

Johnson, J

Bulger

Receipt

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Oct. 19th, 1917.

The following was attached to Headquarters as Bugler.

j J. Johnson.

C.R. /

Extract from Daily Orders part 11, Depot St. John's dated Jan. 20th/1919.

The Discharge of the undernoted on Demobilization
have been APPROVED by O. C. Discharge depot on 16-1-19.

Bagler

~~#~~ Bagler J. Johnson.

C.R.

Extract of Daily Orders, Part 11, Unit: The Royal Newfoundland
Regiment, dated Oct. 2nd 1918.

Hospital :

Bagler Johnstone

Discharged from Barracks Hospital 1/10/18.

C.R. /

Extract from Daily Orders part II,
Depot St. John's dated Feb. 15/1919.

The discharge of the undornoted on
demobilization have been CONFIRMED
by Officer i/c Sec rds on noted
Date. 13-2-19.

Bugler J. Johnson.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. _____ Rank Bugler Name Johnston, J.
 Date of Enlistment _____ Address St. John's District St. John's
 Occupation _____ Classification for Discharge A Medical Category Special
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. Pj36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	2
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	4
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	5
B 179b.....	B 103.....	ME 2.....		" 6.....	6
B 179c.....	B 120.....	M 93.....			

Date 15.1.19

W. C. Discharge Depot
for

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

J. Johnston

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 A. Snow

Date 16-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ~~813~~ *Nil* to his home at *St John* and Release Certificate No. *813* issued.

Date *16-1-19* *CB Dicko 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 *13-7-19*

Date *16-1-19* *W. H. Money Capt.*
Depot Paymaster.

Discharge approved for *16-1-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *16.1.19* *CB Dicko Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

JAN 16 1919

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

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

Date *January 30/19* *[Signature]*

Reg. No. _____ Rank Regt Name Johnson J.

Attested 18-10-17 Address 115 Circular Rd.

Allotment _____ Allottee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas _____ Cause _____

12-1-18	Na.
23-9-18	Admitted to barracks Hosp.
1-10-18	Discharged from " "

11-1-19. PASSED TO DEMOBILISATION OFFICER

16-1-19. DISCHARGE APPROVED ON DEMOBILISATION.



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 Johnston*

Regiment from which discharged *Royal Newfoundland*

Regimental number *Dugles*

Intended address *St John*

Height on discharge *5* Feet *2*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *Jacob*

Christian name of Mother *Susan*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John 11 March 1902*

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 Johnston*

Station *St John*

Date *16.1.19*

(Rank) *Dugles*

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 _____

