

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No.	o. Name Vane for Corps	
	Questions to be put to the Recruit before Enlistment.	
I.	I. What is your name? I I	wee
) 2	
2,	2. What is your full Address?	Junear Prass
	3. Are you a British Subject? 3	
4.	4. What is your age?	the property of the party of th
5-	5. What is your Trade or Calling? 5	
	5. Are you Married? 6	
7.	7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.	
8.	3. Are you willing to be vaccinated or re-vac- a cinated?	
9.	Are you willing to be enlisted for General Service?	ω
10.	b. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?} 10	6.00
11.	1. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?	
ma	I	nade.
Dou	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I	will be faithful and t I will, as in duty and Dignity against
as	CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. The Recruit above named was cautioned by me that if he made any false answer to any of e 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 is replied to, and the said recruit has made and signed the declaration and taken the oath before this	nas been duly entered
	tcertificate of approving officer.	
1	I certify that this Attestation of the above-named Recruit is correct, and properly filled	
qui	uired forms appear to have been complied with. I accordingly approve, and appoint him to th	0‡
	If enlisted by special authority, such will be attached to the original attestation.	
Da	late	Approving Officer.
Pla	Tace	. S Zyproving Omcer.
	† The signature of the Approving Officer is to be affixed in the presence of the Retained the "Corps" for which the Recruit has been enlisted.	scrult.
Disch	 If so, Recruit is to be asked the particulars of his former service, and to produce, if potcharge and Certificate of Character, which should be returned to him conspicuously endorsed 	saible, his Certificate of

DESCRIPTIVE REPORT ON ENLISTMENT

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

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A pparen	t age	20 years	VI mont	hs.	Heig	ht.	5		feet (0 4 in
		Girth when f	ully expand	led '3,9	i					
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Distincti	ve mar	ks								
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Name an	d Addre	ess of next of kin	, B.							
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	-) Cl-1-1	V	THE RESIDENCE OF THE PARTY OF T	rs as to M		1	300			
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			(6)		(c)					(d)
									Visaleto Companya	
			Desti suls	rs as to C	1.21.3					V S E AC
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					lv.				•	
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Corps in	Rgt. or				Service not	al-	Service serve not ed to rec	kon to-	Signature	e of Officers c
Corps in	Rgt. or Depot	STAT Promotion, Reductions, Casualties, &c.	EMENT (OF THI	Service not lowed to reci for fixing t rate of pens	al-	Service	kon to-	Signature fying	e of Officers c correctness o entries
hich served	Depot		Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature fying	correctness o
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shich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature fying	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signatur	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature fying	correctness o
hich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
shich served	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o
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Service toward at	Depot	Promotion, Reductions, Casualties, &c. d engagement reckous fro	Army Rank		Service not lowed to reci for fixing t rate of pens	al- kon he ion	Service serve no ed to rec wards G.	kon to- C. Pay	Signature	correctness o



4359

FIRST NEWFOUNDLAND REGIMENT

	Ouestions to be put to the Recruit before Enlistment.
	()
Ι.	What is your name?
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 J. Lalennan.
	Are you Married? 6
	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-
	Are you willing to be enlisted for General Ser-
	Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?} 10
1.	Are you willing to serve upon the conditions as embodied in the roll of service } II.
ad	I do solemnly declare that he above answer by me to the above questions are true, and that I am willing to fulfil the engagements made.
	1.3. 8
ear our	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION I
	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.
0 W	ould 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 due enter- splied to, and the said recruit has made and signed the declaration and taken the oath before me at
n t	his
	Signature of Attesting Officer
	†CERTIFICATE OF APPROVING OFFICER.
	I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the r
dir.	of 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.
	ON CO. A.
ate	Approving Office
lac	a.y
100	† 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

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Service to					Z. Idate of disch	\$1579USRWSTED		Automatic Control of the	To be the second		

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet.

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Apparen	t age	20 Oyears VI	mon	ths.	Height		feet 6 4 inches
Chest M	easurem	$ \frac{1}{1} $ Range of expa			inches	hes	
Distincti	ve marl	ks					
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bour	luna	ton, your	uppour	A Relatio	nship	alle	
	. 10	0 ()	Particul	ars as to Ma	arriage \		
7	(a) Christis	an and Surname of Woman to	whom marrie	ed, and whether	spinster or wido	w. (b) Place and	d date of marriage.
	(a)	c/ Frese	(b)	d) Initials of O	(c)	ntry.	(d)
	0.77			100	4		
-/			#			. *	- 1
7-1-		7	Particul	ars as to Cl	nildren		
174	Chris	etian Names	Τ			Date and Pla	ace of Birth
Correlia			EMENT	OF THE	SERVIO	Service in Da.	Signature of Officers certi-
Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	for fixing the rate of pension Years Days	wards G. C. Pay	fying correctness of entries
Service town	ards limite	d engagement reckons from	forc	3-18	918.		
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rewlo	ukes	Asha S.	Colu	Letta La	Mille	Ny 1 22	-7-1918:
her.	found	land for Lem	thekar	~ 24 ·	-1919.		
trul	1	enflor dla	SE 1-	7-1919	y artificial Common	10,500 7050	All and the second second
		0	TOTAL III	1.		101	
		. De	mobi	town		She	5-8-1919
		Name of the Control o	$\vdash \subset$	J	V July		The second second
То	tal Service	forfeited as above					
Total Service	towards Eng	pagement to 52	8-19	19 [date of disc)	stre)	cars /58 days	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
	Pens			<u>/</u>			

C.R. 4359

Extract from Baily orders Part II Hoyal Newfoundland Segtal Depot at. John's dated dated Aug. 14th 1919.

(e)

The discharge of the undernoted on demobilization has been COEFIMED by Officer 1/c Records from 5-8-19.

4359, Pte. P. Green.

C.R. 4359

Extract from Daily Orders Part 11 Unit the Royal Effit. Regt. Sp.John's, July 18th, 1915.

The discharge of the underonted on dembilization has been constraint by O.C. Discharge Depot with effect from ES-Y-19.

APPROVED

4359 Pte. P. Greene.

Extract from Dally Orders Republic Call Mine Reput Mild. Rogt. St. John's July Bray 1919.

4359 Pte. P. Greene.

Roported at Headquarters 1:7-19 or Mossar Erau which sailed Blasgow Fun: 24th; 1919.

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

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

#4359 Pte . Percey Green .

Extract of Daily Orders part 11, from Unit heyel Wild. Regiment, Headquarters, St. John's. dated M rch 4,1918.

#4359 Pte. P. Green.

Attested for General Service with the Royal Nfld. Regiment with effect from 1/3/18.

& Green C.R. 4359 FORM K.

Nº 4032 A



1ST. NEWFOUNDLAND REGIMENT

Whether Wife, Child other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
mothe	mus James		
	(Salomes) Green	Burlington	
		NDB	
		Total Allotment, \$	6
	Whether Wife, Child, other Relative or Friend Moother	other Relative or NAME (in full)	other Relative or Friend Mother Mus lames (Salomes) Green Burlington N D B

FORM K

Nº 4032



1ST. NEWFOUNDLAND REGIMENT

lentity rtificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each perso
500	mother	on a James	a 0 .	
25,8		calonie green	1- witington	ļ.
5 9			N D B	100
3/1 =				
6 45 C				
ERT CHAPTE			Total Allotment, \$	ℓ

1377/203/R&R W FO U N D L A N	DO TING PAR MANAGEMENT
Ohief Paymeter & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, Lendon, S.W. 1.	orrices commanding, orrices commanding, Rezeley Down Camp, Rezeley Down Camp, 3 = FEB 19 Winchester. Hants.
21st. January. 1919	Jan 318 1919.
Subject: 4359. Pte. P. Greene. With reference to the following telegram (720) from the Hon. Minister of Militia, received Pay to 4359 Greene - £8:4:0	Receipt hereunder. 13.14.10.5 Capt Talis. for Officer Comming Tolking the Talis. Royal Newfoundland Regiment.
for payment to this Soldier. Kindly obtain his receipt hereon. Chief Paymaster & O. 1/o Records.	Received the sum of Light form. four Shilling on account of cable remittance from Newfoundland. 79 Green No. 4359 Rank Witness A.J. Janning Com

No.19047/2123

B NEWFOUNDLAND CO

Sc. VICTORIA ST. LONDON, S.W. I POON BY N. C. P. /79.

From:

Chief Paymaster & O.i/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street,

21st November 1918

London, S.W. 1.

Subject: 4359. Pte. P.Green

With reference to the following telegram (10022) from the Hon. Minister of Militia, received

Pay to 4359 Green £2:1:0

Draft £ 2:1:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereof.

Museuall Mag.

Chief Paymaster & O. 1/c Records.

To:
Officer Commanding,
2/Bn Royal Nfld Regt.
Winchester.

Houmber 23 1918

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commands. Batt'n,
Royal Newfoundland Regiment.

nend methilling on account of cable remittance from Newfoundland.

No. 4359 Rank the

Witness

Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office. 58, Victoria Street, London, S.W. 1.

13th. December, 1918.

NEWFOUNDLAND

Subject: 4359. Pte. P. Greene.

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

Pay to 4359 Greene - £4:2:0

Draft £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt . hereon.

Weddell Pupi

Chief Paymaster & O. 1/c Records.

To: Officer Commarding, 2nd.Bn.R. Newfoundland Regt.. Hazeley Down Camp, Winchester.

1918

Receipt hereunder.

LIEUT. GOLONEL.

Officer Commada FWED W. Batt H. G.

Received the sum of

round two she on account of

cable remittance from Newfoundland.

No. 4369 Rank Trevo

Streen, A

4359

Aag Loept.

#4359 .Pte.P. Green,

Burlington, Twillinga to.

Dear Sir:

anclosed please find Discharge Certificate

Yours truly,

Capt. 4

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

ĸ	
	Intended place of residence. Burlington Tulligate
2	Classification of soldier. E. Medical Category. A.
3	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 matter brought before me, in accordance with Regulations.
	Place, ST. JOHN'S Date JUL 8.1919. 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 8 1919 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, ST. JOHN'S Signature of soldier Signature of witness Signature of witness
	STATEMENT OF SERVICE
	Enlisted for service. 1-3-18 No. of days on Military Discharged from service. JUL 2 2 1919. Plus 14 days Service. 5-2-3
	APPROVAL OF DISCHARGE
	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ile Records, The Royal Newfoundland Regiment, twenty eight days from date. Place, ST. JOHN'S JUL 22 1919 Date Officer Commanding Discharge Depot The Royal Newfoundland Regiment
	CONFIRMATION OF DISCHARGE The discharge of above mentioned soldier is hereby confirmed Mockley Cast Place, ST. JOHN'S Date May 15/1919. The Royal Newspholand Regiment

The Royal Newfoundland Regiment

Class for Demobil- ization:—		Report of Demobilization Travelling Board, held on soldier for
Hoj		discharge.
	m D. I N. foun	Aland Dagiment
Discharge Depot: Headq	uarters The Royal Newfoun	Date
		Date
Regimental No 4.3.5.	9. 0	
Name Gree	n Vercy	
13	din to	
Address	하게 그 사는 전에 작가 있다. 이 프라마 아버지는 아이들이 가게 되었다.	
	٠٠٠٠٠١ : ١٢٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	
Present Medical Category.	<i>H</i> -7	
		(a) Immediate discharge
	Recommended for:- {	(a) Immediate discharge
	((b) Standing Medical Board
		RITLANT Major
		O.C. Discharge Depot.
		O.C. Discharge Depot
	en de la contraction	Therman
	Members of Board &	Senior Medical Officer
		n-1.
		audurden
		M. O. Depot

The Royal Newfoundland Regiment . 9

DIMOBILIZATION OF
Reg. No. 4859 Rank IV Name Green The
Date of Enlistment 1-3-18 Address Burlington District
Occupation . Hiskortman Classification for Discharge Medical Category Medical Category
Recommendation S.M.B Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36 D.F. 1 D.F. 1
B. 178
B 179 D 400B
B 179a
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
D 10x1
Date. 27-19. O. C. Discharge Depot.
Date
PARTICULARS FOR DEMOBILIZATION
z. Civil Re-Establishment.
I amin a position to resume civilian occupation. Therety Green
Particulars passed to Vocational Officer for information and action.
Date.
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
Date. 8 - 7 - 19 Oilc. Re-clothing.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No
at
Date 8-7-19
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
V-7-19 , 11/11/20 78
Date
22-7-19
Discharge approved for.
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
E 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 179c B 120 M 93
- C I I I I I I I I I I I I I I I I I I
Date
Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer ile Records. Board of Pension Commissioners.
with following additional documents. Eligible for War Service Gratuity
JUL 254 1313
Date
for O. C. Dischaffge Depot.
Received the above noted documents from O. C. Discharge Depot.
Date

in the same of

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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.

The Green Signature of Man.

Reg. No. 21359

DI-Oak

Date 8-7-15.

191

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

MEDICAL HISTORY

Surname Hree	NEDICA	OF Christian Nan	S	ercy.
	Table I.—GE	NERAL TABLE	4 7 E	
Birthplace:—Parish Our	lingto	· Count	у	
	C SPECIAL	RESERVE.	REGUL	AR ARMY.
Examined	on / day	of facel 1918	on d	lay of 191
	" Ha	dquarters.	at Y	
Declared Age	20 year	8 11 hondest	ye	ars days
Trade or Occupation	Sish	erman		
Height	5 feet	6/4 inches	fe	et inehes
Weight		/36 lbs.		lbå.
Chest Girth when fully expanded Measure- Range of Expansion		. 98 mehes		inches
ment (Range of Expansion		- inches		inehes
Physical Development	Pl-ts			And in Indian
Vaccination Marks Arm	Right	· Left	Right	Left
(Number			A Children	10000000
When Vaccinated	16.	,		
Vision	L.EV= 76		R.EV= L.EV=	
(a) Marks indicating congenital peculi- arities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
1 " (p) L	tion to			
Approved by (Signature)	Jana 40	O'Ama		
(Rank)	m	ays.		
		Medical Officer.		Medical Officer.
Enlisted	at A	his	at "	
		of farch 1918	200	y of 191
Joined on Enlistment	Corps,	Regtl. No.	Corps,	Regtl. No.
	Poral.	4359		
Transferred to	Corpl Kenfoundl	ا ا		
Became non-effective by				
	on day	of 191	on da	y of 191
[Signature]				

[Rank]

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 records to the same lines. Vaco. sp 1-3-18 26-3-18 1.4.18 DENTAL DEPARTI DI MX 10.5.18 HAZELEY DOWN. appir deature fittes. DATE 7 (9 It is beenly earlifted that this soldier has been b fore a Tracelling M diant Board, and has been classifict as 16 for Dischurge on Demobilisation. Medical category

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
		1.5.4			
				1	
				V President	
					11 - 4

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.

	I. Unit and Corps	, ,	forms can	7.	Former Trade or Occupation }
2	2. Regtl. No. 4.3.5.9	3. Rank	b. (i.	7a.	If the soldier claims previous service in Army, he should state—
4	1. Name 4728n		(Christian Hames)		(a) Former Regts, or Corps; with Regtl. Nos.
5	5. Age last birthday	22			
•	6. Posted for duty on in category (or gra				Market State Company of the Company
8	3. If the disability is an	injury was it cause	1		
	(a) in action	(b) on field serv	ice		
	(c) on duty	(d) off duty?			(b) Date of Discharge;
	9. If a Court of Inquiry	was hald on on in	iumr stata :		(c) Cause of Discharge.
•		was neid on an in	imy state.—		and ordinary a view planet I At 1
	(a) When (b) Where	de ja 1. i November			(d) Particulars of Pension or Gratuity (if any)
	(c) Opinion of Cou	rt	A Maria distribution		Andrews There were
is	Note.—The foregoing seen by the Officer in char	particulars are to be fi rge of the case.	illed in and A.F.B. 179 B	(state	ment by the soldier) completed before the soldier
			Statement of Case.	£ 30,	double become we use see
in	nem he will take care to con the invalid's military and r isease. 10. If brought fo	fine himself exclusively nedical documents. He rward for invaliding	y to the medical aspect on the will also carefully disting g, disability in respect (f the nguish of wh	dical Officer in charge of the case. In answering case and to such information as may be recorded a and clearly state when cases are due to venereal sich invaliding is proposed to be stated here, is No. 19). If no disability enter "nil."
1	1. Date of origin of disa	bility.	O.	0	e de participat de la lac
1	2. Place of origin of disa	ability.	The Contract	1	some a visit of a constant

relevant official documents.

• 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

	14.	Stare	whether the disa	abilities are			(a) attributab	le to	(b) aggravated by
		(i.)	Service during t	he present war					
		(ii.)	Previous active	service					
		(iii.)	Climate in pre-v	var service					
		(iv.)	Ordinary milita	ry service befor	e the war	27.13.			
		(v.)	Serious negliger man's part.	nce or miscono	luct on t	he}	·····		
	14	(a). If	not due to as specific condi	ny of these ca tion do you attr	uses, to ibute it?	what	}	,	,
In all cases such	15	What	is his present cor	dition 2			sec	mpl	aus of m
as facial injur- ies, eye ear, one and throat, disabilities, &c., a specialist's re- port is to be attached with	10.	What	(A note should be	e made as to Wei	ight in all nce of the	pro-	d	cool	thy
where possible;									
and in cases of amputation the exact position									4.0
should be stated.			,						te a c
					~				1.5
									× 11 × 11
	16.		n operation perfo	rmed? If so, v	when and	what	e 2		Α'
	17.	If not	, was an operation	on advised and	declined?				
	18.	dire	the case of loss or the the result of ectly attributable vice under such nt was unobtaina	f wounds, inju- e to active servi conditions that	ry or dis	sease ough			
	19.	not Sta hav	particulars of any in themselves ate whether or no we been aggravate r, and if so, to wh ditions?	sufficient to cau ot they are attr d by service dur	ise invali ibutable ing the pr	ding. to or esent			
								rananga term	
							_		1
	20.	Do yo	ou recommend—				Rep	cotria	tion
		. ((a) Discharge as p	permanently uni	fit ?			-	Maria 1
			(b) Change to Un		and Lake	Sec.			
		Note	—(b) is only app Foreign Station		rs invalid	ed at	Proces	nier	· Corter dans a
	Sta	ation	Digeley	boun		· <u>» </u>	Medical	Officer in	charge of case.
	Da	te	14/19						ne projection and the
	it i	is due to	some other cause.	nmediately after a	active servi	ce, sho	ould be attributed	thereto, un	less there is evidence that
						•		10 a	an p ilitar batan



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 e 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 Gercey. Green

Regimental number 4359

Height on discharge

Intended address Burlington

Regiment from which discharged	Royal	Dew	toun	dland	j
--------------------------------	-------	-----	------	-------	---

Color of hair on discharge augus		
Complexion fair		
Color of eyes Gray		
Descriptive Marks —		
Figure on discharge Inclum		
Christian name of Father James	177	
Christian name of Father fames 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 Burlington . 22-3 - 00	ge. 23-189	3
Nature and locality of civil employment required		
I declare that I am the soldier referred to above and that all the p statement are, to the best of my knowledge, correct	particulars contained in	the above
(Soldier's signature in full) Therey Green	(Ran	k) 6

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

Date July 5-7-19

ST. JOHN'S.

description and details are, to the best of my knowledge correct.

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above

August 12,1919

Mr.Percy Green, Burlington, N.D.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 a raymaster

WAR SERVICE GRANCITY.

St. John's Nowfoundland.

Peclaration required of Officers and men of the Royal Powfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated Jenuary 20th.1919.

A complete reply must be given to every question in this Declaration There nest be no blanks and no delhos, if my questions are not applicable, the words "FOT APPLICABLE" must be written out. On completion this Declaration as to be returned to MME OFFICER I/C RECORDS, PAY & RECORDSFFICE, ST. JOEN'S. ... 2, Surman.c...4. Regtl. No... 3. Rank 5. Address in full to which future payments of gratuity 6. Date of enlishment in the Regiment 7. Name of dependent, if any, to wher Separation Allowance is being issued, or was being issued, immediately prior to your discharge 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 Soperation Allowands on account of enother soldier?..... 1). Were you on active service only in lifld, In so, give dates and particulars of such service 12. Give total length of time which served on cogive service, whether in Wfld.or Oversecs

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-onlistments, and under what regimental numbers.
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 I perial Borces
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the In perial Forces? If
so, state amount received, or to which you are entitled
18.Did you revert Overseas to a rank lower than the substantive
renk held by you on your errivel in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?
19. Are you now strving in the Rogt.?. M. Ti not give ?- (a) date
of discharge fly M. (b) Reason for discharge
Mufestraty 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
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com.(b) If so are you in receipt of fall pay and allowences from
that Committee
And I take 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.

-3- GP Green

Place of Replicant: Barlengton W. S. Place of Residence: Barlengton W. S. Doclared before me at: M. Johnes, Wyled.

This 8 th. day of July 19 19...

		Supreme Court.	Barrister of the Stipendiary Hapis Public, Austice of missioner of affic	
	POST	DISCHARGE PAY.		
Da te	paid	Paid Paid Soldier. Dependent.	War Service Gratuity.	Net amount due
٠٠٠٠				

Eastmenter

Cortified correct.

FORM K

Nº 4032



1ST. NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address .	AMOUNT (each person
900	mothe	nos James		
110		(Salonia) Green	Burlington	
		17 17 17 17	NDB	
			ASSESSED 18	
V 5				4
			Biog. 1. 1. 1. 1.	
	1.			

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet Style

Joined Date Period of With Colours 15 years. Joined Date Period of With Reserve 36 years. Date Date Date Period of With Reserve 36 years.	No.	mental Numb	er and Nan	ie	Enlistment	Trade	Good Conduct Badges, Ser	vice pay or prof	Sciency pay	
	Joined Joined Joined	Da Da Da	tete	Percey	of Enlistment \	Ret				
	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	REMARI
Demolilzid St. bhis 5-8-19	*		t							
				1	Temolitzed St	bhis 3	-8-19			
								``		
									1	
				16						

Demobiliestion Parm

The Royal Newfoundland Begiment

D MOBILIZATION OF
Reg. Net 43.59 Rank Name Areem
Date of Enlistment / 5-18 Address Burlington District / Late
Occupation . Medical Category . Classification for Discharge Medical Category . Cl
Recommendation S.M.B Disability Rating
Passed to Demobilization Officer with following documents:—
Passed to Demonization Officer with following documents.
N.F. P 86 B 268 B 21 N.F. Med D.F. 1
B 178, W 3494 B 122 Board 1st " 2
B 178a do 2nd " 3
B 179 D 400B Form L do 3rd " 4
B 179a, / D 400C Form K do 4th " 5 " 5
B 179b B 103 ME 2 " 6 " 6
B 179c
O Alles M.
Date. O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
PARTICULARS FOR DEMODILIES AND
r. Civil Re-Establishment.
I amin a position to resume civilian occupation. Tercey Green
Particulars passed to Vocational Officer for information and action.
Carriera Treating Man 401 (ADED)
Date:
a. Clothing.
Certified that Clothing Regulations have been complied with:—
(a) Clothing Allowance payable A. C. P. C. A. C. A. C.
MM VOLAMA
(b) Clothing Supplied
Date. 8-7-19 Oilc. Re-clothing.
DateQ

3. Transportation and Release Certificate.	
The above named has been provided with Travelling Warrant No	to his home
at Control of the August Augus	sued.
11 11 0	
Date 8-7-19	·
Demobilization O	officer A
4. Pay and Allowances. The herein named soldier's accounts have been correctly balanced and all matt	ers in connection
The control of the co	4
therewith settled. He has received pay and allowances to	1.11
Date Depot Paymaste) <i>f</i> //
91-7-19	
Discharge approved for	
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	
B 178a D 400A B 1915 do 2nd	
B 1708	
B 179a D 400C Form K do 4th " 5	
B 179b B 103 ME 2 " 6 " 6	
В 179с В 120 М 93	
	11
Date 9-)-19	
Demobilizat	ion Omcer.
APPROVED.	
Documents as above forwarded to:—	
Officer ilc Records.	7.4
Board of Pension Commissioners.	*
with following additional documents.	-119
Eligible for War Service Gra	t and
10.0	1 0
HR 22 1319	10 PIA
Date Date	ge Depot.
Jac. C. C. Discha	
Received the above noted documents from O. C. Discharge Depot.	
MI	
Date Mily	

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.

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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.	mal Herotomesta	und 7. Former Trade } Fisherman		
2. Regtl. No. 4359	3. Rank	7a. If the soldier claims previous service in Army, he should state—		
4. Name . Surname		(a) Former Regts, or Corps ; with Regtl. Nos.		
5. Age last birthday.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6. Posted for duty on	at	••• 14 7 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
. 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 Inqui	ry was held on an injury state :—			
(a) When		(d) Particulars of Pension or Gratuity		
(b) Where		(if any)		
(c) Opinion of C	ourt 4	Land of the Barrier and the second		
Note.—The forego	ng particulars are to be filled in and A.F.B.	. 179 в (statement by the soldier) completed before the soldier		

Statement of Case.

Norz.—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.

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.

is seen by the Officer in charge of the case.

- 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.	Stare 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		A. A.
		(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?		
such injur- ear, ec., 's re- o be with a ph s sible; ses of	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.)	Hecomple	was after
sition tated.				
			angan di salah salah	a fulfallelurir (e. e. e.
			/.	The other transfers
	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 treat- ment was unobtainable?	12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	
	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?		
7				
	20.	Do you recommend—	Repatria	1-
		(a) Discharge as permanently unfit?	, Sparrea	tion
		(b) Change to United Kingdom?		
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	Cocimie	An
		1/ 1/ 1/ 1	. 1-0	bef Ranc
	Cto	tion Harelay Ducy	Medical Officer in	charge of case.

A 4 5 14 14 14 14 14 14 14 14 1