



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3904 Name R. A. Greenstade Corps Inf. Co.

Questions to be put to the Recruit before Enlistment

1. What is your name? R. A. Greenstade
2. What is your full Address? Longwood St. B.
3. Are you a British Subject? Yes
4. What is your age? 18 Years 5 Months
5. What is your Trade or Calling? School teacher.
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps Yes
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

R. A. Greenstade 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.

R. A. Greenstade SIGNATURE OF RECRUIT.
R. A. Greenstade Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

R. A. Greenstade 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..... day of..... 191.....

Signature of Attesting Officer R. A. Greenstade

†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..... 191.....

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Reginald Greenlade
 Apparent age 18 years 5 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Greenlade
Long Pond Cops | Relationship Father
 Particulars as to Marriage _____

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)
-----	-----	-----	-----

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "

3904



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3904 Name R. A. Greenstade Corps Inf. Co.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Reginald A Greenstade
2. What is your full Address? } Long Pond Ctr.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 5 Months
5. What is your Trade or Calling? 5. Stone mason.
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name THE DURATION OF THE WAR
Corps THE DURATION OF THE WAR
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? II. Yes

Reginald A Greenstade 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.

R. A. Greenstade SIGNATURE OF RECRUIT.

R. A. Edward Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, R. A. Greenstade 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 day of 1915.

Signature of Attesting Officer [Signature]

†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 1915 } Approving Officer.
Place

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

* If so, Recruit is to be asked the particulars of his former services, 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. 3904

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 16th, 1919

The discharge of the undernoted on demobilization has been
ABERC CONFIRMED by Officer i/c Records from 12-7-19.

3904 Pte. Reginald Greenslade.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland

Number of Sheets Just
Signature of O. C. Company Plt Capt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges; Service pay or proficiency pay
No.	<u>5904. Greenslade. R.A.</u>	Age on	<u>18</u> years <u>5</u> months	<u>School Teacher</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St. John's</u> <u>12-7-17</u>	<u>C. of E.</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours	<u>2 1/2</u> years.		
		with Reserve	years.		

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
				<u>Demobilized St. John's, 12 79</u>					

To be carried over

Army Form B. 121.

C.R. 3904

Extract from Medical Board held on Tuesday June 24th, 1919.

3904 Pte. R. Greenslade.

Recommended discharge ~~for~~ from the Army.

C.R. 3904

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

Date

June 18th 1919.

Reported at Headquarters

ex "Corsican"

which sailed Liverpool May 22/1919.

3904, Pte. R. Greenslade.

Reported at Headquarters

1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3904

Nov. 6th, 18.

Mr. Charles Greenslade,
Long Pond, C.B.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3904 Private Reginald A. Greenslade, is now progressing favourably.

Yours faithfully,
Lieut. Col.,
Chief Staff Officer.

C.R. 3904

Extract from Daily Orders part II, Depot ~~Winchester~~ Winchester
dated 20-12-18 By Lieut. Col. B.J. Barton, D.S.O. Officer
Commanding ~~End.~~, Battalion .

The undernoted having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Co. from 18-12-18.

#3904 Pte.R. Greenslade.

C.R. 3904

Extract from Casualties received from Pay and Record
Office, London dated 8th. 1918.

Dec 9

3904 Pte. R. Greenslade was discharged from Endell Street
Hospital W. C. 2. 9/12/18 Granted furlough from 9/12/18
18/12/18. Classified: LL Command Depot.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. _____



Cable Connection with all the World

C.R. 3904

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated

Oct 28th 1918

To

Charles Greenslade, Long, Pond, C.B.

Regret to inform you that Record Office, London, officially reports No. 3904, Private Reginald A. Greenslade at Military Hospital Endell Street, London suffering from inflammation connective tissue right knee.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. ~~3905~~
3904

Extract from Nominal Roll of Sick and Wounded admitted to Various
Hospitals on various dates.

3904 Pte. R. Greenslade

R. Nfld. R..... I.C.T. R.Knee.

Admitted to Military Hospital Endell Street, W.C.2., 25/10/18.

C.R. 3904

extract from Nominal Roll Draft No. 56, 200 Other Ranks
from 2nd., (Reserve) Batta. Royal Newfoundland Regiment
and proceeded to join the 1st., Batta. Royal Nfld. Regt.,
B. E. F., Embarked Southampton 4/2/18.

#3904 Pre. R. A. Greenslade.

BC.

C.R. 3904

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florina" Aug. 4, 1917.

3904 Pte. E. Greensdale.

C.R. 3904

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, July 12th, 1917.

3904 Pte. R.A. Greenslade.

Attested tis day, posted F. Coy, and assigned number as
shown.

C.R.

3904

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, July 4th, 1919.

The discharge of the undernoted on deombalization has been
APPROVED by O.C. Discharge Depot with effect from 28-6-19.

3904 Pte. Greenslade.

P. B. Greenslade

3904

P. B. U

No. 3904 Rank Pte Name Greenslade R.

Pay	F.A.	Wkg	Total	N.F.P/33
100	10		110	
Less Allotment			60	
Net Rate			50	

PAID
17/2-0

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
		£	s	d		From	To			£	s	d		
Balance					Balance		15	2			1	14	4	
Acquittance Rolls		13	15	0	Pay @ Net Rate	14/2/18	14/12/18	297	50	148	50	30	10	3
Hospital Advances		1	7	0	R.A.	9/12/18	18/12/18	10	2/1			1	0	10
A.B. 64.														
P.&R.O. Payments		2	0	0	Health Ins.	18/18	2/19	15	50	7	50	1	10	10
					£ 16-3-5									
Cash 10251	9/12/18	16	3	5	Cash Bal.									
Cash	2/19	1	10	10	£ 1-10-10									

£ 33-5-5

No. 5072/733

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

31 31st March 1919

4/4/ 1919

3904 Pte Greenslade R.

With reference to the following telegram from the Minister of Militia / / (104)

"Pay to- 3904 Greenslade
£5. 10. 0.

Cheque £5. 10. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. Munroe May
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Five pounds

Ten Shillings in respect of

telegraphic remittance from the Minister of Militia.

R. Greenslade

No. 3904 Rank Private

Witness Chubbell

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* } Former Trade or Occupation }
2. Regtl. No. *3904* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Guineled* } (Surname) } (Christian Names) } (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- D. B. J. Hae*
11. Date of origin of disability.
12. Place of origin of disability. *Belgium.*
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. *Implantation of bone. could not move operated on in France & London now cured.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | ..... |
| (ii.) Previous active service | No | ..... |
| (iii.) Climate in pre-war service | No | ..... |
| (iv.) Ordinary military service before the war | No | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | Yes | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } P.P.

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

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

Two scars outer side of below knee healed. Knee not swollen, movements full of knee, complaints of no disability

16. Was an operation performed? If so, when and what was its nature?
 17. If not, was an operation advised and declined?
 18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repetition
MRE
1
Prof. D.D.S.

Medical Officer in charge of case.

Station

Date

* 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

O.K. £2.0-0
M.R. 30/10/18

Receipt No 9406,

NEWFOUNDLAND CONTINGENT

N.F.P./45.

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

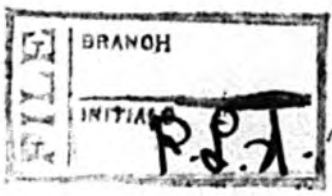
Please remit to No 3904 Private

Greenlade R.

the sum of Two pounds — shillings (£ 2.0.0)

on account of any balance that may be due to me.

AC



Regtl No. 3904 Rank Pte.

Name Greenlade R.

Approved DOCTOR IN CHARGE

THE MILITARY HOSPITAL,
ENDELL STREET, S.W. 1.

Dated at _____

191__

Admitted 25-10-18

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016, (In Books of 250.)

No. 2276 Date 9-12-1918

- * (1) To the Officer i/c Records } 58 Victoria St., S.W. 1.
 - * (2) The Officer Commanding } I.R. Newfoundland, Hazelton Camp, Wanchester Station.
 - * (3) The Paymaster } 58 Victoria St., S.W. 1.
- * Strike out that which is inapplicable.

Regimental No. 3904

Rank and Name Sgt. - Quenslade, R.

Regiment or Corps I.R. Newfoundland - A. Coy.

has been granted a furlough from 10-12-18 to 17-12-18

His address while on leave will be Kempton Camps, Scotland

- I consider he is fit for
 - * I. DET.
 - * II. COMMAND DEPOT.
 - * III. EMPLOYMENT.
- * Strike out that which is inapplicable.

Officer in charge F. Murray MILITARY HOSPITAL, ENDELL STREET, W.B. Hospital. Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

11
Greenstade, R

3904

Ray rept.

July 12, 1919

#3904 Pte. Reginald Greenslade,

Long Ford,

Manuel's, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate #2983.

Yours truly

Captain,
Paymaster & U.I/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3904 Rank P6 Name Greenlade R
 Intended place of residence Long Pond, Memorial
 2. Occupation School Teacher
 Classification of soldier B Medical Category F

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 26 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
27-6-19
 Signature of soldier R. Greenlade
 Signature of witness J. A. Newell

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
27-6-19
 Signature of soldier R. Greenlade
 Signature of witness James Brennan

STATEMENT OF SERVICE

7. Enlisted for service 12-7-17 No of days on Military
 Discharged from service 28-6-19 PLUS 14 DAYS Service 731

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date JUN 28 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, Mem
 Date July 12 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

28/07/19 83

COPY **The Royal Newfoundland Regiment**

PROCEEDINGS ON DISCHARGE

1. No. 3904 Rank Pte Name Greenslade, R.
 Intended place of residence Long Pond, Marquis

2. Occupation School Teacher
 Classification of soldier B Medical Category E

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 (sgnd) H. Mews, Lt.
 Date JUN 27 1919 for 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 (sgnd) R. Greenslade
 Signature of soldier
 Date JUN 27 1919 " J. H. Snow, Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S (sgnd) R. Greenslade
 Signature of soldier
 Date JUN 27 1919 " James Newman, Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-7-17 No. of days on Military
 Discharged from service JUN 28 1919 Plus 14 days Service 731

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S R. H. Sait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 28 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date Officer i/c Records
 The Royal Newfoundland Regiment

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To *Pensions Board.*

Please receive documents as indicated below

No.	RANK AND NAME	N.F.P. 36	Non-effective account.	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificate	Allotment papers	A.F.W. 3463	Headquarters Travelling Board	Proceedings on discharge	D.F. 2	D.F. 1	
		B. 178												1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K						
3904	Pvt Greenslade. R.																										

Received above noted documents,

Dated _____ 19____

Signature of Officer forwarding documents: _____

Date **JUL 4 1919** 19____



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3904 Rank Plt. Name Granslade R
 Date of Enlistment 12-7-17 Address Long Sand Mountain, St. Mary's
 Occupation School Teaching Classification for Discharge B Medical Category 1
 Recommendation S. M. B. Physically Unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

N.F. 1'36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	3
B 17b	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	1 ME 2			" 6	
B 179c	B 120	M 93				

Date 27-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.50
- (b) Clothing Supplied

Date 27-6-19 O i/c. Re-clothing [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11982 to his home at Mannels and Release Certificate No. 3053 issued.

Date 27-6-19 *J. H. Knowlton*
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 12-7-19

Date 27-6-19 *J. H. Knowlton*
Depot Paymaster.

Discharged approved for 28-6-19
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 27-6-19 *J. H. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents **Eligible for War Service Gratuity**

JUN 28 1919

Date *R. H. Jait* MAJOR
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.

B. Greenstedt

Signature of Man.

J. H. Snowbopp

Signature of the Vocational Officer or his Representative.

Reg. No. 3906

Place

ST. JOHN'S.

Date

JUN 27 1919

191

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No 3904

Name Greenslade Reg Rank Pte

Address Long Pond Manuels

Present Medical Category F

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

Members of Board {

R H Last Major
O.C. Discharge Depot.

Hobson
Senior Medical Officer

Sutcliffe
M. O. Depot

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

MEDICAL HISTORY

OF

Surname Greenfield

Christian Name James



Table I.—GENERAL TABLE.

Birthplace:—Parish Conception Bay County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12</u> day of <u>July</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years <u>5</u> days		years _____ days _____	
Trade or Occupation	<u>School Teacher</u>		_____	
Height	<u>5</u> feet <u>9</u> inches		feet _____ inches _____	
Weight	<u>123</u> lbs.		lbs. _____	
Chest Measurement	Grith when fully expanded ... <u>35</u> inches		_____ inches	
	Range of Expansion .. <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u>		R.E.—V=_____	
	L.E.—V= <u>6/36</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause rejection	(b) _____		(b) _____	
Approved by (Signature)	_____		_____	
(Rank)	_____		_____	
Enlisted	at _____		at _____	
	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Lt. D. 3904</u>		_____	
Transferred to	<u>Reg</u>		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	

ROYAL NEWFOUNDLAND REGIMENT

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Widley Hp Eudell St.	25	10	18	9	12	18	I.C.T. Rt. knee	45	Outlet 19.10.18 21.10.18. Plastic suture of wounds. Wds. healed. Discharged to 1/2.	W. Kindness, M.B., Ch.B.
Wazley Down	30	1	19	7	2	19	J.L.T. Lt. Thigh	8	Discharged to duty.	63 rd Murian CAPT., R.A.M.C.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3904 Rank _____

Name Herrnstadt _____

Warned for demobilization on

JUN 27 1919



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 *Breenlade Reginald*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3904*

Intended address *Long Pond, Manuala*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *S. S. W. Right knee*

Figure on discharge *Medium*

Christian name of Father *Charles*

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 *Long Pond. 6th July. 1899*

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) *Reginald Breenlade* *Pte* (Rank)

Station *St. John's* Date *23-6-19*

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.



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**.....
2. Regtl. No. **3904**. 3. Rank... **Pte**.....
4. Name ... **Greenalade, Reg.**.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade }
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

L.C.T. KNEE.

11. Date of origin of disability.
12. Place of origin of disability **BELGIUM.**
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.
**Inflammation of Knee cause unknown
 Operated on in France & London.
 Now cured.**

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war **Yes.**
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the } man's part.

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

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

15. What is his present condition ?

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

2 Scars outer side & below Knee. Healed. Knee not swollen. Movements full & free. Complains of no

disability.

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

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

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

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

20. Do you recommend— **Repatriation.**

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

H. ST. P. KNIGHT, MAJOR, D.A.D.M.S.
Medical Officer in charge of case.

Station ... **H.D.C.**

Date **JAN 21/19.**

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **I.G.T. R. Knee.**
- (b) The present condition thereof.

Scars sound, full movement at the Joint.

22. State whether the disabilities are:—

(a) Attributable to (b) Aggravated by

- | | | |
|---|---------------------|-------|
| (i) Service during the present war | Yes. .. .. . | ..... |
| (ii) Previous active service .. .. . | ..... | ..... |
| (iii) Climate in pre-war service .. .. . | ..... | ..... |
| (iv) Ordinary military service before the war .. | ..... | ..... |
| (v) Serious negligence or misconduct on the part of the soldier | No. .. .. . | ..... |

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

Infection.

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

Nil.

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yes.

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

No.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

N.S. FRASER?

} President or Chairman.

Station **ST. JOHN'S,**

J.S. TAIT.

} Members.

Date **JUNE 24/19.**

T. PATERSON. MAJOR.

Discharge approved under Para. 392 (xvi) King's Regulations.

Station **MIN 24 1919**

(SGD) CLUNY MACPHERSON. MAJOR.
Officer in charge, Central Hospital.

} Only applicable in cases of Patients in Hospitals.

Date **No.**

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

July 12, 1919

#3904 Pte. Reginald Greenlade,

Long Pond, C.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & C. i/ c 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 26th. 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 & RECORDS OFFICE, ST. JOHN'S.

Christian name..... *Reynald* 2. Surname..... *Greenlade*

3. Rank..... *Plt.* 4. Regt. No..... *2904*

5. Address in full to which future payments of gratuity are to be forwarded..... *Long Pond*

6. Date of enlistment in the Regiment..... *10/7/1917*

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 dependent..... *Not Applicable*

9. Address in full of such dependent..... *Not Applicable*

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *2 years 1 day*

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

.....
..... *Not Applicable*

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.....

..... *Not Applicable*

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

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

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

..... *Not Applicable*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *Not Applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *Not Applicable*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge... *1/7/19*..... (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 July 2/1918 31st Dec/1918*

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..... *Not Applicable*

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: *R. Greenblatt*
 Place of Residence: *Long and Mansel*
 Declared before me at: *St Johns*
 This *27th* day of *June* 19*19*....

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

M. J. Jones JP

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

ST. JOHN'S, June 27th /19

Royal Newfoundland Regiment.

Billeting Account,

To Pte. R. Greenlade

Billeting Soldiers as undermentioned

from June 1st /19 to June 23rd /19

3904. Pte. R. Greenlade 23 80

ACCOUNT	<u>B.M.</u>
CH. NO	<u>25018</u>
IND. LEDGER	
PAY LEDGER	
...	<u>80</u>

Certified correct for \$ 23 80

R.J.

Billeting Officer.

R. Greenlade

Receipt for Army Book 64

No. 3904 ... Name J. Greenlake

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

Name J. E. Greenlake

Date 1-8-20

Place Long Pond

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



13904

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3904 Rank Pvt Name Granslade R
 Date of Enlistment 12-2-17 Address Long Pond, Memorial, Nfld
 Occupation Postal Telegraph Classification for Discharge B Medical Category 1
 Recommendation S. M. B. Physically fit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 27-6-19 O. C. Discharge Depot 2

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am R. Granslade in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Clubhouse

Date 27-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. **R1982** to his home at **Manly, Queensland** and Release Certificate No. **308** issued.

Date

27-6-19

J. A. Newbott
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date

17-1-19

J. A. Newbott
Depot Paymaster.

Discharge approved for

28-6-19

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

N.F. P136	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 108	ME 2		" 6
B179c	B 120	M 93		" 7

2 Form B

Date

27-6-19

J. A. Newbott
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 28 1919

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

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

Date

[Signature]
July 10 1919

[Signature]
[Signature]

Reg. No. *3904* Rank *N/A* Name *Wentzlake, R.A.*

Attested Address *Long Sand.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Cossican* Cause *Discharge*

26.6.19
27.6.19
28.6.19

Rec. Discharge from Army
PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.