

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5979 Name Horatio Head Corps Col E

### Questions to be put to the Recruit before Enlistment.

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

I, Horatio Head 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.

Horatio Head SIGNATURE OF RECRUIT.

10-8-18 P. B. Dickson Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Horatio Head 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 St. John's

on this 10 day of August 1918

Signature of Attesting Officer P. B. Dickson

### †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 12-8 1918  
Place St. John's } Approving Officer. J. H. ...

† 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

5979

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

Name Horatio Head

Apparent age 24 years          months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 35 inches  
Range of expansion 3 inches

Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Head  
Joe Bath Arm | 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 <u>10-8-18</u>									Signature of Officers certifying correctness of entries
Joined at <u>Mt. Airs</u> on <u>August 10-1918</u>									
<u>Discharged August 7-1919</u>									
<u>(2)</u>									
<u>Embarked Mt. Airs train to Halifax N.S. 22-9-18</u>									
<u>to Newfoundland for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization Halifax 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> [date of discharge] <u>in</u> <u>363</u> years <u>        </u> days									
" " Pensions " " " " " " " " " " " "									

Reg. No. **5979** Rank **PLt** Name **Head Honato**  
 Attested **10-8-18** Address **Pl Barracks**  
 Allotment **60"** Allottee **(Mother's name for Head)**  
 Date of Allotment **1-10-18** Returned from Overseas  
 Embarked for Overseas **SEP 22 1918** Cause

<b>Dec 15-8-18</b>	<b>1st Dec 14-9-18</b>
<b>Leave 25-8-18 to 2-9-18</b>	<b>Ret 7-9-18</b>

C.R. 5979

Extract from daily orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date

7-3-19

5979, Pte. H. Head.

C.R. 5979

Extract from Daily Orders Part 11 Unit The Royal Wilt. Regt.  
St. John's, July 15th, 1919

The discharge of the undermentioned on demobilization has been  
APPROVED by G.O. Discharge Depot with effect from 21-7-19.

5979 Pte. H.Head.

C.F. 5979

Extract from Daily Orders By Major M.S. Sullivan, Commanding  
Forestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Wfld.  
Regt. is attached to the strength from this date and posted  
to "B" Company for rations

5979 Pte. H. Head

C.R. 5979

Extract from Criminal Roll Arraigned at St. John's for Overseas,  
Sept. 22, 1918. "H"

5979 Pte. Head Horatio.

C.R. 5979

Extract from Daily Orders Part III Unit The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5979 Pte. H. Head.

Reported at Headquarters 1-7-19 on "Unesaundra" which  
sailed Glasgow June 24th, 1919.



C.R. 3979

Extract from Daily Orders part 31, from Unit The Royal  
HF18, Regt. St. John's, dated August 12, 1918.

#5979 Pte. Horatio Head.

Attested for General Service with the Royal HF18.  
Regt. from <sup>10</sup> 5-8-18

A Head

C.R. 5979

11/10



No. 3028./444.

067498



From: NEWFOUNDLAND CONTINGENT

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

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

21st February 1919

Feb. 24 1919

5979. Head. H. Pte.

Receipt hereunder.

With reference to the follow-  
ing telegram from the Minister of  
Militia / / ( 38 )

J. J. Barton LIEUT. COLONEL,  
OFFICER COMMANDING  
2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5979. Head.

£6.0.0.

Received the sum of £6.0.0.

Cheque £ 6.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Six pounds. in respect of  
telegraphic remittance from the  
Minister of Militia.

*A. A. Minns Maj.*

Chief Paymaster & O. i/c Records.

H Head  
No. 5979 Rank Pte.  
Witness Geo. Perry E/c

Head, H

5979

Ray sept

August 7th 1919.

#5979, Pte.H.Head,  
Joe Batt's Arm, Twill.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3546.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5979 Rank Pte Name Heas H.  
 Intended place of residence For Bath Arm  
 2. Occupation Disherman  
 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 JUL 10 1919

*H. M. W. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 10 1919

*Horatio Head*

Signature of soldier

*J. A. Howley*  
 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

Date 10-7-19

*Horatio Head*  
 Signature of soldier

*W. H. H. G. G.*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No. of days on Military  
 Discharged from service 24-7-19 Plus 14 days Service 363

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

*H. P. Cooper Capt.*  
 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

Date August 7/1919

*M. Howley Capt.*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*as 15 20 19 / 3546*

# The Royal Newfoundland Regiment

Class for Demobilization:

*E. 6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *8.7.19* .....

Regimental No. *5979*.....

Name ..... *Heed* ..... *Horatio* .....

Address ..... *Joe Bath Ave* .....

Present Medical Category ..... *Aj* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Last Major*  
O.C. Discharge Depot.

*Watson*  
Senior Medical Officer

*W. B. de*  
M. O. Depot



# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2979 Rank Plt Name Head A  
 Date of Enlistment 10-8-18 Address St. Bernards District Dep  
 Occupation Fisherman Classification for Discharge E Medical Category A  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
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 9-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*Vocational Head*

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~~ .....

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2385 to his home at Joe Balto arm and Release Certificate No. 3381 issued.

Date 10-7-19 J. A. Lawless  
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 7-8-19

Date 10-7-19 H. M. M. M.  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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 10-7-19 J. A. Lawless  
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 JUL 24 1919 N.R. Cooper Capt.  
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.

*Horatia Head*

Signature of Man.

*J. J. Howland*

Signature of the Vocational Officer or his Representative.

Reg. No. *5979*

Place

*St. Johns*

Date

*10-7-19.*

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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 Head

Christian Name Horatio

Table I.—GENERAL TABLE

Birthplace:—Parish

Joe Barbarn County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	10	Aug.		191
	at <u>St Johns.</u>		at	
Declared Age .....	24	years		days
Trade or Occupation .....	<u>Fisherman</u>			
Height .....	5	feet 5		inches
Weight .....		119		lbs.
Chest Measurement {	Girth when fully expanded .....		35	inches
	Range of Expansion .....		3	inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	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>Lambert Paterson</u>			
(Rank)			Medical Officer	
Enlisted .....	at	<u>St Johns.</u>	at	
	on	10 day of <u>Aug</u>	on	day of 191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment.....	<u>Royal Nfld. 5979</u>			
	<u>Regiment.</u>			
Became non-effective by.....	on	day of 191	on	day of 191
(Signature)				
(Rank)				





# 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. e. 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 *Horatio Head*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5979*

Intended address *Joe Batts Arms*

Height on discharge *5 Feet 6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Joseph*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Joe Batts Arms 1894 April 29<sup>th</sup>*

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) *Horatio Head*

(Rank) *Private*

Station *ST. JOHN'S*

Date *5.7.19*

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



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

Station

Date

**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 New Zealand* 7. Former Trade or Occupation } *Indicium*
2. Regtl. No. *5979* 3. Rank..... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Head*..... *Horatio* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *24*
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  
(b) Where (if any)  
(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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*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 }<br>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.)

*He 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?

*Repatriation*

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.

*W. S. Proctor - Capt. R.C.M.C.*  
Medical Officer in charge of case.

Station *Hazely Down* .. .. .

Date *9/4/19* .. .. .

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



August 15, 1919

Mr. H. Head,  
Joe Batts Arm,  
ROGO.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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..... *W* ..... 2. Surname..... *Head* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5929* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Joe Batts Arm, Fogo* .....
6. Date of enlistment in the Regiment..... *August 10/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *No* .....
8. Relationship of such dependents..... */* .....
9. Address in full of such dependents..... */* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */* .....
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..... *Eleven months* .....
- ..... *1.1* .....

*[Handwritten mark]*

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?

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.

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?  
*no*

19. Are you now serving in the Regt.? If not give - (a) date of discharge  
*July 24/19* (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.  
*Eng. Home*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *Horatio Head*  
 Place of Residence: *Joe Battalms, Tupo*  
 Declared before me at: *St John's.*  
 This *10* day of *July* 19..*15*....

Signature of Barrister of the *John M. Clardy*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet *one*  
*Roberts*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Horatio Head</i>	Age on	<i>24</i> years <i>0</i> months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	} with Colours <i>363</i> years. } with Reserve <i>363</i> years.	<i>Catholic</i>	
Joined		Date			<i>St John's</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>7 8/19</i>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5979 Rank Plt. Name Head, A.  
 Date of Enlistment 10-8-18 Address St. Bath's, P.M. District Togo  
 Occupation Fisherman Classification for Discharge E1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
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 9-7-19

H. Muns H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Horatio Head

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied .....

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2385 to his home at Joe Batts arm and Release Certificate No. 3381 issued.

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

Date 10-7-19 K.M. [unclear]  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

*Handwritten notes: 1/2 Form B*

Date 10-7-19 J.A. Knowlton  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 24 1919

K.R. Cooper Capt.  
O. C. Discharge Depot.

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

Date July 30 1919 [Signature]

C.R. 5979

Army Form F. 179A

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 for 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 } Fisherman
- 2. Regtl. No. 5979 3. Rank. Pvt 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Deed Horatio (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday 34
- 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?
- 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."

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? }

*No complaint of no disability*

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.)

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.

*Repatriation*

*W. E. Proctor*

*Copy Name*

Medical Officer in charge of case.

Station *Wazeley Down*

Date *9/14/19*

\* 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