



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4776 Name Johnston Mr. Corps Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? Thos. Johnson
2. What is your full Address? } Little Central
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 5 Months
5. What is your Trade or Calling? 5. Johnston
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Johnston
Corps Meth
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. Yes

I, Thos. Johnson 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.

A
24.4.18
Thomas Johnson SIGNATURE OF RECRUIT.
James G. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thos. Johnson 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
on this 29 day of April 1918
Signature of Attesting Officer [Signature]

†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 April 29 1918
Place St. John's } Approving Officer.

† 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 Thos Johnson
 Apparent age 18 years 5 months 36 Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 4 inches
 Range of expansion _____ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Johnson
St. Catharines | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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 <u>29-4-18</u>									
Joined at <u>St. John's</u> on <u>April 29-1918</u>									
<u>Discharged July 1919</u>									
<u>Embarked St. John's train to Halifax N.S.</u>									
<u>Embarked for B.C.S.</u>									
<u>Disembarked France</u>									
<u>Joined Battle France</u>									
<u>Transferred from Rank</u>									
<u>To Newfoundland for demobilization</u>									
<u>Arrived Newfoundland</u>									
<u>Demobilization</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>5-7-1919</u> (date of discharge) <u>1</u> years <u>68</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 4776

Extract from Daily Orders part II, Unit the Royal Newfoundland Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records onnoted date.

#4776 Pte. Thos. Johnstone.

5-7-19.

C.R. 4776

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. Depot, St. John's, June 11th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 21-6-19.

4776 Ptel Thos. Johnson.

C.R. 4776

Extract from Paddy Orders Part 11 Depot, St. John's,

Date 10-6-19.

4776 Pte. Thos. Johnson

Reported at Headquarters 1-6-19. RE "Corsican"
which sailed Liverpool May 22/1919.

C.R.

4776

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

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

#4776 Pte. T. Johnson.

C.R. 4776

Extract from Medical Staff re-inforcement Staff No. 55: Robert Folkston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Havelock Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, E. & F.

4776 Pte. Johnson, T.

12.

C.R. 4776

Extract from Daily Orders Part II. from Unit The Royal Newfoundland
Regiment, St. John's, dated June 14th 1918.

4776 Pte. T. Johnstone

Embarked for Overseas with draft 11-5-18.

C.R. 4776

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4776 Pte. T. Johnstone.

Attested for General Service with The Royal Newfound-
-land Regiment, from 29/4/18.

L. Johnston

C.R. 4776

~~1150~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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 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.

1. Unit and Corps. *Royal Hampshire* 7. Former Trade or Occupation } *Masterman*
2. Regtl. No. *4776* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Johnson Thomas* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on *Apr 25/18* at *R. 20th* 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.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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 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 disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil.
nil.
nil.
nil.

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
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it?

See a
See a

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No Complaint of no disability

16. Was an operation performed? If so, when and what was its nature?
 17. 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 conditions?

See
See
See
See

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
Superintendent Procurement
John C. Rane
 Medical Officer in charge of case.

Station ... *Hazelton* ...
 Date ... *30/4/19*

* 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

FORM K

No 4047 a



NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
10 JUL 1918
PAY & RECORD OFFICE

1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Johnson, Regl. No. 4776

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
25/4	mother	Mrs George (Thomas) Johnson	Little Catalina	
Total Allotment, £				70

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.) James Butt
Officer Commanding
A. Company
St John's
May 17th 1918

(Sig.) Thomas Johnson
(Rank) Pte

Nº 4047



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Johnson, Regl. No. 11176
 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} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} Persons
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2914</u>	<u>mother</u>	<u>Mrs George (Sarah) Johnson</u>	<u>Little Catalina</u>	
Total Allotment, \$				<u>7</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed 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
[Signature] 1918

(S) Thomas Johnson
 (Rank) Pte

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4776	Lt	Johnston J.	£2.50	J. Johnston

I have the honour to be, Sir,
Your obedient Servant.

J. Johnston

ato July 1/18

No. 6392/944

099274 *h*

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: *J.C.*
Officer Commanding,
2nd Batt. Rylz Nfld. Regiment,
Winchester

29th April 191⁹

4776 Pte J. Johnson

With reference to the following telegram from the Minister of Militia / / (154)

"Pay to-4776 J. Johnson
£5-0-0

Cheque £ 5-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. A. Minors
Chief Paymaster & O. i/c Records.

~~191~~

Receipt hereunder.

Williams Lieut & Adjutant
Officer Commdg. Batt'n.

Received the sum of five
pounds in respect of

telegraphic remittance from the Minister of Militia.

No. 4226 Rank *y Johnson*

Witness *Karels Lt.*

To Mr Geo. J. Johnson 277
Little Catalina.

Newfoundland.

Cable five pounds through
Melitua.

4776. Pli. J. Johnson.

No. 15549/1618.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Winchester.

September 26th, 1918

30 SEP 1918 191

Subject: 4776, Pte. E. Johnson,

With reference to the following telegram (8356) from the Hon. Minister of Militia, received

"Pay to 4776, Pte. T. Johnson, £3.0.0.

Draft £ 3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

for F.H. Marshall Capt on
Chief Paymaster & O. i/c Records.

Witness
E. Manning

Receipt hereunder.

OK
LIUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLANDS REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £ 3.0.0
Three pounds on account of
cable remittance from Newfoundland.

E. Johnson
No. 4776 Rank *Private*

Johnson, Thomas

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May 20th

July 5, 1919

#4776 Pte. Thomas Johnson,

Catalina, T.B.

Dear Sir:-

Referring to your application I enclose
cheque for seventy dollars (\$70.00), being amount of
first payment due you on account of the War Service
Gratuity.

-Yours truly

Captain
Sagmaster & O.i/c Records.

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 questions 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..... *Thomas Johnson*
3. Rank..... *Pte* 4. Regt. No..... *4776*
5. Address in full to which future payments of gratuity are to be forwarded..... *Catalana*
6. Date of enlistment in the Regiment..... *Apr 26/19*
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..... *do*
9. Address in full of such dependents..... *do*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
- 1.2

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.

Yes
\$67 - Clothing Etc

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.

no

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?

no

19. Are you now serving in the Regt.? If not give - (a) date of discharge.

June 21/19

no

(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 & Germany

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.

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:

T. Johnson

Place of Residence:

Catalina

Declared before me at:

St Johns used

This

7th

day of

June

19...*17*...

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

John McCarthy
J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....
.....

Certified correct.

Paymaster

July 5, 1919

#4776 Pte. Thomas Johnston,
Little Catalina.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2676.

Yours truly

Captain
rs. master & O. & C Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. H. 776 Rank Pte Name Johnston, Geo
 Intended place of residence Little Capatina
2. Occupation Fisherman
 Classification of soldier E Medical Category ATI
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 ST. JOHN JUN 7 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 and date
ST. JOHN'S
JUN 7 - 1919
- Signature of soldier
 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
JUN 7 - 1919
- Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-4-18..... No of days on Military
 Discharged from service JUN 21 1919 Plus 43 days Service 433

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.....
JUN 21 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.....
July 5/1919
- Officer in Charge of Records
 The Royal Newfoundland Regiment

AFB 12079/2670

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 6.6.19

Regimental No. 4776

Name Johnson Thomas

Address Cataline

Present Medical Category A-1

Recommended for:— (a) Immediate discharge
(b) Standing Medical Board

Members of Board

RH Lait
O.C. Discharge Depot.

Hester
Senior Medical Officer

Red Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4776 Rank Plt Name Johnston Thomas
 Date of Enlistment 29-4-18 Address Lille Catelina District Trinity
 Occupation Fisherman Classification for Discharge F Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____

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	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 108	ME 2		" 6	
B 179c	B 120	M 93			

Date 6-6-19 J. O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

T. Johnson

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied £1.00

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 15-98* to his home
 at *Little Catalina* and Release Certificate No. *2408* issued.

Date *7-6-19*

J. A. Snow 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 *5-7-19*

Date *7-6-19*

J. A. Snow Capt
 Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 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		

2 Forms

Date *7-6-19*

J. A. Snow Capt
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

JUN 21 1919

Eligible for War Service Gratuity

Date

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

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

T. Johnson

Signature of Man.

J. S. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *4776*

Place *St. Johns*

Date *7-6-19.*

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

MEDICAL HISTORY

Surname

J. J. Watson

Christian Name

Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish

Little Catoma

County

Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>29th</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
	at <i>S. Johns</i>	at		
Declared Age	<i>18</i> years	—	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>5</i> inches	feet	inches
Weight	<i>130</i> lbs.			lbs.
Chest Measurement	<i>36</i> inches			inches
	<i>12</i> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</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>Lamm Watson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>S. Johns</i>	at		
	on <i>29th</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>The Royal 776</i>			
Transferred to	<i>Nfld</i>			
Became non-effective by	on	day of	191	on
	day of	191	day of	191
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature
30.4.18.	Vac JP
10-5-18.	T. A. B. JP
17-5-18	T. A. B. JP
4.6.18	do. JP

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category AT

6.6.19

[Signature]

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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 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.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4776* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Johnson* *Thomas* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *Apr. 28/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action *(b)* on field service (b) Date of Discharge;
- (c) on duty (d) off duty? (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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 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 general 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. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. State whether the disabilities are
- | | | | |
|--|-------|---------------------|-------------------|
| (i.) Service during the present war | | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | | } <i>na.</i> | } |
| (iii.) Climate in pre-war service | | | |
| (iv.) Ordinary military service before the war | | | |
| (v.) Serious negligence or misconduct on the man's part. | | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

In all cases such as facial injuries, eye, ear, nose and throat, dislocations, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no Disability

16. Was an operation performed? If so, when and what was its nature? *na.*

17. If not, was an operation advised and declined? *na.*

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? *na.*

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 conditions? *na.*

Reputation

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. P. Premier *J. H. Kaus*

Station *Razley Down*

Medical Officer in charge of case.

Date *30/4/19*

* 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



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 *Thomas Johnston*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4776*
 Intended address *Catalina*
 Height on discharge *5 Feet 7"*
 Color of hair on discharge *Fair*
 Complexion *Fair*
 Color of eyes *Green*
 Descriptive Marks _____
 Figure on discharge *medium*
 Christian name of Father *George*
 Christian name of Mother *Jane*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *Catalina 1899 Nov 7*
 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)

Thomas Johnson (Rank) *AME.*

Station **ST. JOHN'S.**

Date *5-6. 19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital,
 Unit, or Command-Depot.

Station

Date



Casualty Form - Active Service.

Regiment or Corps... Real Newfoundland
 Rank Plt Surname JOHNSTON Christian Name Donald
 Religion Methodist Age on Enlistment 18 years... months
 Enlisted (a) 29/1/18 Terms of Service (a) DURATION Service reckons from (a) 29/1/18
 Date of promotion to present rank... Date of appointment to lance rank...
 Extended () Re-engaged () Qualification (b) Private
 or Corps Trade and Rate...
 Occupation Merchant Signature of Officer J. M. Curran

RFB
1915

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. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...		26 OCT 1918	
		Disembarked...		3 NOV 1918	
		Joined British ...			
		Arrived in UK		13/4/19	

(a) In the case 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 (1759) W/L 1887 P 1124, 1,000,000. & S. Form B/103, (E. 1256).

Next of kin Father George Johnson, Dal Catakua Newfoundland.

The Royal Newfoundland Regiment,

To Thos Johnson, (Recruit).

April 27th.

To passage from Catalina to St. John's.

\$7.50

4776 pt Thomas

Johnson



CERTIFIED CORRECT

[Handwritten signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1776</u>	Age on	18 years	Fisherman	
	<u>Johnson</u>			Religion	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
			<u>29.4.16</u>	<u>Meth</u>	
Joined	Date	Period of	with Colours <u>1 1/2</u> years.	Place of Birth	
Joined	Date			with Reserve <u>3 1/2</u> years.	<u>Salt Water</u>
Joined	Date				

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
				<u>Demobilized</u>	<u>St John's 5 7 19</u>				

To be carried over

Army Form B. 121.

24776

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4776 Rank Plt Name Johnston Thomas
 Date of Enlistment 29-4-18 Address Lille Catelina District Trinity
 Occupation Fisherman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 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 6-6-19 for O. C. Discharge Depot H. Mearns

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

T. Johnston

Particulars passed to Vocational Officer for information and action.

Date 7-4-19

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied [Signature]

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *11-15-48* to his home at *Little Catoluna* and Release Certificate No. *2408* issued.

Date *7-6-19* *J.A. [Signature]*
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 *7-7-48*

Date *7-6-19* *[Signature]*
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board 1st	" 2	2 Form B
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 *7 6 19* *J.A. [Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

JUN 21 1919 Eligible for War Service Gratuity

Date *R.H. [Signature]*
O. C. Discharge Depot.

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

Date *June 14/19* *[Signature]*
i/c Records

Reg. No. *4771* Rank *Plt* Name *Robinson, Thos.*
Attested Address *Little Cabalus*
Allotment Allottee ..
Date of Allotment Returned from Overseas *1.6.19*
Returned on S S *Leave* Cause *Discharge*

6.6.19
21.4.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION