

# THE ROYAL NEWFOUNDLAND REGIMENT

	ne Recruit before Enlistment.
I. What is your name?	group rease
2. What is your full Address?	CA.
3. Are you a British Subject?	3 - M.Co
4. What is your age?	42.3 Years Months
5. What is your Trade or Calling?	5 troharman
6. Are you Married?	6
<ol> <li>Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?</li> </ol>	},
8. Are you willing to be vaccinated or re-vaccinated?	8. The
9. Are you willing to be enlisted for General Service?	.g. 'Ylo
Did you receive a Notice, and do you understand its meaning, and who gave it to you?	) iName
1. Are you willing to serve upon the conditions as em signed by you'll you are accepted	H 6시간 (A)() (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
I WAT IN TURKO	RECRUIT ON ATTESTATION.  do make oath, that I will be faithful and he
The state of the s	
CERTIFICATE OF MAGISTRA	ATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that	ATE OR ATTESTING OFFICER.  If he made any false answer to any of the above questions y Act.
The Recruit above named was cautioned by me that e would be liable to be punished as provided in the Arm The above questions were then read to the Recruit	if he made any false answer to any of the above questions y Act. in my presence.
The Recruit above named was cautioned by me that ie would be liable to be punished as provided in the Arm	if he made any false answer to any of the above questions y Act. In my presence. and that his answer to each question has been duly interest of declaration and taken the oath before me
The Recruit above named was cautioned by me that e would be liable to be punished as provided in the Arm The above questions were then read to the Recruit I have taken care that he understands each question, s replied to and the said reputit has made and signed the name of the said reputit has name of the said rep	if he made any false answer to any of the above questions y Act.  In my presence.  and that his answer to each question has been drilly interest of declaration and taken the oath before me and the officer
The Recruit above named was cautioned by me that e would be liable to be punished as provided in the Arm The above questions were then read to the Recruit I have taken care that he understands each question, s replied to and the said recruit has made and signed the nthis	If he made any false answer to any of the above questions y Act.  In my presence.  and that his answer to each question has been duly not be declaration and taken the oath before me and the oath before me a
The Recruit above named was cautioned by me that e would be liable to be punished as provided in the Arm The above questions were then read to the Recruit I have taken care that he understands each question, s replied to and the said recruit has made and signed the nthis	if he made any false answer to any of the above questions y Act. in my presence. and that his answer to each question has been duly interest of the deglaration and taken the oath before me to officer.  APPROVING OFFICER. erult is correct, and properly filled up, and that the re-rdingly approve, and appoint him to the:
The Recruit above named was cautioned by me that e would be liable to be punished as provided in the Arm The above questions were then read to the Recruit I have taken care that he understands each question, s replied to and the said reprint has made and signed the notation of the said reprint has made and signed the notation.  Signature of Attesting †CERTIFICATE OF I certify that this Attestation of the above-named R uired forms appear to have been complied with. I account of the listed by special authority, such will be attached	if he made any false answer to any of the above questions y Act. in my presence. and that his answer to each question has been duly interest of the deglaration and taken the oath before me to officer.  APPROVING OFFICER. erult is correct, and properly filled up, and that the re-rdingly approve, and appoint him to the:
The Recruit above named was cautioned by me that e would be liable to be punished as provided in the Arm  The above questions were then read to the Recruit I have taken care that he understands each question, s replied to and the said regrit has made and signed the n this	if he made any false answer to any of the above questions y Act. in my presence. and that his answer to each question has been duly interest of the deglaration and taken the oath before me to officer.  APPROVING OFFICER. erult is correct, and properly filled up, and that the re-rdingly approve, and appoint him to the:

lame	Applicable to all ranks	To corresp	PORT Of	s on the	Medical	Histor	y Sheet.	3 231
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	-	Particula	ers as to Ma					James Helling
(a) Christian	and Surname of Woman to	whom marrie	d, and whether	pinster or	widow.	(6) P	lace and	date of marriage.
(a)		(b)	B11	(4		S AF	1 4	5. (d)
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hich served L'epot	Casualties, &c.	Army Kank	Dates	rate of Years	Days	wards G Years	Days	entries
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# C.R. 5257

Extract from Baily Orders Part II Royal Residentland Rogt. Depot St. John's deted Aug. 11th 1919.

The discharge of the undermoted on demphilisation has been confilmed by officer i/e Records from noted date 5-6-19.

5257. Pte. R. Keats.

Extract from Daily Orders Part 11 dunt The Royal Effid. Regt. St. John's, July 3rd 1919.

5257 Pte. R.Keats.

Reported at Hoadquarters 1-7-19 ox "Cassandra which sailed Glasgow 24th June, 1919.

# C.R. 5257

Astmot from Helly Orders part II, unit the Mayel Sewfoundlen Meginetedated July Mute 1910.

The discharge of the undermited on demobilization has been arranged by 0. U. Discharge Depot on noted date.

#5257 Pte. R. Keats. 20c-7- 19.

Extract from Daily Orders part 11, from Unit The Royal Nfld.Regt.St.John's, dated July 25,1918.

The followin man embarked for Overseas on H.M.S. "Golumbella" July 22,1918.

#5257 Pte.Robert Keats.

Extract from Daily Orde a part 11, from Unit The Royal H226-Reg .St.John's, dated May 22,1918.

#5257 Pte. Rebert Keats.

Attented for Semeral Service with the Reyal Hild Regt. from SL.5.18

C.R. 5257 1 Keals PHO

№ 4138 A



# 1ST. NEWFOUNDLAND REGIMENT

	Allotment begins Whether Wife, Child, other Relative or Friend	NAME (in full)		Address	AMOUN (each per	NT (Son)
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			100	Age Comment		
						,
···				Total Allotment,	5 0	Lo
	This form must be c signed by the Officer	ompleted by the Officer Comp Commanding Company and	manding Comp	pany, signed by the Volu	nteer, coun	the

No. 1548 218/P&A.

W FOUNDLAND Ohief Paymaster 10.1/0 Reco. Newfoundland Contingent, # U.1/c Records, Pay & Record Office, 58, Victoria Street,

CONTINGENT

To:

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

27th, January,

1919

London, S.W. 1.

Subject: 5257, Pte. R.J. Keats,

With reference to the following telegram ( 783 ) from the Hon. Minister of Militia, received

"Pay to 5257, Keats, £4:0:0.

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

Muchaill Mas Chief Paymaster & O. 1/c Records.

LIEUT, GOLONEL. COMMANDING 2ND BN. ROYAL

Officer Commdg. 200 Batt n. Royal Newfoundland Regiment,

Received the sum of of our

on account of

cable remittance from Newfoundland.

No. 5257 Rank/

### NEWFOUNDL

From

Chief Paymaster & 0.1/c Records Newfoundland Contingent, Pay & Record Office, 58, Victoria Street. London, S.W. 1.

13th November 191 8

Subject: 5257, Pte. R. J. Keats

With reference to the following telegram (9656 ) from the Hon. Minister of Militia, received

Pay to 5257 Keats £4:0:0

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

Chief Paymaster & O. 1/c) Records.

Commanding, NO Royal Wfld. Regt. Winchester

Receipt/hereund

DOLLEGENT

Kam / LIEUT. COLONEL,

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT. Officer Commdg. 2 nd Batt'n, Royal Newfoundland Regiment.

Received the sum of tour

bounds on account of

cable remittance from Newfoundland.

No.5257 Rank

From !

NEWFOUND

Chief Paymaster 0 0.1/c kecord Newfoundland Contingent; Pay & Record Office. 58. Victoria Street,

With reference to the following telegram from the Minister of Militia / / (142)

> "Pay to- 5257 Keats £4. 0. 0.

Cheque £ 4. O. O.is enclosed. for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O.

COONTINGENT

To: Officer Commanding. 2/Bn. Royal Newfoundland Regiment, Hazeley Down Camp, Winchester.

Obril 24 Th

Receipt hereunderl

LIEUT. GOLONEL.

Received the sum of Tau

in respect of

telegraphic remittance from the Minister of Militia.

Witness # -5 -6

No. 8215/1557

N.F.P. /78 CONT

From:

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

London, S.W. 1.

2nd June 1919

5257 Pte. R.J. Keats

With reference to the following telegram from the Minister of Militia / /19 (214):

> "Pay to- 5257 R.J. Keats £5. 0.0.

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

Muchaell Mar. Chief Paymaster & O. i/c Records.

officer Commanding. 2nd Batt. Rul NRId. Rement

1919.

Receipt hereunder LIEUT. COLONEL. COMMANDING 2ND SH. ROYAL MEWFOUNDLAND DEGT. Officer Commdg. 2 ad Batt'n.

Received the sum of Five Pounds

in respect of telegraphic remittance from the Minister of Militia.

R.J. Keals.

No 5257 Rank 16

Witness: W.R. Woode

Reats, &

5257

Pay Loepl.

.\*

august 4th 1919.

#5257, Pte.R.Keats.

Bay de Verde.

Dear sirs

Enclosed please find Discharge Certificate # 3475.

Yours truly.

Caot. Saymaster.

Rs/.



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line Nof 7 Sent by Red & by Check Place from Bayde sei de 2 To Jay Master By & Record Office Please pay 52:57 pte Robert & Keats the Sum of Twie founds Hazely bown Camp Winchester England money remitting by mail: Gost master.

No enquiry respecting this Message will be attended to without the production of this paper.

June 11, 1919

The Postmistress, Pest Office, Bay de Verde.

### Dear Madam:

I bag to acknowledge receipt of your letter of May 28th, enclosing cheq ue for \$24.33, and as requested I have cabled 25 to 5257, Pte.R.J.Keats, made up as follows:

25 \_ \$24.33 Cost of message .50 \$24.83

Will you therefore

remit 50g to cover cost of message at your carliest convenience.

Yours truly,

# The Koyal Pewfoundland Kegiment

Class for Demobil-

Class for Demobil- ization:—	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal Newfoundland	Regiment
	Date 18.7-19
Regimental No. 5257.	
Name Kentes R.	······································
Name Keartes R. Address Poory-de Ve	de
Present Medical Category	
Recommended for: $-\begin{cases} ($	a) Immediate discharge b) Standing Medical Board  N. R. Corlos. Cal. T.
	O.C. Discharge Depot.
Members of Board {	Maduam Senior Medical Officer
*	Derburden
	<del>M-11-Dep</del> ot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 5.157 Rank Alt Name Name
Date of Enlistment 24.5
Occupation
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36   B 268   B 121   N.F. Med   D.F. 1
B 178 W 3494 B 122 Board 1st " 2
B 178a J D 400A
B 179 D 400B Form L do 3rd " 4
B 179a do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.
I amin a position to resume civilian occupation. X Keale
1 i mark
M Januar
Particulars passed to Vocational Officer for information and action.
Date. Wife 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2. Clothing.  Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
(b) Clothing Supplied
Date. 19 ) - 19 Oilc. Re-clothing.

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 172 465 to his home at Boy D. Wille and Release Certificate No 36.95 issued.  Date 18-7-49 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
Discharge approved for
N.F. P 36
APPROVED.
Documents as above forwarded to:—  Officer i c Records. Board of Pension Commissioners.  with following additional documents.
Eligible for War Service Gratalty
Date JUL 20 1919 L. R. COOPER, CAPT, July 20 1919 Date O. C. Discharge yepot.
Received the above noted documents from O. C. Discharge Depot.

## 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.

Heats & Signature of Man.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Date 18 -7 -15. 191

[P.T.O.

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

### MEDICAL HISTORY

Table I.—GENERAL TABLE 191 days Declared Age... years days Trade or Occupation .... Height lbs. Weight lbs. inches inches ( Girth when fully expanded .... (Range of Expansion ... inches Physical Development... Right Right Number .... When Vaccinated R.E.—V= Vision L. E.-(a) Marks indicating tongenital peculi-arities or previous disease (6) Slight defects but not sufficient to cause rejection Approved by (Signature) Medical Officer. day of 191 Corps Regtl. No. Regtl. No. Became non-effective by 191 day of 191 (Signature)

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.

gical	Appliances; Pa	articulars of D	ental Treatment, &c.		
Date **Office	Signature of Mail.	eradistrier at	Brief Details, and Signatures	d proper section of the Williams of the Williams of the Williams of the proper the contract of	eriging to bospite tougeth, transfer
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	7.9		8.7.19	X/14/s	T .
			Date of TINA.B.	Discharge Central Action	offein 1.1 nilani
			-		
		Table IV.—SE	RVICE TABLE.		
Station or Troopshi	Date of	Date of Departure or	Station or Troopshir	Date of	Date of

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
					•
NAME OF THE PARTY					
		_			

red ink.



### 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 Comand 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

eates, Nobert Regiment from which discharged Royal Dewfoundland Regimental number Intended address 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 Bay de Kerole 26-12-1896 Christian names of children Place and date of soldier's birth Nature and locality of civil employment required I declare that I am the soldier referred to above statement are, to the best of my knowledge, correct (Soldier's signature in full) ober Station ST. JOHN'S. I certify that the above named soldier signed the description and details are, to the best of my knowledge correct. aration in my presence, and that the above Medical Officer i|c Hospital. ORDERLY ROOM Unit, or Command Depot. Date

soldier

Note.—This 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, how those or 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 Repor	t on a Sold	ier Boarde	d Prior to I	Discharge or
Transfer to Cl	ass W., W.	(T), P., or	P. (T), of tl	ne Reserve.

1. Unit and Corps. Ruyss. A. F. L. 2. Regtl. No. 2. 2. 7. 3. Rank. P. L. 4. Name (Surmans) (Christian Names) 5. Age last birthday 2. 3. (Christian Names)	7. Former Trade or Occupation } Jufficial for Occupation } 17a. If the soldier claims previous service in Army, he should state—  (a) Former Regts. or Corps; with Regtl. Nos.
6. Posted for duty on	400
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;
9. If a Court of Inquiry was held on an injury state:—	(c) Cause of Discharge.
(a) When (b) Where	(d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court  NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 is seen by the Officer in charge of the case.	B (statement by the soldier) completed before the soldier
Statement of Car	CA CONTRACTOR OF THE CONTRACTO

Norm.—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.

nil

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.) Service during the present war		
		(-, during the present nur	V	· · · · · · · · · · · · · · · · · · ·
		(ii.) Previous active service		
•		(iii.) Climate in pre-war service	V	
		(iv.) Ordinary military service before the war		
.07		(v.) Serious negligence or misconduct on the man's part.		
1	4	(a). If not due to any of these causes, to what specific condition do you attribute it?		
ases such 1	5.	What is his present condition?	1 .11	uns of no
throat, des, &c., dist's re- to be with		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.)	The composite	ability
graphs possible:				
cases of				
e stated.				
1	6.	Was an operation performed? If so, when and what was its nature?		
. 1	7.	If not, was an operation advised and declined?		
1	8.	*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 treat- ment was unobtainable?		
1	9.	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?		
	٠.			11
2	Ю.	Do you recommend—	prefatria	elle"
		(a) Discharge as permanently unfit?	prefaction	
		(b) Change to United Kingdom?		
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	vocunies.	1. Il Rane
S	tat	ion Hazeleylanes	Medical Officer in	charge of case.
D	at	e		

August 9th 1919.

Mr.R.Keats,

Mear Sir:

meferring to your application, I enclose cheque for seventy dollars (\$70.00) being amount of first payment du you on account of war Service Gratuity.

Yours truly,

Capt. @ Paymaster.

HS/.

### DEPARTMENT OF MILLITIA.

### WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Revfoundland 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 deahes, 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. ..........4.Regtl.No... 5. Address in full to which future payments of gratuaty are to be 6.Date of enlistment in the Regiment.... 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, imediately prior to your discharge..... 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 receipt of Separation Allowance on account of another soldier? ...... 11. Were you on active service only in liftld. If so, give dates and particulars of such service ..... 12. Give total length of time which you served on active service, whether in Hilldor Overses .....

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
·····
14. Have you already received may payment of Poet Discharge pay or
War Service Gravuity? If so, state amount you and your dependents
have already received and by whom paid
,
15. Have you been assued with a Wer Service Badge?
16. Have you, during the present war, served in the Experial Derces.
17. Are you entitled to receive, or have you received any Gretuity
in the nature of Pest Discharge Pay from the Diperial Forces? If
so, state amount received, or to which you are entitled
18.Did you revert Overseas to a rank lower than the substantive
rank held by you on your arrival in Sugland?
(b) If so, was such reversion in consequence of Misconduct or
inofficiency?
19. Are you now feerving in the Rost. ? A. Hi wet give?- (:) date
of discharge
against of any
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
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 take 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-Signature of Applicant: Place of Residence: Declared before me et: Signature of Berrister of Supreme General Stipendiary Heristrate; Metary Febbro, Rustice of the Peace, or Commissioner of affidevits. POST DISCULRED PAR. Not amount Wet Service baid due Date paid Soldier, Bayondene: Eagraneter Cortified correct.

### FORM K

Nº 4138



# 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUN (each pers
816	Hotter	Seleva Gents	Royde Perde	
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		b		
•				
			1	
			Total Allotment, \$	- 6
81	his form must be co	Commanding Company and he	Total Allotment, 5 nding Company, signed by the Voluni anded to the Paymaster as authority	ieer, count to make



### DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

June 11, 1919

The Postmistress, Post Office, Bay de Verde.

Dear Madam:

I bbg to acknowledge receipt of your letter of May 28th enclosing cheq ue for \$24.33, and as requested I have cabled £5 to 5257, Pte.R.J.Keats, made up as follows:

£5 - \$24.33 Cost of message .50

will you therefore remit 50¢ to cover cost of massage at your earliest convenience.

Yours truly,

Ammanias Dieut.

find enclosed
amount, required
Work
por

June 23, 1919

The Postmistress, Bay de Verde.

Dear Madam:

I beg to acknowledge receipt of your letter enclosing fifty cents, to cover cost of transfer to No.5257, Ptc. R.J. Keats.

Yours truly,

Lieut. For Paymaster.

## Royal Newfoundland Regiment.

Billeting Account,

	To_/A	F. K.	· Ko	rato	<u></u>
Billeting Soldie	ers as undermentioned	d a		-	
from July	12 /19 0	CEM	/19		- 4
100 kg 27	K	- Kea	to.	in	est.
5257	Account to	1 m	eak.	16	100
	68 v. 33-2 (	P. 1. 11	Cec	,	
•	F17 (. 3'	101718		,	
Certified correc	t for \$ 16.	11	161	· 	
Ā	<b>NAU</b>	Billeting O	Officer.		
5					

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet Gue Forms B 121. Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Enlistment No. years Age on 12 Place and Date | Wohen of Enlistment Joined Toined Date with Colours , 75 years. Joined Date Joined Date years. Date of award or of order dispensing with trial Cases of Drunk-By whom awarded REMARKS Date of Offence Names of Punishment awarded Place Rank OFFENCE Witnesses To be carried over

ANZV7

# The Royal Newfoundland Regiment

DEMOBILIZATION OF			
Reg. No. 257 Rank Ate Name Renks K			
Date of Enlistment 215 8 Address Bay A Je McDistrict Bay A			
Occupation Tuskerman Classification for Discharge Medical Category			
Recommendation S.M.B			
Passed to Demobilization Officer with following documents:-			
N.F. P 36   B 268.   B 121.   I. N.F. Med.   D.F. 1			
B 178 W 3494 B 122 Board 1st			
B 178a 1. D 400A B 1915 1. do 2nd " 3 3			
B 179 D 400B Form L do 3rd " 4			
B 179a D 400C Form K do 4th " 5			
В 178с В 126			
1. 1 Must			
Date . Vally Mf			
PARTICULARS FOR DEMOBILIZATION			
I amin a position to resume civilian occupation of X Reals			
1 am A position to resume evinan occupation - Y Reals			
My Jaman			
Particulars passed to Vocational Officer for information and action.			
Date			
L R COOPER COP			
2. Clothing.  Geltliffield that Clothink Regulations have been complied with			
Geltified that Clothing Regulations have been complied with:			
Celtified that Clothing Regulations have been complied with:—  (a) Clothing Allowance payable.			
Geltified that Clothing Regulations have been complied with:			

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No
at Boy D. Vendel . and Release Certificate No
ALCO IN
Date Demobilization Officer
Demostration 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
18-7-19
Date
1
Discharge approved for
Forwarded with following documents to O.C. Discharge Depot.
N.F. P 36. B 268. B 121 N.F. Med D.F. 1
Б 178 W 3494 В 122 Воагd 1st " 2:
B 178a p 400A B 1915 do 2nd " 3. 2 L form B
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 " 6
B 179c B 120 M 93
16-7-19 MING 18 -10
Date
APPROVED.
Documents as above forwarded to:—
Officer ile Records.  Board of Pension Commissioners.
with following additional documents.
e Eligible for War Service Gratuity
Sugare tot that Service diagrams
JUL Z 1919 L. R. COOPER, GAR
Date
O. C. Discharge Lepot.
Received the above noted documents from O. C. Discharge Depot.
31-1-1
Date Chuy 1/19

D V- V	Address Bay be Turde.
Reg. No:	bay be Tirde.
	Allottee
Date of Alle Returned en	oment Returned from Overseas JUL 1 1919 SS ASSAULANA Cause Siselain 3 (
18717	PASSED TO DEMOBILIZATION OFFICER
20 7 1	DISCHARGE APPROVED ON DEVOTE STICE.
	Wife
Section of the section	I the state of the

C. R 5 7 FOTT 1794

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge underpara. 392 (xvi. o xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has smiller dimpairment in health since his entry into military service, or in cases of transfer to Class P., or P. (1), 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 thind, Chelese, 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 Wills	7. Former Trade } Jesterna
2. Regtl. No. 5 2 5 7 3. Rank. 126	7a. If the soldier claims previous service in Army, he should state—
4. Name 525 Nealts Roll (Christian Names)	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. 2.3	
6. Posted for duty on at	
8. If the disability is an injury was it caused	was and
(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
(b) Where	(a) Particulars of Pension of Gratuity (if any)
(c) Opinion of Court	
Note.—The foregoing particulars are to be filled in and A.F.B. 179 is seen by the Officer in charge of the case.	B (statement by the soldier) completed before the soldier
Statement of Ca	
Nore.—The answers to the following questions are to be filled in by them he will take care to confine himself exclusively to the medical aspecin the invalid's military and medical documents. He will also carefully dis	the Medical Officer in charge of the case. In answering
disease.  10. If brought forward for invaliding, disability in respect (Other disabilities should be reported upon in answer to	ot of which invaliding is proposed to be stated here. question No. 19). If no disability enter "nil."
0.1	2
11. Date of origin of disability.	Property of the second
12. Place of origin of disability.	The British and the state of the Control of the Con
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 release to fficial documents.	

	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?	Hecomp	lains of me
les, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs	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.)	disabi	lains of no
where possible; and in cases of amputation the exact position should be stated.				
	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 treat- ment 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?		
	20.	Do you recommend—		
		(a) Discharge as permanently unfit?	Reports	restine
	4	(b) Change to United Kingdom?		
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	9 :	Capt Ram
		4.2	/wemin.	
	Sta	tion Hazeley bone	Medical Officer in	charge of case.
	Da			> .
	it į	<ul> <li>Loss of teeth on or immediately after active service, shows due to some other cause</li> </ul>	ald be attributed thereto, un	nless there is evidence that
				and the second second

# The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
I. No. 525 Rank Pla Bay O Jerde
2. Occupation Disherman  Classification of soldier. E. Medical Category. A.I.
3. The above named man is discharged in consequence of DEMOBILIZATION
Eligible for War Service Gratulty
4. His accounts are correctly balanced and I have impartially inquired in all matty's brought before me, in accordance with Regulations.  Place, ST. JOHN'S  Date JUL. 18.1919.  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 rewfoundland Regiment, of all financial responsibility in my connection.  Place, ST. JOHN'S  Date JUL 18 1919  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, ST. JOHN'S  JUL 1 8 1919  Date  Signature of witness
7. Enlisted for service. 31-5-18 No. of days on Military Discharged from service. JUL 20, 1919 Plus 14 days Service. 440
APPROVAL OF DISCHARGE
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  Place, ST. JOHN'S  JUL 201919  Date  Officer Commanding Discharge Depot The Royal Newfoundland Regiment
CONFIRMATION OF DISCHARGE,
9. The discharge of above mentioned soldier is hereby confirmed M How leyeapt  Place, ST JOHN'S  Officer ilc Records

Date Carry The Royal Newford The Royal Newford To 79/3475