



Newfoundland Forestry Companies

ATTESTATION OF

No. 8389 Name Victor E Hunt Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Victor E Hunt</u> |
| 2. What is your full Address? | 2. <u>Grand Falls</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>33</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>yes</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. What is your Religion? | 9. <u>S. C.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> } Name |
| | } Corps |

I, Victor E Hunt 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.

E 15/19/17

Victor E Hunt SIGNATURE OF RECRUIT.

James J. Waugh Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Victor E Hunt 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Grand Falls on this 16th day of Oct 1917

Signature of Attesting Officer H. J. Fitzgerald, S.M.

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 Oct 19/17 1917

Place Capt St Johns

Approving Officer. [Signature]

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)

W. S. Hunt

C.R.

838.9

APR 6

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. *8389*

Name *Victor E. Skent*

Address *Bonavista*

Present Medical Category *E*

Recommended for:— (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

R.H. East Capt.
.....
O.C. Discharge Depot.

J. Paterson
.....
Senior Medical Officer

J. W. Gordon
.....
M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station St. Johns
Date April 7th 1919

1. Unit Royal Newfoundland
2. Regimental No. 8387
3. Rank Plt
4. Name Hunt Victor E.
5. Age last birthday 39
6. Enlisted on Oct 14/17
at Grand Falls
7. Former trade or occupation Paper making
8. Disability Unable Use Arms

9. History about year ago. felt pain in wrists. wrists swelled a little. He was unable use arms - reported sick. was given light-duty. - Has been on light duty since

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

fairly good condition
although anemic looking
Heart - rapid. No murmurs.
Lungs. apparently normal
although patient rpa up blood
June 18.

11. Was sanatorium advised and refused?
operation

no

12. Do you recommend discharge as permanently unfit?

yes

Signature

J. G. Keen

Rank or Qualification

Capt -

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by 4
due to

(a) Service during this war. (b) ~~Climate~~. (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Pulse 120 Weight 157 1/2 lbs
Bronchial breathing at 2nd costochondral junction
left side. Normal elsewhere.
Complains that cannot lift weights gets pain in
wrists - no swelling or any physical sign*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 60

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) 40% Six months

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
} General Hospital,
} Naval and Military Convalescent Hospital,
} Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

H. G. [unclear]
..... President

Signatures *J. [unclear]*
.....
P. Patterson major
.....

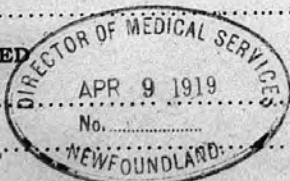
Place *S. Johns*

Date *Apr 9 1919*

APPROVED

Station

Date



Clay Macpherson
.....
Administrative Medical Officer



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 *Sunt. Victor E.*

Regiment from which discharged *Royal Newfoundland -*

Regimental number *8389.*

Intended address *Bonavista.*

Height on discharge *5' 10" 5'*

Color of hair on discharge *Dark.*

Complexion *Light*

Color of eyes *Brown.*

Descriptive Marks *Med.*

Figure on discharge *Med.*

Christian name of Father *William*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *Glasie.*

Date and place of marriage *Catalina. 22 July. 1812.*

Christian names of children *Georden.*

Place and date of soldier's birth *Bonavista. 25 Nov. 1880.*

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) *Victor E. Sunt*

(Rank) *R*

Station *St John*

Date *7-11-19*

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

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
Paper Maker*

Victor D. ...

Signature of Man.

J. D. ...

Signature of the Vocational Officer or his Representative.

Reg. No.

8389

Place **ST. JOHN'S**

Date **APR 11 1919** 191

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8389 Rank Private Name Hunt V. E.
 Intended place of residence Bonaville
 2. Occupation Lumberman
 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
 Date APR. 11. 1919
J. A. Mous H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
APR. 11. 1919
Victor Hunt
 Signature of soldier
J. A. Mous H.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
11-4-19
Victor Hunt
 Signature of soldier
W. J. Reilly RQMS
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-10-17 No of days on Military
 Discharged from service 13-4-19 Plus 14 days Service 560

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 APR 13 1919
R. H. Lat
 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 April 27/1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

Cist. No. 50909/ 3087

17
30
31
31
34
31
27
175

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

MEDICAL HISTORY



Surname Hunt OF Christian Name Victor E

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonowisla County Ifla

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>15</u> day of <u>Oct</u> 19 <u>17</u> at <u>Grand Falls</u>		on _____ day of _____ 19 <u>1</u> at _____	
Declared Age	<u>33</u> years <u>10 mo</u> days		_____ years _____ days	
Trade or Occupation	<u>Lumberman</u>		_____	
Height	<u>5</u> feet <u>4 1/2</u> inches		_____ feet _____ inches	
Weight	<u>116</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded.... inches		_____ inches	
	Range of Expansion.. inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. Simon</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at _____ on _____ day of _____ 19 <u>1</u>		at _____ on _____ day of _____ 19 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Ifla Trench Companies</u>		<u>8389</u>	
Transferred to				
Became non-effective by	on _____ day of _____ 19 <u>1</u>		on _____ day of _____ 19 <u>1</u>	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
	5	3	18	14	3	18	<i>Trachypus</i>	10	
	30	5	18	1	7	18	<i>Otorrhoea</i>	33	

list in case of Warrant Officers treated in quarters.

In the cause, nature or treatment of the case likely to be of interest or of future use. In cases of discharges 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

no haemoptysis while in hospital.

Thomas Burrell.
CAPTAIN, R.A.M.C.

James
CAPTAIN, R.A.M.C.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8389 Rank Plt Name Hunt V.C.
 Date of Enlistment 15.10.17 Address Bonanza District Bonanza
 Occupation Reverend Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 40% 6 m.a.
 Passed to Demobilization Officer with following documents:—

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	<u>72.6.1</u>	

Date 11.4.19

 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Victor Hunt

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$150.00

(b) ~~Clothing~~ Supplied Adm. Louston

Date 11-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. home
 at Bonaville and Release Certificate No. 2094 issued.

Date 11-4-19
J.A. Snow
 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 27-4-19

Date 11-4-19
J. H. News
 Depot Paymaster

Discharge approved for 13-4-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-4-19
J.A. Snow
 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

APR 13 1919

Date
R.H. Sait Capt.
 O. C. Discharge Depot.

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

Date 18/4/19
J.P. Snow
 for officer i/c Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 838 Rank Plt Name Went Lt
 Date of Enlistment 15.10.17 Address Bonaville District Bonaville
 Occupation Lumberman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Presumably by defect Discharge Rating Ho 706 1000

Passed to Demobilization Officer with following documents:—

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 103	ME 2		" 6
B 179c	B 120	M 93	<u>706 1</u>	

Date 11.4.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am ✓ in a position to resume civilian occupation.

Vicki Hunt

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 Amalouston

Date 11-4-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1289 at his home at Bonaville and Release Certificate No. 2094 issued.

Date 11-4-19 *J.A. Snow*
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 27-4-19

Date 11-4-19 for H. M. H.
Depot Paymaster.

Discharge approved for 13-4-19

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.	1
B 178a	D 400A	B 1915	do 2nd	" 3.	2
B 179	D 400B	Form L.	do 3rd	" 4.	
B 179a	D 400C	Form K.	do 4th	" 5.	
B 179b	B 103	ME 2.	<u>2 ad. 1</u>	" 6.	
B 179c	B 120	M 93			

Date 11-4-19 *J.A. Snow*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

APR 13 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... St. John's, Nfld......

April 7th., 1919.

Date.....

- | | | | |
|-------------------|---------------------------|-------------------------------|----------------------------|
| 1. Unit | <u>Royal Newfoundland</u> | 5. Age last birthday | <u>39</u> |
| 2. Regimental No. | <u>8389</u> | 6. Enlisted on | <u>October 14th., 1917</u> |
| 3. Rank | <u>PRIVATE</u> | at | <u>GRAND FALLS</u> |
| 4. Name | <u>HUNT VICTOR. E.</u> | 7. Former trade or occupation | <u>PAPER MAKING</u> |

8. Disability

UNABLE USE WRISTS

9. History

ABOUT YEAR AGO FELT PAIN IN WRISTS. WRISTS SWELLED A LITTLE. HE WAS UNABLE TO USE ARM - REPORTED SICK. WAS GIVEN LIGHT DUTY - HAS BEEN ON LIGHT DUTY EVER SINCE

10. What is his present condition ?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

FAIRLY GOOD CONDITION ALTHOUGH ANAEMIC LOOKING. HEART RAPID. NO MURMURS. LUNGS APPARENTLY NORMAL ALTHOUGH PATIENT SPAT UP BLOOD JUNE 1918

11. Was sanatorium advised and refused ?
operation

NO

12. Do you recommend discharge as permanently unfit ?

YES

Signature **(Sgd) S. G. KEAN**

Rank or Qualification **CAPT.**

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated by:—
due to
- (a) Service during this war. (b) ~~Climate~~. (c) ~~Ordinary Military Service~~
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

PULSE 120. WEIGHT 127½ LBS. BRONCHIAL BREATHING AT SECOND COSTA CHONDRAL JUNCTION LEFT SIDE. NORMAL ELSEWHERE. COMPLAINS THAT HE CANNOT LIFT WEIGHTS. GETS PAIN IN WRISTS. NO SWELLING OR ANY PHYSICAL SIGNS

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **60%**
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) **40% for 6 months**

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend discharge from retention in the Army

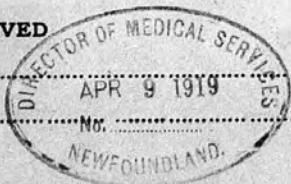
Remarks if any:—

(Sgd) N. S. FRASER
.....
President

Signatures..... J. S. TAIT
.....
..... E. PATERSON... MAJOR.....

Place ST. JOHN'S
Date APRIL 9th. 1919.....

APPROVED
Station
Date
No.



(Sgd) CLUNY MACPHERSON, MAJOR.....
Administrative Medical Officer.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8389 Rank Private Name Hunt, Victor
 Intended place of residence Bonavista

2. Occupation Lumberman
 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 APR 1 1919 for Comanding 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 (sgnd) Victor Hunt
APR 1 1919 Signature of soldier
 " J. H. Snow, Lt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S (sgnd) Victor Young
APR 1 1919 Signature of soldier
 " W. J. Eaton, R.O.M.S.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-10-17 No of days on Military
 Discharged from service 13-4-19 plus 14 days Service 560

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. [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date APR 13 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

