

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5830

Name Patrick Shaney

Corps R.C.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Patrick Shaney
- 2. What is your full Address? 2. Colliers St.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years Months
- 5. What is your Trade or Calling? 5. Miner
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Patrick Shaney 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.

Patrick Shaney SIGNATURE OF RECRUIT.
Corp Raymond Signature of Witness.

22-7-15

Patrick Shaney OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Patrick Shaney 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this 22 day of July 1915

Signature of Attesting Officer C. D. Dickson 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
Place } Approving Officer. W. H. H. H.

† 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

5830-

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

Name Patrick Pharey
 Apparent age 20 years 7 months. Height 5 feet 7 1/4 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Nicholas Pharey
Collins C Bay | Relationship Father

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>22.7.18</u>									
Joined at <u>St Helens</u> on <u>July 22.1918</u>									
<u>Discharged August 14/1919</u>									
<u>Embarked St Helens train to Halifax N.S. 22.9.18</u>									
<u>to Newfoundland for demobilization 24.6.1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St Helens 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 14 days
 " " Pensions " " " " " " " " " " " "

C.R. 5830

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

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/o Records from noted date
4-8-19.

5830, Pte. P. Gladney.

C.R. 5830

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by U.C. Discharge Depot with effect from
following date

~~19-7-19.~~
21-7-19

5830, Pte. F. Ghaney.

C.R. 5-830

Extract from Daily Orders Part VI Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5830 Pte. P. Ghaney.

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

C.R. 5830

Extract of Orders By Major H.S. Sullivan,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5830 Pte. P. Ghaney.

"A" Company.

CR. 5830

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated August 20th, 1918.

5830 Pte. P. Ghaney.

Returned from leave and reported at Headquarters 20-8-18.

C.R. 5830

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

#5830 Pte. Patrick Ghaney.

Attested for General Service with the Royal Mfld. Regt.

22-7-18

J. J. Hanney

C.R. 5830

J. J. O.
2

U

Chaney. A

5830

C

Pay Sept.

U

August 4th 1919.

#5830, Pte. P. Ghaney,
Colliers. C.B.

Dear Sir:

Enclosed please find Discharge Certificate #5527.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3830 Rank Plt Name Ghaney G.
 Intended place of residence Colliers St. John's

2. Occupation Man
 Classification of soldier E Medical Category A 2

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 19 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 19 1919
 Signature of soldier Ghaney
 Signature of witness McDonnell

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 19 1919
 Signature of soldier Ghaney
 Signature of witness James O'Sullivan

STATEMENT OF SERVICE

7. Enlisted for service 22-7-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 379

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 21 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten notes: 2029 / 2527

10
4

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. 5830

Name Gladney Pat.

Address Bulliers

Present Medical Category A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

H. Peterson
Senior Medical Officer

Geo Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5830 Rank Plt Name Phanney P
 Date of Enlistment 22 7 18 Address Stollery St District St. John's
 Occupation Miner Classification for Discharge E Medical Category A 1
 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 DEMobilIZATION

1. Civil Re-Establishment.

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

P. Phanney
APPROVED

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Amulbonst

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R24999940 to his home at Colliers and Release Certificate No. 3736 issued.

Date 19-7-19

[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 4-8-19

Date 19-7-19

[Signature]
Depot Paymaster.

Discharge approved for 21-7-19

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 19-7-19

[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

JUL 21 1919

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.

P. Shaney

Signature of Man.

M. Clouston

Signature of the Vocational Officer or his Representative.

Reg. No. 5880

Place ST. JOHN'S.

Date 19-7-19.

191

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

MEDICAL HISTORY

Surname Ghaney OF Patrick
 Christian Name Patrick

Table I.—GENERAL TABLE

Birthplace :—Parish Colliers County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>22</u> day of <u>July</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>Trades</u>			
Height	<u>5</u> feet	<u>7 1/4</u> inches	feet	inches
Weight		<u>126</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded		<u>34 1/2</u> inches	inches
	Range of Expansion		<u>4 1/2</u> inches	inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>9/6</u>	R.E.—V=	
	L.E.—V=	<u>1/6/6</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>Thomas Patrick</u>			
(Rank)	<u>Major</u>	Medical Officer		Medical Officer
Enlisted	at <u>St. John's</u>	at		
	on <u>23</u> day of <u>July</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	<u>Regal</u>	Corps	
	Regtl. No.	<u>5830</u>	Regtl. No.	
Transferred to	<u>79th Regt</u>			
Became non-effective by	on	day of	191	on
(Signature)			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 *Patrick G. Haney*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5830*

Intended address *Colliers St. John's*

Height on discharge *5 Feet 7 1/4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Reddish*

Christian name of Father *Kutola*

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 *Colliers 28-11-1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Patrick G. Haney*

Alto
(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 in 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 New Zealand* 7. Former Trade or Occupation } *None*
2. Regtl. No. *5830* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Chaney Patrick*
 (Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

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

No Complaints of no Disability

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Repatriation

W.S. Prosser, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Down*

Date *7/4/19*

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

August 12, 1919

Mr. Patrick Ghansy,
Collier's, C.B.

Dear Sir:-

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

Yours truly.

Captain & Master.

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 2/19 (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.

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.

Cupland

Signature of Applicant: *Patrick Ghaney*

Place of Residence: *Co. 100, C.B.*

Declared before me at: *St. Johns Nfld.*

This 19 day of *July* 1919....

Signature of Barrister of the *John McLaughlin*
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Paymaster	

U

5830

September 25, 1919

Patrick Ghancy,
Cellier's,
C.B.

Dear Sir:

With reference
to your letter of 14/9/'19, (6438),
amount of \$2.40 represented allotment
of pay from 1st. to 4th. August, the date
of your son's discharge, being four
day's @ 60¢ per day.

Yours truly,

Lieut.
For Paymaster

U

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 Newfound Land* } Former Trade or Occupation } *miner*
2. Regtl. No. *5830* 3. Rank. *Rt E* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ganey* } *Patrick* }
(Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday.....
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? }

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 the 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 where 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. E. Procter

Cope
Rame

Medical Officer in charge of case.

Station ... *Hazeley Barr*

Date *9.4.19*

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

Reg. No. 5930 Rank Pvt Name Shaney Patrick
Attested 22-7-18 Address Collins St.
60 Allotment..... Allottee Patrick Shaney
Date of Allotment 1-9-18 Returned from Overseas.....
Embarked for Overseas SEP 22 1918 Cause.....

Vac'd 9-8-18. 1st 26-8-18 2nd 29-9-18.

S. leave 24-7-18 to 1-8-18. Returned from leave 26-7-18.

G.L. 10-8-18 to 15-8-18. Lets 25-8-18.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5830 Rank Pvt Name Phanery P
 Date of Enlistment 22-7-18 Address Collings District St. John's
 Occupation Miner Classification for Discharge F Medical Category H.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	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 H. Mans H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

P. Phanery

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied Amulbonoth

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2499 9940 to his home at Balliers and Release Certificate No. 3736 issued AMC

Date 19-7-19 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

Date 14-7-19 Depot Paymaster.

Discharge approved for 21-7-19

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 19-7-19 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 21 1919

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

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

Date Aug 1/19

AMC