

THE ROYAL NEWFOUNDLAND REGIMENT

No. 55/8 Name Holand James Corps Sa
Questions to be put to the Recruit before Enlistment.
I. What is your name? i. Kaland James.
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling?
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma ; jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac- 8.
9. Are you willing to be enlisted for General Service? 9
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as embodied in the roll of service to be a signed by you if you are accepted?
3.45/18 December of Signature of RECRUIT. Signature of Witness.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
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 as on this
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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
Place
† 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.

DESCRIPTIVE REPORT ON ENLISTMENT To correspond with entries on the Medical History Sheet. Height 5 feet 5 ____months. Apparent age 20 years (Girth when fully expanded... Chest Measurement Range of expansion. Distinctive marks. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin 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) (6) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in Rgt. or Depot Promotion, Reductions, Casualties, &c. Army Rank Dates fying correctness of which served entries Years Days Years Service towards limited engagement reckons from Joined at

Total Service forfeited as above



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OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.	Questio	ons to be put to the Recruit before Enlistment
3. Are you a British Subject? 4. What is your age? 5. What is your Trade or Calling? 6. Are you Married? 7. Have you ever served in any Branch of His Majesty Forces, naval or military, if so,* which? 8. Are you willing to be vaccinated or re-vaccentated? 9. Are you willing to be enlisted for General Service? 9. Are you willing to be enlisted for General Service? 9. Are you willing to be enlisted for General Service? 9. Name 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 11. Are you willing to serve upon the conditions as embedied in the roll of service to be signed by you if you are accepted? 11. Are you willing to serve upon the conditions as embedied in the roll of service to be signed by you if you are accepted? 12. And Are you willing to serve upon the conditions as embedied in the roll of service to be signed by you if you are accepted? 13. And Are you willing to serve upon the conditions as embedied in the roll of service to be lateral to you are accepted? 14. Are you willing to serve upon the conditions as embedied in the roll of service to be lateral to you are accepted? 15. And Are you willing to serve upon the conditions as embedied in the roll of service to be lateral to you are accepted? 16. OATH ARD BE TAKEN BY RECRUIT ON ATTESTATION. 17. And Ard Ard BE TAKEN BY RECRUIT ON ATTESTATION. 18. And Ard Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY RECRUIT ON ATTESTATION. 19. And Ard Be TAKEN BY	I. What is your name?	, Koland James.
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- 1	a) Christis	un and Surnam	of Woman to	whom marrie	ed, and w	hether sp	inster or	widow	. (a) P	lace and	date of marriage.
	(a)	ense e des	(c) Prese	nt address. (a	a) Initial	s of Offic	cer verify	ing ent	irv.		(d)
				Particul	ars as	to Ch	ildren				. ~ ~ ~ ~ .
	Chris	stian Names				- / PT - 22			Date	and Pla	ce of Birth
			CTATE	EMENT	OF.	TUE	CEI	פאוו <i>ר</i>	·EC		
	1	9	SIAIL	TIMI CIN I	UF	IRC	Service		Service	in Re-	
Corps in which served	Rgt. or Depot	Promotion, Casualt	Reductions, ies, &c.	Army Rank	Da	ites	lowed to for fixi rate of p	reckon ng the pension Days	ed to rec wards G	t allow- kon to- C. Pay	Signature of Officers certi- fying correctness of entries
Service towa	rds limite	d enggemen	t reckons from	hoay	-5-1 30-1	918					
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Tot	al Service	forfeited as a	above		,		\	#*/	,	5	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Service to			5-8	-1919		of dischar		/ _{3ee}		8 days	
19	" Pen	sions "			t		1			•	120000000000000000000000000000000000000

C.R. 5518

Extract from Daily Orders Part II Royal Newfoundland Regiment Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from 5-8-19.

5518, Pte. R, James.

C.R. 5518

Extends from Dolly Orders Part 12 Unit the Royal Mile. -Regio Sp.John'n, July 1288, 1919.

Approved by 0.0. Discharge Depot with effect from 22-7-19.

5518 Pte. R. James.

Extract from Daily Orders Part 11 By Lt.Col. B.J. Barton, D.S.O., Commanding 2nd Battn. Royal Mfld. Regt. 2-6-19.

The following having reported back from Hospital is taken on the Strength and posted to "C" Company.

5518 Pte. R. Janes.

Extract from Daily Orders Part 11 that The Royal Effid. Regio. St. John's, July 3rd/1919.

5518 Pte. R. Janes.

Reported at Hoadquarters 127219 ox "Cassandra which sailed Glasgow 24th Cone, 1919.



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

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

#5518 Pte. R. James.

C.R. 5516

Extract from Daily Orders part 11. from Unit The Royal Hfld.Regt. St. John's detod July 25.1919.

The following man embarked for overseas on H.M.S. "Columbella" July 22,1918.

#5518 Pte . Ronald James.

Extract from Daily Orders part 11, from Unit The Royal Bfld.Regt.St.John's, dated May 21, 1918

#5518 Pte. R. James

Attested for General Service with the Royal Nfld Regt. from May 30,1918

C.R. SAS

Extract of **Finker** Telegram to Synoptical, London, Nov.18th,1918.

Reference my telegram Nov.16th should be read 5518 James £.4.2. can you adjust.

7.157.65

NEWFOUNDLAND CONTINGENT.

CONFIRMATION OF TELEGRAMS R. 5518

Received 19/11/18 (9931): Synoptical, London.

"With reference my telegram 16th Nov- should be read-5518- James- £4.2.0- can you adjust- fullstop-

(Sgd) MILITARY."

(2)

Despatched 19/11/18 (1368): Military, St. John's.

"Re erence your telegram 18th November- James- has been adjusted-

(Sgd) SYNOPTICAL."



CHIEF PAYMASTER & OFFICER I/C. RECORDS

C.R. 5-5-188

Extract from Nominal Roll of draft No. 56 from the 2nd., pattalion of the Royal Newfoundland Regiment to the 1st., Battalion of the Royal Newfoundland B. E. F., Embarked Southampton 23/11/18.

#5518 Pte. TR/ James.

A James C.R. 5518 not in nom. wel

Reprint for Royal Nffd. Regt of Army Form B. 178A.

[P.T.O.

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

MEDICAL HISTORY

Surname Hames

Christian Name Rolaha

- 0	Table I CEN	ERAL TABLE	P	
100				
Birthplace:—Parish delle	yvoland	A.B. Count	y / Fox .	
1	SPECIAL		REGULA	R ARMY
1	on 30 day of	Mey 191 8.	on day o	f 191
Examined	at Sylphis		at	
Declared Age	20 years	days	years	days
Trade or Occupation	Fisher.	man		
Height	✓ feet	of tuches	feet	inches
Weight		135 lbs.		lbs.
Chest (Girth when fully expanded		354 inches		inches
Measure- { ment (Range of Expansion		35 inches		inches
Physical Development				
	Right	Left	Right	Left
Vaccination Marks Arm		18cas		
When Vaccinated	9 no ago)		
	RE - 6/6		R.E.—V=	
Vision)	L.EV=		1,.E.—V=	
	(a)	• • • • • • • • • • • • • • • • • • • •	(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
According to the contract of t	(b)		(b)	
(b) Slight defects but not sufficient to				
cause rejection				
, ,	1	Caterine		
Approved by (Signature)	1 amost	ation		
(Rank)	my	Medical Officer.		Medical Officer.
	at Stellohui	·	at	
Enlisted		of May 1918	on day	of 191
	on day Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Royae Wes.	1518		
·	Requient.			
ſ		۰		
Transferred to			-	
Became non-effective by	on day	of 191	on day	of 191
(Signature)				
(Rank)		\		

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

	In the Million of Medical	age age of Brie	of Details, and Signatures		
					+
<u> </u>	*	·			
31-5-18	Vacc s	U			
13-611-	5 7 3				
11-7-18	TAB	b			
10.5.08					
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B-10-1					
	1				
<u> </u>					
		D-bl. Tyr. Com	THOS MARYS		
		TADIE IV.—SER	VICE TABLE.		
Station or Troop	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
				1	

an a constant		Casualty Form Active	Service.		9
· 4	Regi	ment or Corps t. / lew w	natana	CA	7
Rank	Surname	, tames Chris	stian N		
Religion			listment	years	month
		erms of Service (a) Quration	Service reck	ons from (a)/3/18
Date of pro	motion to present	rank			
Extended	Re-	engaged Qualificat	ion (b)		
(,		or Corps	Trade and Rate	20-1	nature of Office
Occupation	Tisherm	an //	1200	Sig	nature of Officer
	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents,	Place of Casualty	Date of	Remarks Taken from Army Form
Date	From whom received	B.213, Army Form A.36, or in other official documents, The authority to be quoted in each case,	Place of Casualty	Casualty	Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked			
		Disembarked	28 NOV1	918	the
		Joined Bau.		LAND	aia
		7		371111	0.10
	•	Virmed in W		23/4/19	
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VI	and the same of	·			S. S. S. W. Age
	at the same of the				
	and the second				

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

(b) Signaller, Shoeing-Smith. &c

(7501.) Wt. W 1887-P 1124. 1,000,000. 618. D. & S. Form B.103. (B. 1284).

(c) Signaller, Shoeing-Smith. &c

(Dellayde Sclande: Notro-Asme Dellayde Sclande: Notro-Asme Dellay

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of The Royal Newformaland. Signature of O. C. Company OBDURS Lieux B 121. Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name months Age on 2 O years of Enlistment 30 - 1-18 Toined Date years. Place of Birth years. Felley Isld Toined Toined Date Date of award or of order Rank sspur Name of OFFENCE Punishment awarded By whom awarded REMARKS Witnesses Mattention on Paux & Burging 2 days CB 10,8 Cops MI Long Mit. Victork to 2000 velock The Beary 7 days CB tolas & Cot BI Barton With. To be carried over

Company Conduct	Sheet I	o of last	dink babyawa manikim freedom from extra fine	Sitter Ne.	nefto Company, etc.	The Tail	The Stay of	Place
Place	Date of Rank	Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Deau.	STREET, THE TOTAL PROPERTY AND ADDRESS OF THE PARTY.		Defining of Blood Kripe	62 mfbonisk	admir hid	29/0/19	118 Walt	Paylor defendancy,
	bļu ig		1 Or As Cours	4	- , , , , , , , , , , , , , , , , , , ,	0/4/19	bet Invitagi	PH /
					and the same of th			and the second
<u></u>	<u>-</u>							· · · · · · · · · · · · · · · · · · ·
••••••								

Medical Report on an Invalid.

Station Atageley Down. Date 1. Unit Royal newfound land 7. Former Trade or Occupation 2. Regimental No. 55 18 7A. If with previous service in Army, state-Mts. 3. Rank (a) Former Unit: 4. Name (b) Regimental No.; • 5. Age last birthday (c) Date of Discharge; 30-5-18 St John's (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

me

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

ne

10. Place of origin of disability.

ne

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. ml

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

in

	it is likely to afford evidence of the progress of the disability.	
	progress of the disability.	
14.	If the disability is an injury, was it caused—	No
	(a) In action?	
	(b) On field service?	
	(c) On duty?	
•	(d) Off duty?	
15.	Was a Court of Inquiry held on the injury?	Na ·
	If so—(a) When?	
	(b) Where?	
	(c) Opinion?	
16.	Was an operation performed? If so, what?	Na
17.	If not, was an operation advised and	
14.	declined?	Na
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?	Carus treated here
19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	Na
		1 - · -
		Jehalmialion
- ₂₀	. Do you recommend—	Major DA DAS
	(a) Discharge as permanently unfit, or (b) Change to England?	Major DA DMS
	(b) Change to England .	
	1	1 224 1 D /x ///
٨		Mist Knight Capt Wa
		Therein medical charge of case.
	I have satisfied myself of the	general accuracy of this report, and concur therewith,
ea	cept†	
S	tation Angely Down	Officer is always of Hamital
, D	ate 30 - 4 - 19	Officer in charge of Hospital.
•1.	oss of teeth on or immediately after, active service	e, should be attributed thereto, unless there is evidence that it is due to some
		other cause.
	. The Delete this	s word if no exceptions are to be made.

In conplains of no disabilities

13. What is his present condition?

Nº 6331



THE ROYAL NEWFOUNDLAND REGIMENT

1 - Q - TV		11) Addres	AMOUNT (each person
503 man	r mis do	Un Pilley	Jela 6
	(mary) ja	mes A.D.J	Ban
	- No. 10		
1			
SACTS.	, e	Total	I Allotment, S

N9 6331



THE ROYAL NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each perso
1503	mathy	nary James	Pilley Jaa	6
		777	h.D. Bay	
		<u> </u>		
1.4				
		1 26		
			Total Allotment, S	6
NOTE.—T	his form must be con	npleted by the Officer Commanding	Company, signed by the Volunt to the Paymaster as authority	teer, counte

MULAND CONTING

From:

NEWFOUNDLAND CONTINGENST NOV 1918

Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street. To:

Officer Commanding,

2/Bn Royal Nfld. Regt.

Winchester.

18th November 191 8

London, S.W. 1.

Subject: 5518, Pte R. James

With reference to the following telegram (9894) from the Hon. Minister of Militia, received

Pay to 5518 James £4: 38:0

Draft £ 4: 2:0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Planter & Desiret May.

Chief Paymaster & O. i/c Records.

Nov. 20th 1918

Receipt hereunder

LIEUT. COLONEL.

COMMANDING OND BN ROYAL NEWFOUNDLAND REGT.
Officer Commag. 2 Md Batt n,
Royal Newfoundland Regiment.

Received the sum of Lour founds two Shillingson account of

cable remittance from Newfoundland.

No. 55/8 Rank

Witness of L. Certer, the

James, L

5518

Hay Dept.

August 5th 1919.

#5518, Pte.R. James, Pilley's Isld.

Dear Sir:

knclosed please find Discharge Certificate
3380.

Yours tably,

Capt.& . Officer 1/c Records.

The Royal Newfoundland Regiment

Gife Acogui Specialistica Acoguitation
PROCEEDINGS ON DISCHARGE
I. No. 5 5 18 Rank. Name James A. Intended place of residence Pulley 5
2. Occupation Scale Medical Category A.L.
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. 8. 1919. Commanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
Place, ST. JOHN'S R. Jounes
Date JUL 8 - 1919 Signature of witness
CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
5. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
Place, ST. JOHN'S Gignature of soldier
Date JUL 8 - 1919 Water Ours
STATEMENT OF SERVICE
Enlisted for service. 30-5:18 No. of days on Military
Discharged from service. JUL 2 2 1919
APPROVAL OF DISCHARGE
3. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ijc Records, The Royal Newfoundland Regiment, twenty eight days from date.
Place, ST. JOHN'S 14. N. IL COOPER Capat
Date JUL 22 1919 Date JUL 22 1919 Date JUL 22 1919
CONFIRMATION OF DISCHARGE
o. The discharge of above mentioned soldier is hereby confirmed the About and the
Place, ST. JOHN'S

No 113 E070/5380

The Royal Newfoundland Regiment

Class for Demobil- ization:—		Report of Demobilization Travelling Board, held on solo	
%·/	T.	discharge.	
10/	•		
Discharge Depot: Headquarters Ti	ne Royal Newfoundlan	id Regiment	
	Date		
Regimental No. 5.5.1.8.			
Name James Pu	Roland		
Address Yu	lens Del	and	
Present Medical Category	Ţ		
•	• (a)	Immediate discharge	
Reco	ommended for:— { (b)	Standing Medical Board	
	1	RITTANT	Maria
	$(\cdots$	O.C. Discharge Depot	
		400 A	
	Members of Board <	Senior Medical Office	
	7	Que Evide	u
	(- M. Q Depot	

The Royal Newsoundland Regiment

DEMOBILIZAT	11 11	
Reg. No. Nan	flores for	
Date of Enlishment. 30. 5. 1.8	Felley I ald Distribullate	
Occupation as form the bing consider diseases and of Occupation and as form the supplemental of the supple	therein named soldier's activities that	
Recommendation S.M.B. OI searns woll in b	green areas harring an area of the land. The land	
Passed to Demobilization Officer with following documents:		
N.F. P 36 B 268 B 121 N.F.	Mod D.R. t. V	
B 178 W 3494 B 122 Boa	rd 1st " 2	
B 178a D 400A B 1915 do	Forwardy wife following social ents to C	
B 179 D 400B Form L do		
B 179a D 400C Form K do		
B 179b B 103 ME 2		
B 179c B 120 M 93	(8/3,	
Date 7.1.19 O. C. Discharge Depot.		
PARTICULARS FOR DE	EMOBILIZATION	
I. Civil Re-Establishment.	.	
I amin a position to resume civi		
	APPROVED. Documents as above forwarded ip:—	
Documents as above torvarded to Officer lie Records. Hoard of Pension Commissioners.		
Particulars passed to Vocational Officer for inform		
Section 4 August 15		
Date		
2. Clothing. Certified that Clothing Regulations have been complied with:		
(a) Clothing Allowance payable A. Co.		
(b) Clothing Supplied	2 Million Company	
triin ta		
Date	····O i c. Re-clothing.	
. · · · · · · · · · · · · · · · · · · ·		

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No. 17, 22, 26 to his home at billy 9010 and Release Certificate No 328.9 issued.
at Pully's Asserting and Release Certificate No issued.
Date 8-7-19 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
Date Depot Paymaster.
Discharge approved for 22.
Forwarded with following documents to O.C Discharge Depot.
N.F. P36 B 258 B 121 N.F. Med D.F. 1 5 178 W 3494 B 122 Board 1st " 2 177 MR
B 178a. D 400A B 1915 do 2nd "3" D 400B Gord W 4 B 179a. D 400C Form K do 4th "5.
B 179b
Date 8.7-19. Demobilization Officer.
APPROVED.
Documents as above forwarded to:—
Officer ilc Records. Board of Pension Commissioners.
with following additional documents.
JUL 22 1919 . Eligible for War Scrvice Gratuity R. Coolea Calette
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.

D	James
1/	journes

Signature of Man.

Reg. No. 5-3-18

Signature of the Vocational Officer or his Representative

Place

ite 8-7-19.

191..

Medical Report on an Invalid.

Station Haveley Down Camp

1. Unit Royal Newforindland 7. Former Trade or Occupation

2. Regimental No.

3 Rank

5. Age last birthday 21

Enlisted on 30. 5. 8

7a. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note - The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

 Give your opinion as to the causation of the disability, stating whether in your opinion it is

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it (a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, 17. If not, was an operation advised and declined? 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable ies treates her. to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present 20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazeley & Camp Date.

Officer in charge of Hospital.

•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.

Note.—This Barm is only to be forwarded to the Ministry of Pensions in cases of discharge under para, 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para, 392 (vi.), King's Regulations, when the soldler 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.

Transfer to Glass VI, VV. (1), 1.,	of I . (I), of the Heselve.
1. Unit and Corps	A. Former Trade or Occupation } Isherman
2. Regtl. No. 4. 4. 3. Rank	7a. If the soldier claims previous service in Army, he should state—
4. Name (Christian Hames) (Christian Hames)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday	ACCUPATION OF THE PROPERTY OF

14 30/18 Lt Johns

8. If the disability is an injury was it caused

in category (or grade).

- (a) in action
- (b) on field service
- (c) on duty
- (d) off duty?
- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

 Notz.—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.

- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)
- (if any)

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 dfsability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

no ril

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100	
1	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.
1	(4). If not due to any of these causes, to what specific condition do you attribute it?
In all cases such yas facial injury, as, eye, exr. mass and throat, disabilities, dro., a specialist to be statched with radiographs where possible; and in cases of amputation the exact position should be stated.	(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) We disability.)
	16. Was an operation performed? If so, when and what
	was its nature?
	7. 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 comditions?
	20. Do you recommend— (a) Discharge as permanently unfit? (b) Change to United Kingdom?
	(a) Discharge as permanently unfit?
	(b) Change to United Kingdom?
•	Noto—(b) is only applicable to soldiers invalided at Foreign Stations.

station 758 Cultucky

Medical Officer in charge of case.

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

Note.—The Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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

					Hospital, Cheisea, S.W. 3.
Medical	Report on	a Soldier	Boarded	Prior to	Discharge or
					he Reserve.

Transfer to grade "	10, 100 (=), = 0,	4/1
1. Officialid Gorps	Lugaralle	or Occupation } Johnson
2. Regtl. No		7a. If the soldier claims previous service in Army, he should state—
4. Name (Survant)	(Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday	is had	
6. Posted for duty on Muy. 34	The 19 John	
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.

(if any)

(d) Particulars of Pension or Gratuity

- 9. If a Court of Inquiry was held on an injury state:-
 - (a) When
 - (b) Where
 - (c) Opinion of Court

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

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and so the 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 veneral 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.

		(i.) S	Service during the pres	ent war			,				
		(ii.)]	Previous active service				. \$				
		(iii.) (Climate in pre-war serv	ice			1.				
		(iv.) (Ordinary military servi	ce before th	e war		1 1	a			
,/.		(v.) S	Serious negligence or man's part.	misconduct	on the	•	. 	•••••			e:
	14 (a	a). If 1	not due to any of t specific condition do	hese causes you attribut	, to what e it?	}7	na.				
ll cases such scial injur- eye, ear, and throat, bilities, &c., ecialist's re- is to be thed with i og raphs o possible;	15. V	. (his present condition? A note should be made a when it is likely to affo gress of the disability.)	s to Weight			He.	Com	of la	us of salel	m
station the											•
ld be stated.											
			operation performed ? ts nature ?	If so, when	and what		h	h		i	
	17. I	f not, v	was an operation advis	ed and decli	ined?						
	18. *	teeth direct service	case of loss or decay of the result of wound tly attributable to active under such condition was unobtainable?	ls, injury o	or disease or through		Th T	4			
	19. G	not in State have war, a	ticulars of any other di n themselves sufficient whether or not they been aggravated by ser and if so, to what or by tions?	t to cause i are attribut vice during t	nvaliding. able to or he present		-	ns.			
	20. D	Do vou	recommend—								
			Discharge as permane	ntlwumfit ?			1) i-1	-01	100	
			Change to United Kin				h	apal	na	No.	
		Note-	(b) is only applicable to oreign Stations.	A SANDON AND STREET, SANDON STREET,	valided at	6	0			· · ·	·n
	Statio	on,	188 Cass	ands	£	۱ رد .	Medical	Officer in	charge c	of case.	Kan
	Date		31/6/15	'							
	it is d	• Loss lue to so	of teeth or or immediatel	y after active	service, sh	ould be	attributed	thereto, ur	nless there	is evidence	that

(a) attributable to

(b) appravated by

14. State whether the disabilities are

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of	A	dmitted Hospital	to	Dis	charged i	rom .	Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of
Hospital	Day	Month	Year	Day	Month	Year		Hospital	will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer
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Dates of Observation	Ú	12	13	14	15	16	14	18	19	20	21	22	23								* 1				13						
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ALC: VICTORIAL PROPERTY OF THE PARTY OF THE

CLINICAL CHART. Army Form B. 181. Military Hospital___ (To be attached to Case Sheet.) Cores. _ Service_, year No. 3518 Rank and Name Result __ Date of discharge. Date of admission. Disease Dates of 9 5 Observation Days of Disease Temperature Fahrenheit 864 107° 106 105° 8642 i04° 103° 102° 101 . 100° 99* 98° 97° 2 5 CK 288 2262 Pulse per Minute Respirations per 34 30 00 Minute Motions per 24 hours (6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565) Signature In charge of case.

Cor	ps	No	5-5	78			Rank	and :	Name	a	Sy	-(T	LIN Ya	attach	ed to	CASE	RT Sheet.)		Age_	21	Mili	itary Serv	Hosp vice_	ital_	'ea				181.	
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Dates of Observation Days of Disease		1	/		-	2			3				7-28																.75		
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Army Form B. 181. CLINICAL CHART. Age 21 Service / Year To be attached to Case Sheet.) Corps No. 3318 Rank and Name_/ Result Date of discharge. Date of admission Disease 31 79 30 Dates of 20 284 26 22 Observation Days of Disease Temperature Fahrenheit 2 610 2 6 10 2 6 10 2 6 10 Z 6 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 107° 106° 105° 104° 86.4 103° 8642 . 102° 101 0 8642 100° 99* 980 97° SE 82 250 36 Pulse per Minute 200 Respirations per 20 24 24 Minute Motions per 24 hours In charge of case. (6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565) Signature.



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

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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Name in full Regiment from which discharged Royal Dewfoundland Height on discharge Color of hair on discharge Complexion Oolor of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth Little Bay bed. 16 May 1898 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 fuli) Rawland Fames Date 8' -7. 19. Station

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.

Dete

HIADQUART RS ORDERLY ROOM John's, Newtoundle Medical Officer i|c Hospital. Unit, or Command Depot.

Station

auguat 12,1919

Mr.Roland Japes. Pilley's sland.

Dear Sir :-

Referring to your application I enclose chaque for Eventy dellars (\$70.00), being amount of first payment due you on account of the war service Gratuity.

Yours truly,

Captain & raymaster.

DEPARTMENT OF LITTING.

WAR SERVICE GRATCITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Nowfoundland Regiment, who claims Wax Service Gratuity under Order-in-Council dated January 20th, 1919.

detod Jenuary 20th, 1919.
A complete reply must be given to every question in this Declaration. There must be no blanks and no Jakhes, If my questions are not applicable, the words "NOTA APPLIABLE" must be written out.
On completion this Declaration is to be returned to NUE OFFICER I/C
RECORDS, PAY & RECORD OFFICE, SQ. JOHN'S.
Theistian names. Rolaid, s. Surrar a fames 3. Rank. La 4. Regal No. 5518
6. Address in full to with future partents of cretuity are to be forwarded
10TWEFUSJ.
6. Date of enlistment in the Regiment May 3/8
7. Name of dependent, if any, to when Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
11.
8. Relationship of such dependents.
9./Address in full of such dependents,
10. Is said dependent, now, or was said dependent at my time in rescipt
of Soperation Allowance on account of another soldier?
11. Were you on active service only in liftd, II so, give dates and
particulars of such servise
perticulars of such service.
perticulars of such service.
12. Give total length of time which you served on active service,
t Germany

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

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 Bears?
16. Heve you, during the present war, served in the Inperial Dorces. A
17.Are you entitled to receive, or have you received my Gratuity
in the nature of Post Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled. 200

18.Did you revert Oversees to a rank lower than the substantive
renk held by you on your arrival in England?
(b) If so, was such reversion in consequence of misconduct or
inefficiency?
19. Are you now serving in the Root.?
of discharge
Carried 117
Imp
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
Frame Belling Jermany
Nov 18- Saufig.
21.(a) Are you receiving treatment from the Givil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowences from
that Cormittee
And I : the this solem declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

-3- R James

Signature of Applicant: Pilleys & Declared before me at: Wohles.

This

M day of July

Signature of Barrister of the Supreme Court, Stipendiary Hegistrate, Hotary Public, Hustice of the Peace, or Commissioner of affidevits.

19.1.9.1.

Date		DISCHARG Paid Soldier.		War Service Gratuity.	n	Jot anount dve	
					ebes in		
	(crtified	correct.		Paymente	ž	



DEPARTMENT OF MILITIA

ADDRESS REPLY TO DEPARTM'T OF MILITIA AND QUO. L NO.

ST. JOHN'S. NEWFOUNDLAND.

April 17, 1919

R.C. Jeans, CATALINA.

Dear Sir:

With reference to your letter of April 12th. I enclose form of claim for War Service Gratuity.

Yours trulym

Lieut,

For Paymaster.

DEPARTMENT OF HILLITIA.

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 Jenuary 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dakhes, 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 ${\rm I}/{\rm C}$
RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.
Christian name Robert Glande 2, Summene Leans
3. Rank, Claval Reserve 4. Rogti . 10 5551
5. Address in full, to which future payments of gratuity are to be
forwarded. Robert Claude Jeans
Calalina
6. Date of enlistment in the Regiment. Filmary 16# 1918
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, is modiately prior to your discharge
Jemima Jeans
8. Relationship of such dependents
9./ddress in full of such dependents
10. Is said dependent, now, or was said dependent at any time in receipt
of Soperation Allowance on account of another soldiers, Chr
Al. Were you on active cervice only in Hfld, II, so, give dates and
perticulars of such service. An Medial destates.
in England
12. Give total length of time which you served on active service,
whether in Hild.or Overcoos, Sewed . Jeven Months Questas
······································

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
One inlistment
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? Silve Ba
16. Heve you, during the present wer, served in the I period Bordes, year
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Post Discharge Pay from the Esperial Forces? If
so, state mount received, or to which you are entitled
······································
18. Did you revert Oversees to a rank lower than the substantive
rank hold by you on your arrival in England? . Cla
(b) If so, was such reversion in consequence of Eisconduct or
incfficiency? not upplicable
19. Are you now serving in the Rotts. M.d. In set give? - (a) date
of discharge My 36. 1911. The files on for a scharge Ind unfile.
······
20. Did you at any time serve at the front in an actual theatre of
Wary If so give particulars of places, and dates of such service
Served on Trawler Base Dover
21.(a) Are you receiving treatment from the Givil Re-Establishment
Con.(b) If so are you in receipt of full pay and allowences from
that Cormittee
And I take this selema declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under orth.

Cortified correct.

Signature of Applicant: Robert Claude Jeans
Place of Residence: Catalina
Declared before ne at: Catalina
This 9-3 day of april 1915 This Signature of Berrister of the Supreme Court, Stipendiery Hegis-trate; Notary Public, Bustice of the Beace, or Commissioner of affidevits. POST DISCHARGE PAY. Net amount Paid Paid War Service Soldier. Dependent Gratuity. Date paid Paid due

Essiziator

Nº 6331



THE ROYAL NEWFOUNDLAND REGIMENT

Identity Certificate No. Whether Wife, Ch other Relative o Friend	S. Cuffel I	Address	AMOUNT (each person)
503 mother	mrs John	2 Pilley Joa	60
	- Control of the cont	A.D. Bay	
	1 2	Total Allotment, S	60
NOTE MILL C.	e completed by the Officer Comman	nding Company, signed by the Volunt anded to the Paymaster as authority	eer counter

Royal Newfoundland Regiment

Royal News	oundiand	rreć	imie	nt.
Billeting Account,	911- 9	. /i	ke	
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Billeting Soldiers as underment	ioned			
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R.5/	Billeting Off		_	-
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Receipt for Army Book 64

No. 5518 Name Rfames

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

Nome R games of

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

8MM

Demobilization Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 5518 Rank 1148 Name James R.
Date of Enlistment. 30 5:18 Address Pulley I slopistrict willy E.
Occupation & washirman Classification for Discharge
Recommendation S.M.B. Disability Rating
Passed to Demobilization Officer with following documents:—
Passed to Demobilization Officer with following documents:—
N.F. P 36
B 178 W 3494 B 122 Board 1st 2
B 179.
B 179b B 103 ME 2
В 179с. В 120. М 93
W/II. 1 L.
Date 7:7:19
Date
PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
of fand
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
Date

3. Transportation and Release Certificate.	
The above named has been provided with Travelling Warrant No	to his hor
at and Release Certificate No. 3.28.9 issue	ed
1 0-1	1.
Date 8-7-19	/· ·
Demobilization Offi	cer 🏲
4. Pay and Allowances.	
The herein named soldier's accounts have been correctly balanced and all matters	s in connection
therewith settled. He has received pay and allowances to TO ADJUSTMENT OF OUR PROPERTY OF	4
#111	1/1
Date Depot Paymaşter.	.41/.1
Λ	
Discharge approved for 22 - 19	
Forwarded with following documents to O.C Discharge Depot.	
	<u> </u>
N.F. P 36 B 268 B 121 N.F. Med D.F. 1	········
F 178	
B 178a D 400A	D
B 179a D 400C Form K do 3rd " 4	
B 179b	
B 179c. B 120 M 93	
P	
Date 8 7-19 J. f. Inwwbay	4
Demobilization	Officer.
APPROVED. Documents as above forwarded to:—	
Officer ilc Records.	
Board of Pension Commissioners.	
with following additional documents.	
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