

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

MEDICAL HISTORY

OF

Surname: Jackman Christian Name: Michael J.

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>Renews</u> County <u>nfld</u>		<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
Examined	on <u>20</u> day of <u>Oct</u> 191 <u>7</u>	on	day of		191
	at <u>Headquarters</u>	at			
Declared Age	<u>23</u> years <u>5</u> months	years	days		
Trade or Occupation	<u>Labourer</u>				
Height	feet	inches	feet	inches	
Weight		lbs.		lbs.	
Chest Measurement {	Girth when fully expanded...	inches	inches	inches	
	Range of Expansion..	inches	inches	inches	
Physical Development					
Vaccination Marks {	Right	Left	Right	Left	
	Arm				
Number					
When Vaccinated					
Vision	R. E.—V=	R. E.—V=	L. E.—V=	L. E.—V=	
	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>L. M. P. Atkinson</u>				
(Rank)	<u>Major</u>				
	Medical Officer.				Medical Officer.
Enlisted	at <u>St John's</u>	at			
	on <u>22</u> day of <u>Oct</u> 191 <u>7</u>	on	day of		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.	
	<u>nfld Infantry</u>	<u>8394</u>			
Transferred to	<u>Companies</u>				
Became non-effective by					
[Signature]	on	day of	191	on	day of
[Rank]					191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8394 Rank PLC Name Jackson Michael
 Date of Enlistment 20.10.17 Address St. John's District St. John's
 Occupation Laborer Classification for Discharge 6 Medical Category B II
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 12.3.19
 for O. C. Discharge Depot. *H. Mews H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

M. Jackson

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 *Joseph D. Snow*

Date 13-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K 740* to his home at *Reveries* and Release Certificate No. *1506* issued.

Date *13 3 19* *R. B. Richards 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 *28-3-19*

Date *13-3-19* *H. Miers H*
Depot Paymaster.

Discharge approved for *14. 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	
F 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 490A	B 1915	do 2nd	" 3	2	<i>Form B</i>
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 *13. 3. 19* *R. B. Richards 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

Date *MAR 14 1919* *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date *MAR 14 1919* *[Signature]*

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8394 Rank Private Name Jackman Michael

Intended place of residence Renews

2. Occupation Labourer

Classification of soldier R Medical Category RII

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

Date MAR 13 1919 *H. M. W. H.*
for Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S, *M. Jackman*

13-3-19

Signature of soldier

Joseph H. Snowford
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, *M. Jackman*

13-3-19

Signature of soldier

W. J. Oatley
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-10-17 No of days on Military

Discharged from service 13-3-19 Plus 14 days Service 525

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, *R. H. Lait*

MAR 14 1919

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld *M. Bowley Capt*

Date March 28/1919 Officer in Charge
The Royal Newfoundland Regiment

H. B. 2019 1851



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 *Jackson M.J.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *8394*
 Intended address *Renews.*

Height on discharge *5* Feet *7*
 Color of hair on discharge *Black,*
 Complexion *Dark,*
 Color of eyes *Blue,*
 Descriptive Marks
 Figure on discharge *Absent.*
 Christian name of Father *John*
 Christian name of Mother *Elizabeth,*

Wife's maiden name in full
 Date and place of marriage *1895*
 Christian names of children *" "*

Place and date of soldier's birth *Renews. May 4-1895*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *Mike Jackson*

Station *John*

Date *10-3-19*

(Rank) *Private*

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