



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5771 Name Percy Gibbons Corps Inf.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Percy Gibbons</u> |
| 2. What is your full Address? | 2. <u>Scout House</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fireman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Percy Gibbons 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.

Percy Gibbons SIGNATURE OF RECRUIT.

18.5.18 Paul H. Gurney Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION

I, Percy Gibbons 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 truly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St John on this 18 day of May 1915.

Signature of Attesting Officer Edwards 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 compiled with. I accordingly approve, and appoint him to the Infantry enlisted by special authority, such will be attached to the original attestation.

Date 18 May 18 1915
 Place St John } Approving Officer.

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

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

C.R. 5171

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment, Depot St. John's , dated 12-7-19.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records from
noted date 28-7-19.

5171, Pte. P. Gibbons.

C.R. 5171

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St.Hogn's, June 25th, 1919

The discharge of the undernotes on demobilization has been
APPROVED by O.C. Discharge Depot with effect from
25-6-19.

5171 Pte. P.Gibbans.

C.R. 5771

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

5171, Pte. P. Gibbons.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5171


Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 23/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

5171 Pte. P. Gibbons.

C.R. 5171

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Regiment, Winchester to the 1st., Battalion
of the Regiment, S. E. F. Embarked Southampton 25/11/18.



#5171 Pte. P. Gibbons.

C.R. 5171

Extract from Daily Orders part 11, from Unit The Royal Nfl d.
Reg .St.John's, date d July 25, 1918.

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

#5171 Pte. Percy Gibbons.

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

#5171 Pte. Piercey Gibbons.

Attested for General Service with the Royal Nfld. Regt.
from 18.5.18.

P. Gibbons

C.R.

5171

P. Gibbons

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *5171* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Gibbons* *P*
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *13/5/18* at *St. John's*
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
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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. *me*
12. Place of origin of disability. *ail*
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. *ail*

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? } *hu*

In all cases show 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.)

He complains from disability

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

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

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? *hu*

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? *hu*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriciation
W. E. Hancock
1919
Capt Hancock

Station *Hazley Down*

Date *29/7/19*

Medical Officer in charge of case.

* 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

ND. a

No. 19611/820

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.

B. E. F.

30th November 1919

30 - 1 - 1919

Subject: 5171. Pte. P. Gibbons,

ANSWER.

With reference to the following telegram (10282) from the Hon. Minister of Militia, received

5171 Pte P. Gibbons

The man wishes this amount retained to the credit of his account please

Pay to 5171 Gibbons £3:2:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

A. D. Munnell Maj.

Chief Paymaster & O. 1/c Records.

No. 5171 Name Gibbons, P Sqn. Batty. } D. Corp. Newfoundland Date of enlistment 18/5/18 G.C. } Badges 195 (1) Service or Proficiency Pay (2, 3) 0

Date of last entry in Company Conduct Sheet No. and date of last rank Period not reckoning toward freedom from extra fine Sheet No. Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Case of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Fresh Green	7/1/19	12 th Lt		Ref of numerals of 1/2	Sgt Carter	adm pay same	10/1/19	Major Bernard	
	4-4-19	plc		ref of numerals of 1/2	Capt Boardman	adm pay same	15-1-19	Major Bernard	250

Army Form B. 122.

Gibbons, A

5171

Ray Sept.

July 9, 1919

#5171 Ste. Percy Gibbons.

Fort Union, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2351

Yours truly

Captain
Paymaster & O.I/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5171 Rank Pte. Name Gibbons P.
 Intended place of residence Port Union
 2. Occupation Fisherman
 Classification of soldier R Medical Category AI

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 JUN 23 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 and date ST. JOHN'S
 Signature of soldier Percy Gibbons
 Signature of witness J. A. Snow Capt.

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 and Date ST. JOHN'S
23-6-19
 Signature of soldier Percy Gibbons
 Signature of witness Lo. J. Beal

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No of days on Military
 Discharged from service 25-6-19 Plus 14 day Service 419

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 JUN 25 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 Nfld
 Date July 19/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AFB 2029/28 N1

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 23.6.19

Regimental No 5171

Name Gilberts Percy

Rank Plt

Address Port Union

Present Medical Category A1

Recommended for:— (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board

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

Alton
Senior Medical Officer

W. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5171 Rank Plt Name Gibbons P
 Date of Enlistment 18.5.18 Address P.O. Wynyard District St. John's
 Occupation Fisherman Classification for Discharge A Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.P. 136	B 288	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 178	D 400B	Form L	do 3rd	" 4	
B 178a	D 400C	Form K	do 4th	" 5	
B 178b	B 103	ME 2		" 6	
B 178c	B 120	M 93			

Date 23.6.19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

Percy Gibbons

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £10.00

(b) Clothing Supplied £10.00

Date 23-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1892 to his home at Fort Mifflin and Release Certificate No. 2935 issued.

Date 23-6-19 *J.A. Snowball*
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 9-7-19

Date 23-6-19 *J.A. Snowball*
Depot Paymaster.

Discharged approved for 25-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	<i>2 Form B</i>
B 178	W 3494	B 122	Board lat.	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L.	do 3rd	" 4	
B 179a	D 400C	Form K.	do 4th	" 5	
B 179b	B 103	ME 2.		" 6	
B179c	B 120	M 93.			

Date 23-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

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

Date JUN 25 1919 Eligible for War Service Gratuity
R.H. [Signature]
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.

Percy Gibbons

Signature of Man.

Reg. No. 5171

J. A. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date 23-6-19

191

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

MEDICAL HISTORY

Surname Pittons

OF

Christian Name Percy

Table I.—GENERAL TABLE.

Birthplace: Parish Rimousden St. Jago County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	18	May		191
at	St. Jago		at	
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet	7	inches
Weight		141		lbs.
Chest Measurement	Girth when fully expanded	36		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right		Right	
	Left	10ca	Left	
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Amund Peterson</u>			
(Rank)				
Bullied	at	St. Jago	at	
	on	18	day of	May
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	5171	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of

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. *1st Royal Newfoundland* Former Trade or Occupation } *Fisherman*
2. Regt. No. *171* 3. Rank. *Plat* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *Libbons P.*
(Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on *13. 5. 18* at *St. John's* 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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 complaint of no disability.

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

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. Proctor Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Stanley D. Camp*
 Date *29-4-19*

* 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



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 *Percy. Gibbons*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5171*

Intended address *Cork. Union*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Gray.*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Edgar*

Christian name of Mother *Ella.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Cat. Hr. April 15 - Age 22. 1897*

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) *Percy Gibbons*

(Rank) *PT*

Station *St. Johns*

Date *June. 20-6-19*

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.



Station

Date

Casualty Form - Active Service.

Regiment or Corps P. Newfoundland

Rank Pte Surname Gibbons Christian Name P

Religion Methodist Age on Enlistment 21 years — months

Enlisted (a) 18/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18

Date of promotion to present rank — Date of appointment to lance rank —

Extended { Re-engaged { Qualification (b) —

Occupation Fisherman or Corps Trade and Rate W. H. Long Capt. Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		JAN 1919	
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, etc. (17591.) W.L.W. 1987—P. 1194, 1,000,000, 818, D & S. Form B.103, (E. 1966.)

[P.T.O.]

Next of kin:

Father: Edgar Gibbons; Sumner S.; Foxe Dist.; N. S. D.

July 11, 1919

#5171 Pte. Percy Gibbons,
Port Union,
Catalina.

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

Yours truly

Captain,
Paymaster & Officer in Charge Records.

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..... *Pure* 2. Surname..... *Sillbous*
3. Rank..... *Pvt* 4. Regtl. No..... *5171*
5. Address in full to which future payments of gratuity are to be forwarded..... *Port Union Catalana*
-
6. Date of enlistment in the Regiment..... *Nov 18/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
-
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
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... *Thirteen months*
- 17 days* 1. ^a

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

No

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

No

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

No

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

No

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

No

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

No

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

No

19. Are you now serving in the Regt.? If not give:- (a) date of discharge

July 5/19

No

(b) Reason for discharge
Demobilization

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.

France & Germany

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.

ST. JOHN'S, JUN 23 1919

Royal Newfoundland Regiment.

Billeting Account,

To 1st P. Gibbons

Billeting Soldiers as undermentioned

from June 1st 19 to June 20th 19

5171 1st P. Gibbons 21.00

ACCOUNT	<u>134M</u>
GR. NO.	<u>24774</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 21.00

J. A. Newcomb
Billeting Officer.
P. Gibbons

Receipt for Army Book 64

No. 5171 Name. *Gibbons*

To Certify that I have received the AB 64 of the above
named soldier.

Name *Percy Gibbons*

Date. *August* ^{*the 6*} *1920*

Place. *post union T. Bay*

H.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59.

Number of Sheet One

Regiment of Royal Munster Fusiliers

Signature of O. C. Company C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years / months		
5171	Gibbons Percy	21		fisherman	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	18.5.14		Celtic	
Joined	Date	Period of	with Colours $\frac{5}{12}$ years.	Place of Birth	
Joined	Date		with Reserve $\frac{3}{12}$ years.	South Limerick Jago Street	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized 9/7/19					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5171 Rank Platoon Leader Name Parry Gibbons
 Date of Enlistment 2-5-18 Address Port Antonio District St. John's
 Occupation Businessman Classification for Discharge 1 Medical Category 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	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 23-6-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Parry Gibbons

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable: £40.00
 (b) Clothing Supplied: Yes

Date 23-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B 1892 to his home at 7th Ave New York and Release Certificate No. 29513 issued.

Date 23-6-19 J.A. Snowball
Demobilization Officer

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 23-1-14 J.A. Snowball
Depot Paymaster.

Discharge approved for 23-6-19
Forwarded with following documents to O.C. Discharge Depot

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 23-6-19 J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUN 25 1919 R.H. [Signature]
O. C. Discharge Depot.

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

Date July 8/19 [Signature]
General Records

Reg. No. *5171* Rank *PLG* Name *Gibbons, P.*
Attested Address *Portsmouth*
Allotment Allottee
Date of Allotment Returned from Overseas
Returned on S.S. Cause *Discharge*

18.5.18
25.6.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION