob French SIGNATURE OF RECRUIT.
W. R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Jacob French 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 Johns on this 23 day of May 1915.

Signature of Attesting Officer W. R. Power & Abdiko 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 1915 } 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

5371

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

Name Jacob French
 Apparent age 20 years _____ months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth French
Coleys Point Relationship Father
G.B. 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 limited engagement reckons from <u>23-5-18</u>									
Joined at <u>St John's</u> on <u>Nov 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>Left for demobilization 24/7/19 Arrived N.S. 1-7-1919</u>									
<u>Demobilization St John's 3-8-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 3-8-1919 (date of discharge) 1 years 73 days

" " Pensions " [" "] " " " "

C.R.

5371

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

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

#5371 Pte. Jacob French.

C.R. 5371

Extract from Daily Orders part 11, from Unit The Royal
Hf16. Regt. St. John's, dated May 23, 1918.

#5371 Pte. Jacob French.

Attested for General Service with the Royal Hf16. Regt.
from 23.5.18

C.R. 5371

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 11th 1919.

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

5371, Pte. J. French.

C.R. 5371

Extract from Daily Orders Part XL Unit The Royal Field Artillery
St. John's, July 24th 1919.

5371 Pte. J. French.

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

C.R. 5371

Extract from Daily Orders part II, Unit the Royal Wfld
Regiment dated July 21st. 1919.

The discharge of the undermoted on demobilization has
been APPROVED by O. C. Discharge Depot on noted date.

#5371 Pte. H. French.

20-7-19.

J. French

C.R. 5371

P. + R. 6

French, J.

5371

Ray sept.

August 4th 1919.

#5371, Pte. J French.

Bay Roberts, C.B.

Dear Sir:

Enclosed please find Discharge Certificate
3483.

Yours truly,

Capt. Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5371 Rank Pfc Name French J.
 Intended place of residence Bay Roberts - 46 Grace
 2. Occupation Fisherman
 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. Mews H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 18-7-19

J. French
 Signature of soldier
Chiltonson
 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 18-7-19

J. French
 Signature of soldier
James O'Brien
 Signature of witness
 SM.

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service 20-7-19 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 days from date.

Place, ST. JOHN'S

Date JUL 20 1919

L. P. Cooper Cpl
 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 3/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Aug 13 20 7 9 / 2083

9
20
31
3
73

The Royal Newfoundland Regiment

Class for Demobilization:—

*E.
B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *5371*

Name

French Jacob

Address

Bay Roberts

Present Medical Category

A1

Recommended for:—

- (a) Immediate discharge
(b) Standing Medical Board

Members of Board

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

J. O'Brien
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8371 Rank Plt. Name Francis J. Grace
 Date of Enlistment 23.5.18 Address Leopold Roberts District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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	
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 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 18.7.79

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Jacob Grace

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied

Date 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2472 R to his home at Bay Roberts and Release Certificate No. 3716 issued.

Date 18-7-19

M. Blawie
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 3-8-19

Date 18-7-19

M. Blawie
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C. Discharge Depot.

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		

2 Form B

Date 18-7-19

M. Blawie
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Jacob French

Signature of Man.

Mr. [Signature]

Reg. No. 3371

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

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 French OF Christian Name Jacob

Table I.—GENERAL TABLE.

Birthplace:—Parish Coley Point Ch. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	on <u>23</u> day of <u>May</u> 191 <u>8</u>	at <u>S. Johns</u>	on	day of 191
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>Fitterman</u>			
Height	<u>5</u> feet <u>6</u> inches		feet	inches
Weight	<u>143</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		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>Amund Peterson</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at <u>S. Johns</u>		at	
	on <u>23</u> day of <u>May</u> 191 <u>8</u>		on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
Transferred to	<u>1371</u>			
Became non-effective by				
(Signature)	on	day of 191	on	day of 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

French, Jacob.

Regiment from which discharged

Royal Newfoundland

Regimental number

5371

Intended address

Bay Roberts.

Height on discharge

5 Feet

Color of hair on discharge

Dark Brown.

Complexion

Fair.

Color of eyes

Blue.

Descriptive Marks

—

Figure on discharge

—

Christian name of Father

Elijah.

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

Bay Roberts, 11 Oct. 1896.

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)

Jacob French

(Rank)

Private

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 Newfoundlands* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *3371* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Funch Jacob* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *23*
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, 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.)

No complaints of no usability

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?

repatrolled!

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

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

W.E. Procurier. Capt. R.D.M.C.
 Medical Officer in charge of case.

Station *Itzehay Barron*
 Date *14/1.9.*

* 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 22, 1919

Mr. Jacob French,
Bay Roberts.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

5607

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name... Jacob 2. Surname... French

3. Rank... Pvt 4. Regtl. No. ... 5371

5. Address in full to which future payments of gratuity are to be forwarded... Bay Roberts

6. Date of enlistment in the Regiment... May 1918

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... —

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 Hfld. If so, give dates and particulars of such service... Overseas

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... fourteen mos

..... 13

13

8

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... no

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

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

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

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

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

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

19. Are you now serving in the Regt.?..... no If not give:- (a) Date of discharge August 1/19. (b) Reason for discharge demob.....

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

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

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

Signature of Applicant: - *Jacob French*
 Place of Residence: - *Bay Roberts,*
 Declared before me at: *S. Johns.*
 This *21st* day of *July* 19*19*....

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

POST DISCHARGE PAY.				Net amount
Date paid	Sold	Sold	War Service	due
	Soldier.	Dependent.	Gratuity.	
.....
.....
.....
Certified correct.			Registrar	

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte J French

Billeting Soldiers as undermentioned

from July 6/19 to July 17/19

5371 Pte J. French 17.70

ACCOUNT	<u>Btmg</u>
CH NO	<u>3353</u>
LED LEDGER	INITIALS
BY LEDGER	INITIALS
BY LEDGER	INITIALS

J.C.R.

Certified correct for \$ 17.70

Jacob French
Billeting Officer.

Letts.

C.R. 5371

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name.....5371 Lt. Pte. J. French

Date.....Nov. 26th 1919

Place.....Boley's Point.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Jacob French

in respect of his service as No. 5371 Rank Pte.

Name J. French

Royal Nfld. Regt.
~~Nfld. Infantry Regt.~~

Receipt of the same should be acknowledged hereon.

Received British War Medal.

Signature Jacob French. 5371

Date October 21st.

Address Boley's Point, C. B.

[P.T.O.]

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 [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No. <u>5371</u>	<u>French Javel</u>	Age on <u>20</u> years <u>0</u> months	<u>St. John's</u>	<u>Postman</u>		
Joined _____	Date _____	Place and Date of Enlistment <u>23 5 18</u>	<u>St. John's</u>	Region <u>NS</u>		
Joined _____	Date _____	Period of } with Colours <u>1 7/8</u> years.	}	Place of Birth <u>Colap N. C.B.</u>		
Joined _____	Date _____				with Reserve <u>3/65</u> years.	

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
				<u>Demobilized</u>	<u>St John's</u>	<u>3 5/19</u>			

To be carried over.

The Royal Newfoundland Regiment

5371

DEMOLIBIZATION OF

Reg. No. 5371 Rank Private Name French J
 Date of Enlistment 23-5-18 Address Bay Roberts District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 18-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Jacob French

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(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. 2472 R to his home at Bay Roberts and Release Certificate No. 3716 issued.

Date 18-7-19 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 3-8-19

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	D 400A	B 1915	1	do 2nd	" 3	2 Form B
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 Demobilization Officer

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 **L. R. COOPER, CAPT.**
 O. C. Discharge Depot.

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

Date Aug. 1. 1919

Reg. No. 1371 Rank Plt. Name Frank J. Coley
Attested Address
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S S. Cassandra Cause Discharge

187 19
207 19

~~ASSIGNED TO DEMOBILIZATION OFFICER~~
~~ASSIGNED TO DEMOBILIZATION OFFICER~~

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 New Zealand*
- 2. Regtl. No. *5371* 3. Rank.....
- 4. Name *French* *Jacob*
(Surname) (Christian Names)
- 5. Age last birthday... *23*.....
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *None*
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
- 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.

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.)

He complains 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 invalided at Foreign Stations.

Repatriation

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

Station *Hazeley 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