



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3970 Name Herbert Irving Corps C of A

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Herbert Irving</u> |
| 2. What is your full Address? | 2. <u>Spring Street Road</u>
<u>City</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years .. <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Janitor</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Herbert Irving 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.

Herbert Irving SIGNATURE OF RECRUIT.

Robert Lewis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Irving 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.

I, Herbert Irving do solemnly swear, 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 15 day of Oct 1915.

Signature of Attesting Officer J. J. Brady

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 C of A.

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

Date Oct 25/15 1915

Place St. John's

Approving Officer J. J. Brady

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) .. re-enlisted in the (Regiment) .. on the (Date) ..

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Herbert Irving
 Apparent age 19 years 8 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 33 1/4 inches
 Range of expansion 3 1/4 inches
 Distinctive marks _____

Irving, Herbert A.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Benjamin Irving
Irving, Herbert A. Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



3976

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3976 Name Herbert Irving Corps C of E

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | <u>Herbert Irving</u> |
| 2. What is your full Address? | <u>375 King's Highway, R. 10
City</u> |
| 3. Are you a British Subject? | <u>Yes</u> |
| 4. What is your age? | <u>19</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | <u>Journalist</u> |
| 6. Are you Married? | <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 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? | <u>Yes</u> |

I, Herbert Irving 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.

Herbert Irving SIGNATURE OF RECRUIT.

1915-10-17

Brendan Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Irving 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 15 day of Oct 1917

Signature of Attesting Officer J. J. Kennedy

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 15/17 1917 Place St. John's Approving Officer J. J. Kennedy

† 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).....

C.R. 3976

Extract from Medical Board held Saturday Feb. 22nd,
1919.

3976 Pte. H. Ivany.

Recommended Discharge from the Army. AL.

C.R. 3976

Extract from Daily Orders Part III Unit The Royal Rifles Regt
by Lt. Col. T.G. Mathews, B.S.O. 1st Bn. 4-11-18.

The following joined Battn. 3-11-18.

3976 Bde. H. Ivany.

A Coy.

C.R. 3976

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated 20/3/19.

The Discharge of the undernoted on Demobilization
has been CONFIRMED by Officer I/C Records on noted
date.

3976 Pte. Herbert Ivany.

17/3/19.

C.R. 3976

Extract of DAILY ORDERS, PART II, Depot St. John's,
dated March 5th/19.

The discharge of the undernoted on Demobilization has
been APPROVED by O.C. Discharge Depot on noted date.

#3976 Pte. Herbert Ivany.

1/3/19.

CR: 3976

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, 11-2-19.

The Undernoted returned from Overseas and reported
to Depot 7-2-19.

Repatriated on account of Demobilization.

3876 Pts. Herbert Ivany.

C.R. 3976

Extract from Nominal Roll embarked By. S.S. Corsican
Jan. 20th, 1919.

3976 Ivany.

C.R. 3976

Extract from Nominal Roll of the Royal WFLD. Regt.
24-1-19.

The undermentioned who was transferred from
B.E.F. to the 2nd Bn., Winchester 19-1-19, awaiting
Repatriation.

3976 Pte. H. Ivany.

C.R. 3976

Nov, 26th 18.

Mr. Benjamin Ivany,
Merrymeeing Road.

Dear Sir:

In answer to our inquiries as to the whereabouts of your son, #3976 Pte. H. Ivany, we are advised by the Record Office, London, that he is now with the 1st Battalion, in France.

Upon receipt of any further information, we shall again communicate with you.

Yours faithfully,

Captain
Military Secretary.

C.R. 3976

extract from Telegram from Synoptical, dated Nov. 25th., 1918.

In answer your telegram Nov. 2nd.,

45976 Ibeny.

B.E.F.,

EC.

C.R. 3976

Extract from Casualties List No. H.A. 30883.

3976 Pte. H. Ivany.

Dis to 5 Rest Camp St. Martins ex 7 Con. Dep. 25th Oct'18.

L/NF144 R. Spr. Ankle SW Slt.

Oct 14 18

Dear Mr. Ivany:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 2376, Private Herbert Ivany was at 7th Convalescent Depot Boulogne on October 4th suffering from sprained ankle shell wound slight.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Benj. Ivany
Herrymeston Rd.

Minister of Militia.

C.R. 3976

EXTRACT FROM WAR LIST. NO. H. A. 29776/

DATED 9 OCTOBER 1918.

3976 PTE. H. IVANY.

ADMITTED 55 GEN. H. BOULOGNE, 2nd OCT. 1918. SPRAIN ANKLE.

BC.

C.R. 3976

Extract from Casualties List No.H.A. 29852.

3976 Pte. Ivany H.

1/Mfld.R. Admi. 7 Con. Dep. Boulogne 4th October 1918.

Sprn. Amkle (Shell) wd Slt.

MM.

AMPEFORD BOND

C.R. 3976

Extract from Medical Roll of M.F.A. Regt. Draft No. 40
from 2nd Br. Depot, to 1st Br. B.N.F. Selected Policemen
M-3-M.

3976 Pts. H. Ivany.

C.R. 3976

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 8

3976 Pte. H. Ivany.

25-5-18.

C.R. 3976

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,- 130 Other Ranks from 2nd. Bn., Depot
Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.E.F. Embarked
Folkestone, 5/5/18.

3976 Pte. H. Ivany.

A.Fs. B. 105 (one for each
each soldier) sent to 3rd.
Echelon, B.E.F.

C.R. 3976

Extract from Nominal Roll embarked St. John's For Overseas.
per S.S. "Florizel" Dec.11,1917.

#3976 PTE. H. IVANY.

C.R. 3976

Extract from Daily Orders Part II Unit The Royal Mfld.
Regt., St. John's, Oct. 16th, 1917.

3976 Pte. H. Ivany.

Attested for General Service with the 1st Mfld. Regt.,
and posted to "G" Company with effect from Oct. 15th/17.

A. Drury

C.R. 3976

P. A. O.

No. 3976

Rank

Plt

Name

Erany A.

Para

Signature required by
Major Command

Pay	F.A.	Fee	
700	70	1	110
Less: ...			68
Net Rate			58

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	Total
						From	To			
Balance					Balance		7 1/2			1 14 8
Acquittance Rolls		10	12	4	Pay @ Net Rate	8 6/8	20 1/2	196	50	115 50 23 14 8
Hospital Advances			2	2		20 1/2	24 1/2	35	50	
A.B. 64			2	7 8						£259 4
SP. & R.O. Payments			5	0 0						
			18	10 8						
Cash	9 36		5	0 0						

BY CHECKS BILL NO.

MEMORANDUM

RECEIVED 7/21/1917

NO. OF CHECKS

By Cash

By Cash

Loany H

3941

Ray Sept.

R. A. C. TAIT
PATRICK STREET

ST. JOHN'S, N. F.
PHONE 18

For _____

Date _____ 191

R

Expte. 3976. Joany. H.

Has been off work for
6 mos. due to trouble
with feet.

Claims original injury
to left ankle contracted
on active service.

I have advised him
to report to M.O. M.H.C.
for investigation

15/7/20

Richard Tait

March 29th/2.

Mr. Herbert Ivany,
MacNeill Street,
City.

Dear Sir:-

Respecting your claim for pension for disability
due to service.

I beg to state that on your discharge from
the service in 1919 you were examined by three
Medical men who stated that you had no disability
due to service, and this Board cannot depart
from their decision.

It is regretted, therefore, that you are not
eligible for pension.

Yours faithfully,

Secretary,

CCO/EBD.

RAWLINS' CROSS
ST. JOHN'S, NEWFOUNDLAND

Mar. 3. 1922.

This is to certify that
3976 I have today examined
Herbert Drany who is
suffering from a disabled
foot which he claims
is due to an injury re-
ceived on active service.

I recommend him
for a Board for same.

Cluny Macpherson. M.D.

To Secy.
Board of Pensions Commissioners



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.*

Date *Feb 22nd 1915*

1. Unit *Royal Newfoundland*
2. Regimental No. *3946*
3. Rank *Servant*
4. Name *Harry Herbert*
5. Age last birthday *19-4*
6. Enlisted on *15th Oct 1917*
7. Former trade or occupation *Truckman*

8. Disability

Injury ankle.

9. History

*Swisted ankle in trenches.
In Hosp. 3 weeks.*



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 Nfld.*
 Date *Feb 22nd 1915*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>194-</i> |
| 2. Regimental No. <i>3946</i> | 6. Enlisted on <i>15th Oct 1917</i> |
| 3. Rank <i>Sergeant</i> | at <i>St. Johns</i> |
| 4. Name <i>Harry Herbert</i> | 7. Former trade or occupation <i>Truckman.</i> |

8. Disability

Injury ankle.

9. History

*Twisted ankle in trench.
 In Hosp. 3 weeks.*

10. What is his present condition?

In good health.

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

Does not complain of any disability in ankle.

Medical Report on an Injured

11. Was sanatorium operation advised and refused? *no*

12. Do you recommend discharge as permanently unfit? *yes*

Signature

Archibald

Rank or Qualification

MD Senior

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 *total disability* 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.
- Yes*

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

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation in 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 the Army
retention in

Remarks if any:—

A I

[Signature]
.....
President

Signatures.....
[Signature]
[Signature]

Place.....
[Signature]

Date.....
Feb 22/19

APPROVED

Station.....

Date.....



[Signature]
Administrative Medical Officer

SEPARATION ALLOWANCE.

Claimant..... *Joany Benjamin (Father)*

On account of *Berbert Joany* No. *3976* Rank *Pto*
John Joany

Decision..... *Refused*

J. P. Bennett
W. J. Readell Lt. Col.
M. Bowley Capt.

Date. *9/5/19*.....

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

Allotment of *60^c* per *day* payable to *Benjamin Joany*
his *Father* from *1/11/17* to *17/3/19*

Discontinued on account of *his being Discharged*
L. R. Sgt.

NOTICE

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

FATHER

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 and returned to:-

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

- | 1. | Name in full of soldier. | Rank.. | Reg't or Unit. | Reg't No. |
|----|---|----------------------|-------------------|-----------------------------|
| | <i>Herbert Long Gray</i> | <i>Pte.</i> | <i>G Company.</i> | <i>3976</i> |
| 2. | Age of soldier | Married or single | | |
| | <i>19 1/2 months</i> | <i>Single</i> | | |
| 3. | Name in full of father of soldier | Age | Occupation | Permanent-Address |
| | <i>Benjamin Gray</i> | <i>60</i> | <i>Mason.</i> | <i>McNeil St. St. Johns</i> |
| 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.) | | | |
| | <i>Lumbago & Rheumatism</i> | | | |
| 5. | Names of your children. | Address in full | Occupation. | Married or Single. |
| | <i>Herbert.</i> | <i>W 10 Regiment</i> | | <i>Single</i> |
| | <i>John</i> | <i>W 10 Regiment</i> | | <i>Single</i> |
| | <i>William</i> | <i>McNeil St</i> | | <i>Single</i> |
| | <i>Elizabeth</i> | <i>do</i> | | <i>Single</i> |
| 6. | State amount earned by yourself per month. | | | |
| | <i>Nothing</i> | | | |
| 7. | State date and place of death of your wife. | | | |
| | <i>October 1916</i>
<i>St Johns.</i> | | | |
| 8. | State amount and source of any other income. | | | |
| | <i>assigned from Separation Allowance from William is too delicate to work hardy at all Soldier 60¢ per day - Elizabeth keeps house - assigned from allowance from father assigned to 60¢ per day</i> | | | |
| 9. | What is the value of your real property. | | | |
| | <i>House & land etc in upon which I live 500 00</i> | | | |

10. State actual amount contributed by soldier during year prior to enlistment. *Not more than 300⁰⁰ per year*
-
11. Was this amount contributed weekly or monthly. *Weekly*
-
12. Did this amount include payment of son's board, etc. *Yes*
-
13. State your son's trade or occupation prior to enlistment. *laboarer*
-
14. State amount of his wages per week. *5⁰⁰ to 6⁰⁰*
-
15. State name and address of his last employer. *Mogque hill - Farmer
Freshwater Road*
-
16. State amount of support monthly from son since enlistment. *assigned pay
separation allowance
no 60⁰⁰ per day away
418⁰⁰ per mo on an average*
-
17. State amount of "Assigned Pay" received by you from son monthly. *↗*
-
18. From what date have you received "Assigned Pay." *Nov. 1st 1917*
-
19. Actual amount contributed by other children. *John allotment* Weekly *4²⁰* Monthly *1800*
-
20. If not receiving support from other children, state cause, answer fully. *William practically an invalid
Elizabeth housekeeper.*
-
21. Are any of these children in your employ. *No*
-
22. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No. Did not know
anything about it*
-
23. What is the value of your personal property? *Furniture
100⁰⁰*
-
24. With whom do you reside at present? *My own home.*

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 Nfld. Government.

no

28. In what capacity and in what place.

no

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 Benjamin J. Evans

Place of residence McNeil St. St. John's

Declared and subscribed before me at St. John's

this fourteenth day of March 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace) L. E. Smenson.

.....

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 and support of the applicant.

Signature of Clergyman J. Brindley

Signature of Member of Patriotic Fund Committee Wm. G. Galt

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } *Herbert Evans*
3576
2. Name and age of said soldier's father or other relative. } *Byron Evans*
Co
3. Is said father or other relative a chronic invalid and totally incapacitated. } *yes*
4. Of what nature is disability? } *Chronic Rheumatism*
5. From what date has this total incapacity been existent? } *8 or 9 months*
6. How long is total incapacity likely to continue and what will be the effect on earning power. } *Likely increase*
as time goes on
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } *50%*
8. Are you the regular attending physician? } *yes*
9. Relationship to soldier of applicant? } *son*

I certify that the above statements are correct.

W. H. H. ?.....Place,

March 15 1915.....Date.

.....
W. H. H. ?
.....
Physician.

June 9, 1919

Mr. Benjamin Ivany,
McNeil St.,
City.

Dear Sir:-

With reference to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because you are not totally incapacitated, and, therefore, not totally dependent upon your son.

Yours truly

Paymaster & Officer i/c Records.
Captain.

March 17, 1919

#3976 Ptc. Herbert Ivany,
Merrymeeting Rd.,
City

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1376."

Yours truly,

Captain,
Paymaster & C. i. / c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3926 Rank Pte Name Joany A
 Intended place of residence Merryquaiting Rd. (McNeil St.)

2. Occupation Lanner
 Classification of soldier E Medical Category A.F.

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

Eligible for War Service Gratuity

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

Place MAR 3 1919
 Date MAR 3 1919 for H. M. S. Lant
 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
3-3-19
 Signature of soldier H. X. Joany
 Signature of witness C. B. L. Lant Capt.

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
3-3-19
 Signature of soldier Herbert M. Joany
 Signature of witness W. G. Lant Capt.

STATEMENT OF SERVICE

7. Enlisted for service 15-12-17 No of days on Military
 Discharged from service 3-3-19 plus 14 days Service 519

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date MAR 3 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 March 17 1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

H. S. Lant
 13/6

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The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3976 Rank Pvt Name Joany H.
 Date of Enlistment 15-10-17 Address St John's District St John's
 Occupation Cannery Classification for Discharge F-7 Medical Category H-1
 Recommendation S.M.B. permanently unfit Disability Rating Std
 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		

Date 1-3-19for H. M. Stewart
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 3-3-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied

Date.....

O i/c. Re-clothing.

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:

Will resume business. Teamster on own account.


Hubert H. Ivory
Signature of Man.

Reg. No. *3976*

A. Murphy, Capt.
Signature of the Vocational Officer or his Representative.

Place *Dept. Skipton*

Date *March 3,* 191*9.*


 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.**

Date **FEB. 22ND. 1919.**

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 19 YEARS. |
| 2. Regimental No. 3976. | 6. Enlisted on 15TH OCT. 1917. |
| 3. Rank PTI. | at ST. JOHN'S. |
| 4. Name IVANY HERBERT. | 7. Former trade or occupation THICKMAN. |
| | 8. Disability INJURING ANKLE. |

INJURING ANKLE.

9. History **TWISTED ANKLE IN TRENCHES. IN HOSP 3 WEEKS.**

10. What is his present condition? **IN GOOD HEALTH DOES NOT COMPLAIN OF ANY DISABILITY IN ANKLE.**

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

11. Was sanatorium advised and refused? **NO.**
operation

12. Do you recommend discharge as permanently unfit? **YES.**

Signature ARCH. C. TAIT.

Rank or Qualification FOR. M. O. DEPOT.

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 ~~NO DISABILITY~~ 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.

YES.

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

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:—

A1.

N. S. FRASER.

President

Signatures **J. S. TAIT.**

L. PATERSON. MAJOR.

Place **ST. JOHN'S.**

Date **FEB. 22ND. 1919.**

APPROVED

Station **FEB. 22 1919**

Date No. **NEWFOUNDLAND.**

(SGD) CLUNY MACPHERSON MAJOR.

Administrative Medical Officer

[2000-3-3-19]



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 *James Herb*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3946*

Intended address *St. John's*

Height on discharge *5* Feet

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Brown.*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Benjamin*

Christian name of Mother *Sarah.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's. 1900.*

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 Herb *W. M. [unclear]*
W. M. [unclear] *St. John's*
 (Rank)

Station **ST. JOHN'S.**

Date **FEB 17 1919**

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 in Charge
 Hospital
 Command Depot.



Station

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

ETB

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *22.5.10*

Regimental No. *3976*

Name *Wemy* *Hubert* *86*

Address

Present Medical Category *X* *A100*

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

{ (b) Standing Medical Board

Members of Board {

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

H. Brown
.....
Senior Medical Officer

Geo. Burden
.....
M. O. Depot

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 question 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 *Herbert* 2. Surname *Ivany*
3. Rank *Private* 4. Regt. No. *3976*
5. Address in full to which future payments of gratuity are to far be forwarded *Herbert Ivany
McNeil St St Johns Nfld*
6. Date of enlistment in the Regiment *15th Oct 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge *Not applicable*
8. Relationship of such dependents *Not applicable*
9. Address in full of such dependent *do do*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *518 days*

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

Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid... *no*

Not applicable

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.....

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?..... *Not applicable*

19. Are you now serving in the Regt.? *no* If not give: (a) Date of discharge... *March 17th 1919* (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

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee..... *Not applicable*

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

Signature of Applicant:

Herbert Young
McNeill Street

Place of Residence:

Declared before me at:

This *21st* day of *March* 19*18*
Robert Alsop,

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 Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>4 wks</i>	<i>280.00</i>

Certified Correct.

Paymaster.

Signature of Applicant:

Place of Residence:

Declared before me at:

This _____ day of _____ 19...



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Herbert Swaney, Regl. No. 3976

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 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 November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3035	Wife	Bess Swaney	Home, Hartney St St. John's	60
Total Allotment, \$				60

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
[Signature] Company
 6-11-17

(Sig.) [Signature]
 (Rank) [Signature]
[Signature]

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

MEDICAL HISTORY

OF

Surname

Swamp

Christian Name

Herbert.

Table I.—GENERAL TABLE.

Birthplace:—Parish

St. Johns

County

Rifles.

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on	<i>15th</i> day of <i>Oct</i>	191 <i>7</i>	on	day of 191
	at	<i>St. Johns</i>		at	
Declared Age		<i>19</i> years	<i>8</i> <i>mons</i>	years	days
Trade or Occupation					
Height		<i>5'</i> feet	<i>7</i> inches	feet	inches
Weight			<i>116</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded		<i>30</i> inches		inches
	Range of Expansion		<i>3-2</i> inches		inches
Physical Development					
		Right	Left	Right	Left
Vaccination Marks	Arm				
	Number				
When Vaccinated					
Vision	R.E.—V=	<i>4/6</i>		R.E.—V=	
	L.E.—V=	<i>4/6</i>		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)		<i>Lamont Paterson</i>			
(Rank)		<i>Major</i>			
		Medical Officer.		Medical Officer.	
Enlisted	at	<i>St. Johns</i>		at	
	on	<i>15th</i> day of <i>Oct</i>	191 <i>7</i>	on	day of 191
		Corps.	Regtl. No. <i>7</i>	Corps.	Regtl. No.
Joined on Enlistment					
Transferred to		<i>1st Rifles</i>	<i>Regt</i>	<i>3976</i>	
Became non-effective by					
	on		day of 191	on	day of 191
(Signature)					
(Rank)					

COPY

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 22-2-19

Regimental No. 3976

Name Ivany, Herbt. Pte.

Address

Present Medical Category.....

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

(sgd) R.H. Tait, Capt.
O.C. Discharge Depot.

Members of Board " L. Paterson
Senior Medical Officer

Military Service. 519 days. " F.W. Burden
M. O. Depot

3976

August 6, 1919

H.G. Ivory,
Gambo.

Dear Sir:

With reference to your letter of July 21st. I beg to advise you that Discharge Badges are only issued to men who are discharged through medical unfitness, therefore as you were discharged on account of demobilization, you are not entitled to a discharge. Badge.

Yours truly,

Capt.
For Paymaster

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To 1st Lt. H. J. J. J. J.

Billeting Soldiers as undermentioned

from Feb 21st /19 to Feb 28th /19

3976 - 1st Lt. H. J. J. J.

7 20

Certified correct for \$

7.20

A. J. Joseph H. J. J.
Billeting Officer.

Casualty Form—Active Service.

Regiment of Corps *Royal Newfoundland*
 Rank *Pte* Surname *Swany* Christian Name *Herbert*
 Religion *C of E* Age on Enlistment *19* years *8* months
 Enlisted (a) *15.10.17* Terms of Service (a) *Quartermaster* service reckons from (a) *15.10.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation *Tanner* *J. M. Eveson* *Chief Signaller of Office*

Report		Plate of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 38, or other official documents.
Date	From whom received			
		Embarked	<i>25-5-18</i>	
		Disembarked	<i>27-5-18</i>	
		Wounded in action <i>29-9-18</i> <i>Joined Battalion</i>	<i>31-5-18</i>	
	<i>2/9/18</i>	<i>27 F.A.</i>	<i>20/10/18</i>	<i>6 5742 7418</i>
	<i>3 Am Coy</i>		<i>7/10/18</i>	<i>80 760 4</i>
	<i>55 Gen Hq.</i>		<i>2/10/18</i>	<i>4a 29776</i>
	<i>7 Coy Sel</i>	<i>Boulogne</i>	<i>4/10/18</i>	<i>4a 29852</i>
	<i>D. 9th</i>	<i>Reven</i>	<i>29/10/18</i>	<i>Mail</i>
		<i>Arrived</i>		
		<i>Rejoined unit</i>	<i>3-11-18</i>	
		Transferred to U. K.		<i>Comm. 3/11.</i>
		<i>for Repatriation</i>		
		<i>Jm</i>		<i>Capt. Col</i>

(4) 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 shall be entered.

(5) Signaller, Shoeing Smith, &c.

W. 2645-312721 24/01/17 (25/11) C. P. & S., Ltd., Form B. 103 B/1907.

P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (604) W2011/2124 1000m 2/13as 23' 5G

Forms
B. 121
33.

Regiment of

1st Newfoundland

Number of sheets

500

Signature of O. C. Company

Hubert J. P.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>3976</i>	Age on <i>19</i> years <i>8</i> months	<i>Kanner</i>	
Joined	Date	Place and Date of Enlistment	Religion	
Joined	Date	<i>St. Johns</i> <i>15-10-17</i>	<i>C. of E.</i>	
Joined	Date	Period of { with Colours <i>15 1/2</i> years with Reserve <i>3 1/2</i> years.	Place of Birth	

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
<i>Hayley Camp</i>	<i>6/2/18</i>	<i>Pte.</i>		<i>Inattention to an N. C. O.</i>	<i>Cap. Lynn</i>	<i>4 days C.B.</i>	<i>7-2-18</i>	<i>Lieut. S. Emerson</i>	<i>[Signature]</i>
				<i>Exciting to obey an order</i>					
				<i>neglect of duty</i>					
				<i>Throwing food around messroom</i>	<i>Cap. Power</i>	<i>3 days C.B.</i>	<i>12-2-18</i>	<i>Lieut. S. Emerson</i>	<i>[Signature]</i>
<i>Hayley Camp</i>	<i>11-2-18</i>	<i>"</i>		<i>Inattention on Parade</i>	<i>Cpt. Purvis</i>				
				<i>Demobilized St. Johns, 17³/₁₉</i>					
To be carried over									

Army Form B. 121.

The Royal Newfoundland Regiment

3976

DEMobilIZATION OF

Reg. No. 3976 Rank Pvt Name Joseph A. [unclear]
 Date of Enlistment 15.10.17 Address [unclear] District [unclear]
 Occupation Farmer Classification for Discharge F.1 Medical Category A.I.
 Recommendation S.M.B. permanent Disability Rating 100
 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 1-3-19 for [unclear] O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 15-3-19 Joseph A. [unclear]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied

Date..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 1344 issued.

Date 3-2-19 C. B. Dickes 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 17-3-19

Date 3-3-19 H. M. W. Lt.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ALLOWANCE
Discharge approved for 3.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1 <u>S.M.B.</u>
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 3.3.19 C. B. Dickes Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 3 1919

Date T. H. J. ...
O. C. Discharge Depot.

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

Date March 7 1919 James ...
for O.C. Records

EXTRACT FROM STATEMENT OF A/C TO 30-1-19 FROM PAY

STATE & RECORD OFFICE LONDON

3976 Pte. Ivany, H. Cr. Bal. £2:5:0 plus 1 day's pay (31-1-19)

This is transferred to Pay Office from 14-3-19

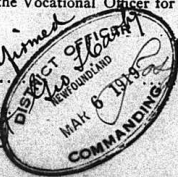
The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3976 Rank Pte Name Loamy H
 Former Occupation Teamster Address McNeil St District St Johns
 Class E Medical Category A1 Disability Rating _____
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Teamster. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 3-3-19
 To be forwarded Orderly Room in Duplicate



[Signature]
 Demobilization Officer

Reg. No. 3976 Rank. Pte Name Ivany Herbert
Attested Address Herrymetting Road
Allotment Allottee
Date of Allotment Returned from Overseas 7-2-19
Embarked for Overseas Cause Discharge

22.2.19 l.c.c. dis. from the Army. E.

1-3-19

PASSED TO DEMOBILIZATION OFFICER

5.3.19

DISCHARGE APPROVED ON DEMOBILISATION.