



THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4963 Name James Guy Corps Capt 6

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Guy
2. What is your full Address? 2. Arncliffe Ctr P.B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. postman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, James Guy 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.

4-5-18 James Guy SIGNATURE OF RECRUIT.

Daymond Signature of Witness.

QUESTIONS TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Guy 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 Arncliffe on this 7 day of May 1918

Signature of Attesting Officer James Skelton

†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 May 7 1918
Place Arncliffe } 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)

4963

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name: James Guy
 Apparent age: 22 years 0 months. Height: 5-feet 9 1/2 inches
 Chest Measurement { Girth when fully expanded: 36 inches
 Range of expansion: 3 inches
 Distinctive marks: _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin: Wm Guy
Arnold Lane P B | 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>7-5-1918</u>									
Joined at <u>St. Helier's</u> on <u>May 7-1918</u>									
Discharged <u>July 8-1919</u>									
Embarked <u>St. Helier's train to Halifax N.S.</u> <u>11-6-1918</u>									
Embarked for <u>Blq. I.</u> <u>26-10-18</u>									
Re-embarked France <u>26-10-18</u>									
Joined <u>Battal</u> <u>3-11-1918</u>									
Transferred from <u>Rover</u> <u>22-4-1919</u> Arrived <u>New Bedford</u> <u>23-4-1919</u>									
T. to <u>Newfoundland</u> for demobilization <u>22-5-1919</u>									
Arrived <u>Newfoundland</u> <u>1-6-1919</u>									
Demobilization <u>St. Helier's</u> <u>8-7-1919</u>									
Total Service forfeited as above: _____									

Total Service towards Engagement to: 8-7-1919 [date of discharge] 1 years 63 days
 Pensions: _____

C.R.

4963

Extract from Daily Orders Part 11 Unit The Royal Wfld.

St. John's, 11-7-19.

The discharge of the undersigned on demobilization has been
CONFIRMED by Officer i/c Records from 8-7-19.

4963 Pte. Jas. Guy.

C.R! 4963

Extract from Daily Orders Part 11 Unit ^{of} the Royal Nfld. Regt.
St. John's June 14th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-6-19.

4963 Pte. Jas. Guy.

C.R. 4963

Extract from Daily Orders Part A1 Depot, St. John's,

Date 13/6/19.

4963, Pte. Jas. Guy.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R!

4963

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

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

#4963 Pte. J. Guy.

C.R. 4963

Extract from Daily Orders East 11 Unit The Royal Rifles Regt.,
St. By Lt. Col. T.C. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4963 Pte. J. Guy.

B Guy.

C.R. 4963

Extract from Serial 101 re-enforcement Draft No. 66 Robert Folkeson
26/10/18, from 2nd Batta, Royal Newfoundland Regiment Havelock House Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment S.I.F.

4963 Pte. Guy, J.

C.R. 4963

Extract from Daily Orders Part 11. from Unit The Royal Wfld.
Regiment, St. John's, dated June 14th 1918.

4963 Pte; J. Guy.

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's dated May 11, 1918.

#4963 Pte. J. Guy.

Attached for General Service with the Royal Nfld. Regt.
from 7.5.18

J. Guy

C.R.

4963

~~PRD~~

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Boatsman*
2. Regtl. No. *4963* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Guy* *James*
(Surname) (Christian Names)
 (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *23*
6. Posted for duty on *May 7/16* at *S.L. J. Lane* in category (or grade)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

15. What is his present condition?

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

He complains of one disability

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

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

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? *See*

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? *See*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation
Sgt J. E. Brown
for Capt Name

Station *Hazley Down*

Date *1/19*

Medical Officer in charge of case.

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

No 4239



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Guy, Regl. No. 4963
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and seventy 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4006	Father	Wm Guy	Arnolds Cove P B	
Total Allotment, \$				<u>70</u> ⁹

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.) James Beint
 Officer Commanding
A Company
John's
May 23rd 1918

(S) James Guy
 (Rank) Pte

FORM K

No 4239 *a*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *James Guy*, Regl. No. *4963*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *Seventy* 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 *1st June 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4006</i>	<i>Father</i>	<i>Wm Guy</i>	<i>Arnolds Cove P B</i>	
			Total Allotment, \$	<i>70⁹</i>

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.) *[Signature]*
 Officer Commanding
A Company
John's
May 23rd 1918

(Sig.) *James Guy*
 (Rank) *Pte*

No 5766/281

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1st Batt. Ryl. Nfld. Regt.
B.E.F.

11th April 191⁹

29-4 1919

Subject: 4963 Pte J. Guy

ANSWER.

With reference to the following telegram (13⁹ from the Hon. Minister of Militia, received

4963 Guy J. - £4. 2. 0.

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

A. D. Munnell Maj.
Chief Paymaster & O. i/c Records.

4963. Pte J. Guy.

The a/c man wishes this remittance placed to his credit in the P. & R.O. please.

Deposited

To:--The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.S.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.
Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4963	Plt	Guy J	£2.50	J Guy

I have the honour to be, Sir,
Your obedient servant.

Date July 1/18

J Guy

Lucy James

4963

Ray Sept

July 8, 1919

#4963 Pte. James Guy,

Arnold s Cove, P.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2764.

Yours truly

Paymaster & U.i/c Records. Captain

The Royal Newfoundland Regiment.

D. F. 4

RELEASE CERTIFICATE NO 2556

Reg. No. 4963 Rank Private Name W. J. G.

Address Arnolds Cove.

This certifies that in consequence of demobilization discharge has
been approved for 24-6-19.

Regular Discharge Certificate will be mailed by Officer in Charge Records 79 days from date of approval.

The wearing of uniforms is prohibited after discharge is confirmed except with permission of competent authority.

Date 10-6-19

O. C. Discharge Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4963 Rank Private Name Guy Jers
 Intended place of residence Arnolds Cove

2. Occupation Dishman
 Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date JUN 10 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
JUN 10 1919
 Signature of soldier
 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 JUN 10 1919
ST. JOHN'S
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7.5.18 No of days on Military
 Discharged from service JUN 24 1919 Pls in Camp Service 428

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 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
 Date July 8/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

A.F. B2079/2784

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9.6.19

Regimental No 1962

Name Bury James

Rank

Address Amble Vale

Present Medical Category A-i

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

Members of Board

R.H. Lat
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

Dee Bursden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 963 Rank Pvt Name Guy Jones
 Date of Enlistment 7-5-18 Address Arncliffe Ave District St. John's
 Occupation Truckman Classification for Discharge F Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	1. D 400A	1. B 1915	1.	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1. D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 9-6-19 J. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / 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. #6-00
 (b) Clothing Supplied

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1634 to his home at Arnolds Cove and Release Certificate No. 2585 issued

Date

10-6-19

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 8-7-19

Date

10-6-19

H.M. [Signature]
Depot Paymaster.

Discharge approved for

24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	N.F. Med.	D.F. 1
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 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date

10-6-19

J.A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 24 1919

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

H. G. S.
Signature of Man.

Reg. No.

16969

J. A. Bradwell
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 7 0 1919

191

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.

Signature of the Vocational Officer or his Representative.

Place

ST. JOHNS

Date

10-6-19.

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

MEDICAL HISTORY

OF

Surname Gray

Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Arncliffe Cove P.A. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>7</u> day of <u>May</u> 191 <u>8</u> at <u>St Johns</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>27</u> years — days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>9 1/2</u> inches		_____ feet _____ inches	
Weight	<u>140</u> lbs.		_____ lbs	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>3</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>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Samuel Parsons</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u> on <u>7</u> day of <u>May</u> 191 <u>8</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps	<u>The Royal</u>	Corps	_____
	Regtl. No.	<u>4963</u>	Regtl. No.	_____
Transferred to	<u>New Regt</u>		_____	
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)	_____		_____	
(Rank)	_____		_____	

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* } *Fisherman*
 2. Regt. No. *463* }
 3. Rank. *Pte* }
 4. Name *Guy* } *James*
 (Surname) } (Christian Name)
 5. Age last birthday *23*
 6. Posted for duty on *May 7/18* at *St. Johns*
 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 Regt. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 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) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

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

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

He complains of no disability.

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

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

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

Station *Hazley Down*
 Date *1/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. & 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

James Guy

Regiment from which discharged

Royal Newfoundland

Regimental number

4963

Intended address

Arnold's Cove, P.B.

Height on discharge

5 Feet 10

Color of hair on discharge

Dark Brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

scar left leg

Figure on discharge

medium

Christian name of Father

William

Christian name of Mother

Mary Ann

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Arnold's Cove July 25th, 1895

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)

*James Guy**Pte*

(Rank)

Station

ST. JOHN'S.

Date

9-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



Casualty Form - Active Service.

Regiment or Corps 21st ROYAL-NEWFOUNDLAND REGT

Rank PLC Surname Guy Christian Name James
 Religion Ch. Age on Enlistment 22 years - months
 Enlisted (a) 7/5/18 Terms of Service (a) DURATION Service reckons from (a) 7/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b)
 S or Corps Trade and rate
 Occupation Fisherman J. M. Eveson Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 212, 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. 212, Army Form A. 36, or other official documents.
Date	From whom received				
		Emarked	2800/1918		
		Disembarked	3 NOV 1918		
		Joined Battalion			
		Arrived in UK		93/4/19	

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

(b) Signaller, Sholing-Smith, W. 277-12093 11000 777 (25648) P. & S./Ltd. Forms B. 103 B. 1/1555.

Next of Kin Father, William Guy, Arnolds Cove, P.B. Newfoundland.

July 11, 1919

#4963 Pte. James Guy,

Arnolds Cove, P.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

Paymaster & Officer i/c Records.

Capt.

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..... *James* 2. Surname..... *Gay*

3. Rank..... *Private* 4. Regtl. No..... *4963*

5. Address in full to which future payments of gratuity are to be forwarded..... *Arnolds Cove, P. B.*

6. Date of enlistment in the Regiment..... *May 7/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....

8. Relationship of such dependents.....

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?.....

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

12. Give total length of time which you served on active service, whether in field or Overseas..... *From May 7/18 to June 10/19.*

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

No

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

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

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 - (a) date of discharge

No

June 15/19
Newport

(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, Belgium, Germany - from
Oct. 25/19 to April 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.

James Lee

Signature of Applicant:

Place of Residence:

Arnold's Cove. P. B.,

Declared before me at:

N. Johns, Nfld.,

This

10th,

day of

June, 1919.

*John W. Carthy
J.P.*

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

POST DISCHARGE PAY.

Date paid

Paid

Paid

War Service
Gratuity.

Net amount
due

Certified correct.

Paymaster.

Arnolds Cove
 Feb 8th 1920

W. Rendell Lieut Col

Dear Sir

Referring
 To this Separation Allowance
 which is set forth from this Dept
 for all soldiers of the Royal
 Artillery which was the main
 support of families and on
 not having received any
 I should wish to get little
 information on same whether
 I am not entitled to it
 as well as others being the
 only support of the family
 of my father and mother
 and likewise a sister which
 being affected with Dementia
 is not ever able to help
 Parents. Could you kindly
 oblige me by giving information
 on same. Yours sincerely
 H 963 but James Sgt Arnolds Cove

PM.

Please send
claim form if
not filed already

R

~~R~~

Feb.

27, 1920

James Guy
Arnold's Cove.

Dear Sir:

With reference to
your letter of recent date, re Separation Allowance,
I enclose form of claim for Separation Allowance
which kindly have completed in the presence of a
Magistrate or a Justice of the Peace and return to
this Office.

Yours truly,

Lieut.
For Paymaster

No 4239



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Guy, Regl. No. 4963

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 1st June 1918.

Table with columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4006, Father, Mr Guy, Arnolds Cove P B, [blank]. Total Allotment, \$ 70 9

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 A Company [Signature] May 23 1918

(Sig.) James Guy (Rank) Pte

SEPARATION ALLOWANCE.

Claimant. *William Guy* *Father*
~~4963~~
On account of *James Guy* No. *4963*. Rank. *Pl*

Decision..... *approved -* ~~*Referred to the*~~
~~*Director of Pensions*~~
~~*for his consideration*~~
.....

Date..... *Feb. 18/1921*
W. R. Andrew, Lieut. Col.
M. Rowley, Major

Instructions.....
.....
.....

Allotment of *70^{cts}* per day payable to *William Guy*
his *father* from *1/6/18* to *5/7/19*
Discontinued on account of *being discharged*.

R. Crumney
.....

2- 2
8/10 12
6
20

400.00
206.67

6533

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch.)

FATHER

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace:

The Registrar:

Separation Allowance Branch
St. John's, Nfld.

(1) Name in full of soldier *James Guy* Rank *Pte* Reg't or Unit *Royal Nfld* Ser't No *4963*

(2) Age of soldier *24* Married or Single *Single*

(3) Name in full of father *William* Age *69* Occupation *Fisherman* Permanent Address of soldier *Arnolds Cove*

(4) If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue).

(5) Names of your other children Address in full Occupation Married or Single

<i>George Wilson</i>	<i>Arnolds Cove (Fisherman)</i>	<i>married</i>
<i>Wm</i>	<i>Edith</i>	<i>single</i>
<i>Charles</i>	<i>Annah Choice Cove</i>	<i>married</i>

(6) State amount earned by yourself per month

(7) State date and place of death of your wife.

(8) State amount and source of any other income *None*

(9) What is the value of your real property.

200 & 800.00

(10) State actual amount contributed by soldier during year prior to enlistment.

200 & 300.00

(11) Was this amount contributed weekly or Monthly?

Monthly

(12) Did this amount include payment of son's board, etc?

Yes

(13) State your son's trade or occupation prior to enlistment.

Fisherman

(14) State amount of his wages per week.

14 \$

(15) State name and address of his last employer.

Charles Guy Arnolds Cove

(16) State amount of support monthly from son since enlistment.

21 \$

(17) State amount of "Assigned Pay" received by you from son monthly

21 \$

(18) From what date have you received "Assigned Pay"?

July-10th - 1919

(19) Actual amount contributed by other children

Weekly

Monthly

None

(20) Is not receiving support from other children, state cause, answer fully.

All Married

(21) Are any of these children in your employ?

1 Edith, Essant

(22) Have you made previous claim for Separation Allowance? If so, why. Give particulars.

(23) What is the value of your personal property?

(24) With whom do you reside at present?

(25) Are you already in receipt of Separation Allowance from any source. If so, how much?

No

(26) Are you in receipt of assistance from any Patriotic Fund. If so, how much? *No*

(27) Was the soldier at the time of enlistment an employee of the Newfoundland Government? *No*

(28) In what capacity and in what place.

(29) Is he in receipt of a salary as such while serving in the 1st Nfld. Regt. If so, how much? *No*

I herewith make this solemn declaration conscientiously believing the same to be true; and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence act.

Signature of applicant *William Guy*

Place of Residence *Arnolds Cove*

Declared and subscribed before me at *Arnolds Cove*

this *10th* day of *April* 19 *20*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *Wm. Chambers J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the soldier first mentioned above is the sole support of the applicant

Signature of Clergyman *Arthur Shaker P.D.*

Signature of member of Patriotic Fund Committee *Joshua Guy*

May 7, 1920

Mr. William Guy,
Arnolds Cove, T.B.

Dear Sir :-

Referring to your application for Separation Allowance, I have been directed to request that you furnish Marriage Certificates of your sons George W. Uriah and Charles, or else certified extracts from Parish Register showing dates of their marriages.

also please give me an answer to the following question which you omitted to do in your application: "State amount earned by yourself per month."

Also have your Doctor furnish the following information concerning yourself, if you are incapacitated.

1. What is the nature of your incapacity?
2. From what date can it be considered to have been existent?
3. By what per-cent is your earning power reduced thereby?

Yours truly

Major

Paymaster.

10845



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 7, 1920

Mr. William Guy,
Arnolds Cove, T.B.

Dear Sir :-

Referring to your application for Separation Allowance, I have been directed to request that you furnish Marriage Certificates of your sons George W. Uriah and Charles, or else certified extracts from Parish Register showing dates of their marriages.

also please give me an answer to the following question which you omitted to do in your application: "State amount earned by yourself per month." *Nothing*

Also have your Doctor furnish the following information concerning yourself, if you are incapacitated.

1. What is the nature of your incapacity? *Chronic Rheumatism*
2. From what date can it be considered to have been existent? *5 years*
3. By what per-cent is your earning power reduced thereby? *yes - to nothing*

Yours truly

W. A. Rowley

*W. Clushkin R. H. A.
Munnels
Major*

Paymaster.

George W. Married Nov 23rd 1903

Uriah Married April 27th 1913

Charles Married Oct 31st 1917

all living away from parents

per Joshua Guy

JMH/LM.

July 19, 1920

Mr. William Guy,
Arnold's Cove,
F.B.

Dear Sir:

With further reference to your application for Separation Allowance, in my letter of May 7th, I asked you to furnish me with the Marriage Certificates of your sons, George W. Charles and Uriah, or else Certified Extracts from Parish Registry showing dates of their marriages.

Please note that Certificate forwarded is not a Certified Extract from Parish Register, and your claim cannot be disposed of until the necessary information is received.

Yours truly,

Major
Paymaster.

11350

Arnolds Cove
Aug 31st 1920

Mr Howley

Dear Sir

I am
and thank certificate to
his to Dr Jones st Thomas
answer if you want it
greatly by replying to
Church St Johns East
date Oct 30th 1917

fowarding you Geo wilsons
you but Charles sent for
church but he got no
you would Oblig me
Dr Edgar Jones st Thomas
that were he was married

yours Truly
Mr Wm C
Arnolds Cove
P B

This is to certify that on the Sixteenth (16th)
day of November, 1903, the rite of Holy Matrimony
was solemnized in accordance with the Laws of Newfound-
land and the ceremonies of the Methodist Church between
George Wilson Guy of Arnold's Cove P.B. and
Emily Warren of Arnold's Cove P. Bay

Age (both) 22 years

Married at
Haystack P.B.

Witness our hands,

George Wilson Guy (22)
Emily Warren (22)

In presence of

Wm Henry Guy
Hannah Rebecca Guy

Robert W. Stowe
Officiating Minister.

Copied by George Patten meth minister at Sound's P.B.

Marriage Certificate

I Herely Certify that on the 30th day of January 1920.

Pledge.

Wilt thou have this woman to be thy wedded wife, to live together after God's ordinance in the Holy Estate of Matrimony? Wilt thou love her, comfort her, honour, and keep her in sickness and in health; and forsaking all other, keep thee only unto her so long as ye both shall live?

"I WILL."

the Rite of Holy Matrimony was solemnized by me, in accordance with the Laws of Newfoundland and the Ceremonies of the Methodist Church, between

Uriah Guy of Arnolds Cove, in the Electoral District of Placentia, Newfoundland, and Shasti Coish of Bay Bulls Arm, in the Electoral District of Trinity, Newfoundland.

Witness my hand at Arnolds Cove this thirtieth day of January 1920.

In presence of { _____

A. Coamp
Officiating Minister.

No. 12. Registered at Bay Bulls Arm.

Pledge.

Wilt thou have this man to be thy wedded husband, to live together after God's ordinance in the Holy Estate of Matrimony? Wilt thou love him, honour, and keep him in sickness and in health; and forsaking all other, keep thee only unto him so long as ye both shall live?

"I WILL."

JEM/LM.

November 10, 1920

Mr. William Guy,
Arnold's Cove,
T.B.

Dear Sir:

With reference to your claim for Separation Allowance, in your original statement, you write that Uriah was married on the 27/April/13, and in your letter of August 21st, you enclosed Marriage Certificate, showing that Uriah was married on 30th. January/1920. this is presumably his second marriage.

If this statement is correct, kindly advise me what is the date of death of first wife, and whether he has any children by her living.

Yours truly,

Major

Paymaster & O.i/c Records.

JMH/LM.

November 19, 1920

Rev. Edgar Jones,
St. Thomas' Parish,
City.

Dear Sir:

I am advised that a man named
Charles Guy of Arnold's Cove, TTB. was married by
you on the 31st. October, 1917.

Can you please verify this
statement from your Parish Records.

Yours truly,

Major

Paymaster.

11595

Arnolds Cove
Nov 16 1920

Mr Howley

Dear Sir

With Reference

to your letter of the 10 asking for date of Uliak
Wife Death she Died October 3rd 1918 leaving
to Sons one is 6 years gone past the other is 5 9 months past
they both are still living with there father
he is married to a Widowe Woman and
she had two children leaves him with
the family of four this is certafnly correct

yours Truly

Mr William Epy

JMH/IM

December 23, 1920

Rev. Dr. Jones,
St. Thomas's Parish,
C i t y.

Dear Sir:

Can you please confirm date
of Marriage of Charles Guy of Arnold's Cove, who is
reported to have been married by you at St. John's
(St. Thomas's Parish), on the 31st. Oct. 1917.

An early reply will oblige.

Yours truly,

Major

Paymaster.

Marriage Solemnized at St John in the Church of St James in the Diocese of Newfoundland.

No.	When Married	Name and Surname	Age	Condition	Rank or Profession	Residence at the time of Marriage	Father's Name and Surname	Rank or Profes'n of Father
13	Octo 30 th 1917	Charles Guy	25	Wid.	Minister	Orwelli Cor, P.B	Wm Guy	Fisherman
		Elizabeth Smith	21	Spinster		Chapel Hill, T.B.	Isaac Smith	"

Married in the Parish Church according to the Rites and Ceremonies of the Church of England.

By me James Guy Rector

This Marriage was solemnized between us

{ Charles Guy
Elizabeth ^{nee} Smith }

In the presence of us,

{ James Guy
Elizabeth Fry }

I Certify the foregoing is a true Extract from the Register of Marriages belonging to St James Ch. in the City of St John

Witness my hand this 31st day of Dec 1920

Designation

Rector

Feb. 28, 1921

Mr. Wm. Guy,
Arnold's Cove.

Dear Sir:

With reference to your application for Separation Allowance, I beg to inform you that same has been granted, and I enclose cheque for \$265.33 representing payment from date of your son's discharge, also cheque for \$120.00 being payment on account of War Service Gratuity.

Yours truly,

Paymaster. Major

Enc's. 2

C.R. 4963

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4963. NAME. *James Gray*

DATE. *17/1/29*
PLACE. *Cornwall Cove*

C.R.

C.R. 4963

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name... *James Guy*

Date... *17. 4/6. 20.*

Place... *Admiralty House*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Sept. 1 1921

The accompanying Victory Medal and/or British War Medal
is/are forwarded herewith to

Pte. Jas. Guy

in respect of his service as No. 4963 Rank Pte.

Name Jas. Guy

Royal Nfld. Regt.
Nfld. Forestry Coy.

Receipt of the same should be acknowledged hereon.

Received *Victory medal and British War Medal*

Signature *James Guy*

Date *sep 8 1921*

Address *Arnolds Cove Blue Bay*

[P.T.]

Receipt for Army Book 64

No. *4963* Name .. *Guy*

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

Date .. *27^d 1/4 20*

Name .. *James Guy*

Place .. *Arnolds Cove*

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



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company C. J. Jamieson

Regimental Number and Name	
No.	
<u>A 963</u>	<u>Guy. Gas</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on _____	years _____ months _____
Place and Date of Enlistment	<u>St. John's</u> <u>7.5.18</u>
Period of	with Colours <u>6</u> years.
	with Reserve <u>3</u> years.

Trade
<u>Cook</u>
Religion
<u>CP</u>
Place of Birth
<u>Amulet Cove P. Bay</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St. John's	8	$\frac{7}{19}$		

To be carried over

Army Form B. 121.

41963

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 963 Rank Pvt. Name Guy James
 Date of Enlistment 7-5-18 Address Concord St. District Acacia
 Occupation Soldier Classification for Discharge F Medical Category HI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed Demobilization Officer with following documents:—

N.F. P. 1	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	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 9-6-19 J. W. St.
 No. C. Discharge Depot _____

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Guy

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 _____

W. E. St.

Date 10-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 81134 to his home at Arnolds Cove and Release Certificate No. 2585 issued

Date 10-6-19 J.A. Snowleft
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 8-7-19

Date 11-1-19 J.A. Snowleft
Depot Paymaster

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 10-6-19 J.A. Snowleft
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 10.24.1919 R.H. Sait
O. C. Discharge Depot.

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

Date June 19/19 James Math
Food Records

Reg. No. 4963 Rank 1st Lt Name Guys James

Attested Address Arnold's Cove

Allotment Allottee

Date of Allc. Returned from Overseas 29.5.19

Returned on S.S. Copeland Cause Discharge

<u>96-19</u>	PASSED TO DEMOBILIZATION OFFICER
<u>24619</u>	DISCHARGE AREA 440