



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5237 Name Ralph Green Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Ralph Green</u> |
| 2. What is your full Address? | 2. <u>Mont St</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Patrolman</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 <u> </u>
Corps <u> </u> |
| 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, Ralph Green 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.

Ralph Green SIGNATURE OF RECRUIT.

Ralph Green Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ralph Green do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this 20 day of May 1915

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 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.

† 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5237 Name Ralph Green Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Ralph Green</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, Ralph Green 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.

Ralph Green SIGNATURE OF RECRUIT.
Ralph Green Signature of Witness.

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I, Ralph Green 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.

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I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 20 day of May 1918
 Signature of Attesting Officer W. Bricks

†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

If enlisted by special authority, such will be attached to the original attestation.

Date

Place

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DESCRIPTIVE REPORT ON ENLISTMENT

5202

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

Name Ralph Green
 Apparent age 34 years 0 months 35 Height 7 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Simon Green 12 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 L'epot	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>Kocoy 20-1-18</u>									
Terminated at <u>Meines</u> on <u>20-5-18</u>									
<u>Discharged July 31-19</u>									
<u>Embarked S. Africa S.S. Columbus to Halifax N.S. 22-1-18.</u>									
<u>Embarked for B.C. 23-1-18.</u>									
<u>Re-embarked home 25-11-18.</u>									
<u>Joined B.C. 5-1-19. Transferred from Queen's 25-4-19. Arrived Amherst 25-4-19</u>									
<u>Loosefooted for demobilization 25-5-19. Arrived H.Q. 1-6-19</u>									
<u>Demobilization S. Africa 3-7-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)					<u>1</u> years	<u>45</u> days			
Pensions " " " " " " " " " " " "									

J. Hurst

C.R.

5232

J. H. O.

C.R. 5232

Extract from Daily Orders part II, Unit the R.Nfld.R.
dated 5-7-19.

The discharges of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records on 3-7-19.

#5232 Pte. Ralph Green.

C.R. 5232

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

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

#5232 Pte. R. Greene.

C.R. 5232

Extract of Nominal Roll of draft No. 56 from the 2nd., Battalion
Winchester to the 1st. Battalion of the Newfoundland Regiment
B. E. F., Embarked Southampton 23/11/18.

5232 R Green

C.R. 5232

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

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

#5232 Pte. Ralph Green.

C.R. 5232

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 21, 1918

#5232 Pte. R. Green

Attested for General Service with the Royal Mfld. Regt.
from 20.5.18 to report 24.5.18

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

MEDICAL HISTORY

OF

Surname Green

Christian Name Ralph

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's

St. John's

County Nfld

Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>29</u> day of <u>May</u> 191 <u>8</u>	at <u>St. John's</u>	on	day of	191
Declared Age	<u>24</u> years		days	years	days
Trade or Occupation	<u>Fisherman</u>				
Height	<u>5</u> feet <u>7</u> inches		feet		inches
Weight	<u>137</u> lbs.				lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches			inches
	Range of Expansion	<u>3</u> inches			inches

Vaccination Marks	Right	Left	Right	Left
	<u>—</u>	<u>1500</u>		

When Vaccinated 6 yrs ago

Vision R.E.—V=6/6 L.E.—V=6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lament Paterson

(Rank) Major Medical Officer.

Enlisted at St. John's on 30 day of May 1918

Corps Regtl. No.

Joined on Enlistment The Royal Nfld Regt 5232

Transferred to Nfld Regt

Became non-effective by

(Signature) on day of 191 on day of 191

(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	Brief Details, and Signatures
1911-5-78.	10
13-6-18	10
20-6-18	10
27-6-18	10

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

Medical Report on an Invalid.

Station HazeltonDate 30/4/19

1. Unit Royal Newfoundland
2. Regimental No. 5232
3. Rank pl
4. Name Green Ralph
5. Age last birthday 25
6. Enlisted { on May 20/18
at St John's
7. Former Trade } Postman
or Occupation }
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil

nil

nil

nil

na

13. What is his present condition? *He complains of no disability*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?

- 15. Was a Court of Inquiry held on the injury?
 - If so—(a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what? *h a*

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? *h a*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. *h a*

Reproduction

- 20. Do you recommend—
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?

Sgd. W F [unclear] Capl Rame
Re. Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Stazley Down* Officer in charge of Hospital.

Date *30/4/19*

*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.

† Delete this word if no exceptions are to be made.

No. 5232

Name Green, R.

Sqn., Batty.,
or Company

D.

Corps Newfoundland

Date of
enlistment

20/5/18

G.C.
BadgesService or
Proficiency Pay

Character

Date of last entry in

No. and date

Period not reckoning towards

Sheet No.

Signature O.C.

Company Conduct Sheet

of last drunk

freedom from extra fine

Company, etc.

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
Rohew	29/3/19	Pte		Def. of kit	Chms Watson	pay for same	1/4/19	May. Bernard	20/5/18

Army Form B. 122.

[P.T.O.]

Medical Report on an Invalid.

Station Hazelton Camp
 Date 30-4-19

1. Unit Royal Newfoundland
 2. Regimental No. 5282
 3. Rank Pte
 4. Name Greene Ralph
 5. Age last birthday 25
 6. Enlisted { on May 20/18
 at St Johns
7. Former Trade or Occupation } Fisherman
- 7a. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). na.
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

the complains of no disability

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so what?

na.

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

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W.P. Procunier *Capt R.A. Mc*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Langley H. Camp*
Date *30-11-19*

Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.

No. 4101 A



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Green, Regl. No. 5132
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins July 1, 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>410180</u>	<u>Mother</u>	<u>Simon Green</u>	<u>Hants 466 S. B.</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig. W. James
 Officer Commanding
 Company

(Sig.) Ralph Green
 (Rank) Private

St. Johns
June 17 1918

FORM K

N^o 4101



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ralph Geo Green, Regl. No. 5232

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4120</u>	<u>Wife</u>	<u>Simeon Green</u>	<u>Hants Bt</u> <u>S. B.</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
 Company
[Signature]
June 12 1918

(S) [Signature]
 (Rank) Private

Green, L

5232

Ray Sept.

July 3, 1919

#5232 Pte. Ralph Green,

Hants Harbor, T.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.
Paymaster in C. i/c Records.

549

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. *Ralph* Surname. *Green*

Z. Rank. *P.C.* 4. Regtl. No. *5232*

5. Address in full to which future payments of gratuity are to be forwarded. *P.C. Ralph Green Stants Harbors Trinity Bay*

6. Date of enlistment in the Regiment. *20th May 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No.*

8. Relationship of such dependents. *—————*

9. Address in full of such dependents. *—————*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*

11. Were you on active service only in Mfld, if so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *Around May 20/18 to June 5/19 date of temporary discharge*

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.

Nothing allowed *83.38*

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?

19. Are you now serving in the Regt.? If not give? - (c) Date of discharge.

No

(b) Reason for discharge.

June 5/19. Temporary Remobilized

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.

Beaumont, Belgium + France - from Nov 22/18 to May 1919.

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.

No.

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

Signature of Applicant: *Ralph Green*
 Place of Residence: *Hants. Av. S. B.*
 Declared before me at: *St. Louis, Mo.*
 This *5th* day of *June* 191*9*.....



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

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

July 3, 1919

#5231 Pte. Ralph Green,

Hants Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2280

Yours truly

Paymaster & Officer i/c Records. Captain

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1221 Rank PC-1 Name Green R
 Intended place of residence St. John's - 442 Trinity
2. Occupation Tradesman
 Classification of soldier E Medical Category A-1
3. The above named man is discharged in consequence of..... **DEMOBILIZATION**.....

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S
 Date JUN 4 1919 *J. M. H.*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date ST. JOHN'S
JUN 4 1919
Green R
 Signature of soldier
W. M. Clouston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S
4-6-19
Green R
 Signature of soldier
John Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military
 Discharged from service 18-6-19 *then 14 days* Service 409

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S
 Date JUN 18 1919
R. H. Latour
 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 2 1919
K. Bowley, Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

A. F. B2079/2280

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

Signature of Man.

Reg. No.

Green R

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

4-6-19.

191

1919

The Royal Newfoundland Regiment

Class for Demobilization:—

E1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4-5-19*

Regimental No. ... *5232*

Name *Green Ralph*

Address *Hants Hr.*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

*It is hereby certified that this soldier
has been before a Travelling Medical
Board, and has been classified as
E1 for Discharge on Demobilisa-
tion. Medical category *A1**

Members of Board

R.H. Lant Capt

O.C. Discharge Depot.

Waterson

Senior Medical Officer

T.W. Burden

M. O. Depot

4-510

Date of T.M.B.

Jr
Captain
Assistant Secretary
Discharge Depot—Newfoundland

8881

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5737 Rank MC Name Maxwell R.
 Date of Enlistment Address St. John's District Trinity
 Occupation Fisherman Classification for Discharge Medical Category A.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.	1
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	3
B 179	D 400B	Form L	do 3rd.	" 4.	
B 179a	D 400C	Form K	do 4th.	" 5.	
B 179b	B 103	ME 2		" 6.	
B 179c	B 120	M 93			

Date 4.6.19

H.M. 3. 11
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation 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 \$600

(b) Clothing Supplied none

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1388 to his home at Hamp N.T.B. and Release Certificate No. 2230 issued.

Date 4-6-19 *J.A. Snow Capt.*
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 1-7-19

Date 4-6-19 *J. H. H. H.*
Depot Paymaster.

Discharge approved for 18-6-19
Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36.	B 268.	B 121.	N.F. Med.	D.F. 1.	<i>1</i> <i>2</i> <i>form B</i>
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 4-6-19 *J.A. Snow Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Casualty Form Active Service.

Regiment of Corps H. Newfoundland

Rank Pte Surname Green Christian Name JR

Religion Methodist Age on Enlistment 24 years 0 months

Enlisted (a) 20/5/18 Terms of Service (a) Duration Service reckons from (a) 20/5/18

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Occupation Fisherman W. L. O'Connell Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. 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...		<u>23 NOV 1918</u>	
		Joined Batt.		<u>5 JAN 1919</u>	
		<u>Arrived in UK</u>		<u>23 1/2/19.</u>	

(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, Sheeving-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Next of kin: Father: Simon Green: Bank St: Trinity Bay: N. F. L. I.

15232

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5231 Rank MC Name Green R
 Date of Enlistment Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	2
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	3 Form 13
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	4
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	5
B 179b.....	B 103.....	ME 2.....		" 6.....	6
B 179c.....	B 120.....	M 93.....			

Date 4.6.19 for R.M. News H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am in in a position to resume civilian occupation. P. 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 \$6000
 (b) Clothing Supplied uniform cap

Date 4-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 1388 to his home at Hamb. N.Y. and Release Certificate No. 2230 issued.

Date 4-6-19

J.A. Brown Capt.
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 12-7-1918

Date 4-1-19

J.A. Brown Capt.
Depot Paymaster.

Discharge approved for 18-6-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
E 178	W 3494	B 122	Board 1st	" 2	1
F 178a	D 400A	B 1915	do 2nd	" 3	2
B 179	D 400B	Form L	do 3rd	" 4	1
B 179a	D 400C	Form K	do 4th	" 5	1
B 179b	B 193	ME 2		" 6	1
B 179c	B 120	M 93			1

Date 4-6-19

J.A. Brown Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919

R.J. [Signature]
O. C. Discharge Depot.

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

Date June 10/19

Jane [Signature]
for [Signature]

Reg. No. 1232 Rank Al Name Green, L.

Attested Address Wants Dr.

Allotment.....

Date of Allotment Return from overseas 29.5.19.

Returned on S.S. 22 Case Richard

4-6-19
18-6-19

PASSED TO DEMOBILIZATION OFFICER

ALL FINANCE APPROVED ON DE-MOBILIZATION

406



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 *Ralph Green*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5232*

Intended address *Hants Hs*

Height on discharge *5* Feet *10*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Simon*

Christian name of Mother *Rachel*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Hants Hs. Oct 1st. 1894*

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) *Ralph Green*

Pte
(Rank)

Station *St Johns*

Date *4-6-19*

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.

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

Station

Date

DEPARTMENT OF VETERANS AFFAIRS

1

To  Copy for H⁰ file

Ottawa 4, Ont.
Date Oct 16, 1968

Attention of *NFLD*

NAME GREEN Ralph

SERVICE NUMBER 5232 WWI

C.P.C. No.
W.V.A. No. 208442

NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

DVA ST JOHN NFLD Telax Data Oct 16, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Not stated
Cause of Death _____
Place of Death Not stated

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry