



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5199 Name John Keeping Corp CofE

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Keeping
2. What is your full Address? 2. Half St. St. John's
3. Are you a British Subject? 3. yes
4. What is your age? 4. 20 years Months
5. What is your Trade or Calling? 5. Fisherman
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
yes
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? 10. } Name
..... } Corps
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, John Keeping 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.

John Keeping SIGNATURE OF RECRUIT.
John C. Keeping
John C. Keeping Signature of Witness.

THE OATH TAKEN BY RECRUIT ON ATTESTATION.

I, John Keeping 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 explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me as no on this 20 day of May, 1915

Signature of Attesting Officer W. S. Dicks Lieut

†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 191 }
Place } 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)

519

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name John Keeping
 Apparent age 20 years months. Height 5 feet 3 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 1 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Keeping
Polly Cove A. B. | 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'opt | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve 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>20-5-18</u> | | | | | | | | | |
| Joined at <u>St Albans</u> on <u>May 20-1918</u> | | | | | | | | | |
| Discharged <u>July 3/19</u> | | | | | | | | | |
| <u>Embarked St Albans S.S. Colchester to Halifax N.S.</u> <u>22.7.18.</u> | | | | | | | | | |
| <u>Embarked for N.B.C.</u> <u>23.11.18</u> | | | | | | | | | |
| <u>Disembarked France</u> <u>28.11.18.</u> <u>Joined Bn.</u> <u>5.1.19</u> | | | | | | | | | |
| <u>Transferred from Bn.</u> <u>22.4.19</u> <u>Arrived Newcastle</u> <u>23.4.19</u> | | | | | | | | | |
| <u>To 10 engineers for demobilization</u> <u>22.5.19.</u> <u>Arrived Halifax</u> <u>1.6.1919</u> | | | | | | | | | |
| <u>Demobilization St Albans</u> <u>3.7.1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 3-7-1919 (date of discharge) 1 years 45 days
 Pensions " " " " " " " " " " " "

C.R! 5199

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot St. John's, June 9th, 1919

The discharge of the Undermentioned on demobilization has
been APPROVED by G.C. Discharge depot June 19.1919.

5199 Pte. John Keeping.

C.R. 5199

Extract from ~~Head~~ Daily Orders Part 11 Unit The Royal
MLA. Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from 28-6-19.

5199 Pte. John Keeping.

C.R. 5199

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 7th, 1919

5199 Pte. John Keeping.

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

C.R. 5199

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.

#5199 Pte. J. Keeping.

C.R. 5199

Extract from Nominal Roll of draft No. 53 of the 2nd.,
Battalion of the Newfoundland Regiment to the 1st.,
Battalion of the Regiment B. E. F. , Embarked Southampton
23/11/16.

#5199 te. J. C. Keeping.

C.R. 5199

Extract from Daily Orders Part II, from Unit The Royal
H&A, Regt. St. John's, Dated July 28, 1918.

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

#5199 Pte. John Keeping

C. 5199

Extract from Daily Orders part 11, from Unit The Royal
H21d. Regt. St. John's, dated May 21, 1918

#5199 Pte. J. Keeping

Attested for General Service with the Royal H21d. Regt.
from 20.5.18 to report 24.5.18

J Keeping

C.R. 5199

1890

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 F., 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 } Former Trade or Occupation } Bookbinder
2. Regtl. No. 8199 3. Rank... Private 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name Keeping John
(Surname) (Christian Names)
5. Age last birthday... 22
6. Posted for duty on May 20/18 at... St. John's
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 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 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. 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 | } na | |
| (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, 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? *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*

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.

Reparation

W. P. Premier
 Captain Rame
 Medical Officer in charge of case.

Station *Hazley, Bournemouth*

Date *29/4/19*

* 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



THE ROYAL NEWFOUNDLAND REGIMENT

I, John Keeping, Regl. No. 5199
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
24 Dollars and 60 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 July 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|---------------------|-------------------------------------|----------------------|
| 4622 | | John Edward Keeping | Highgate Chapel St, Halifax N.S. | 60 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, \$ | 60 |

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
 1918

(Sig.) John Keeping
 (Rank) Pte

No. 6437/926

Adm 099341

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Bn t. Kyl. Nfld. Regiment
Winchester

29th April 1919

May 18th 1919

5199 Pte. J.C. Keeping

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (. 155)

M. J. Keeping
Officer Commdg. / 2nd Batt'n.

"Pay to- 5199 J.C. Keeping

£6-3-0

Received the sum of Six pound

Cheque £ 6-3-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

three shillings & 3 pence respect of telegraphic remittance from the Minister of Militia.

A. A. Minnett May

J. Keeping

Chief Paymaster & O. 1/c Records.

No. 5199 Rank Pte

Witness J. N. Dickson Spt

No. 17785/1930

049929
1/18



NEWFOUNDLAND 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.

2nd November 1918

Subject: 5199, Pte. J. G. Keeping

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

pay to 5199 Keeping £4:2:0

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

A. A. Minnall Maj.
Chief Paymaster & O. i/c Records.

Nov 6 1918

Receipt hereunder

Chas. J. Keeping
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four

pounds two sh on account of cable remittance from Newfoundland.

J. Keeping

No. 5199 Rank Private

Witness A. L. Carter, Pte.

No. 4859/213

From: NEWFOUNDLAND

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

27th March 1919

5199 Pta Keeping J.C.

With reference to the following telegram from the Minister of Militia, / / (99)

"Pay to- 5199 Keeping

£5. 3. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A.A. Minshall Maj

Chief Paymaster & O. I/c Records

CHIEF PAYMASTER & OFFICER IN CHARGE
NEWFOUNDLAND N.F.F. CONTINGENT
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

To: ~~Officer Commanding~~
1/Bn. Royal Newfoundland Regiment,
B.E.F.

10-4-1919

5199 Pta Keeping J.C.

This man wishes the amount retained to credit of his account please

Deposited
26/3/19
[Signature]

No. 5199

Name

Keeping J. C.

Sqn., Batty.,
or Company

D.

Co.

R. Newfoundland

Date of
enlistment

20/5/18

G.C.

Rank

Service or
Proficiency Rate

Character

Card

Date of last entry in
Company Conduct SheetNo. and date
of last drinkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature G.C.
Company, etc.

J. C. Keeping

Character

Card

Office

| Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Date of award of order dispensing with trial | By whom awarded | Remarks |
|-------|-----------------|------|----------------------|-----------------------------|--------------------|--------------------|--|-----------------|---------|
| Rouen | 15/4/19 | Pte | | Deficiency of kit value 7/- | Cous. Wardlaw | Pay for time | 15/7/19 | Major Turner | R353 |

Army Form B. 122.

P.T.O.

Keeping J

5199

Ray sept.

July 3, 1919

#5199 Pte. John Keeping,

Lally Cove, F.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2254.

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Nfld. Regiment

DEMobilIZATION

No. 5199 Rank _____

Name *Keppin J* _____

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5-199 Rank PC- Name Keeling John
 Intended place of residence Sally Cove Force

2. Occupation Fisherman
 Classification of soldier F Medical Category A 2

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 JUN 5 1919
 for H. Mustt.
 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
JUN 5 1919
John Keeling
 Signature of soldier
W. Clouston
 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 5-6-19
ST. JOHN'S
John Keeling
 Signature of soldier
James O. Beaman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military
 Discharged from service 19-6-19 plus 14 days Service 410

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
 Date JUN 10 1919
R. H. Laitcap
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place John's Head
 Date July 31 1919
W. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

27/2 2029/8 2204

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 5199.....

Name .. L. Atkins Jeter.....

Address .. L. Atkins C.O.R......

Present Medical Category..... A-1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~.....

Members of Board {

R.H. Last
O.C. Discharge Depot.

L. Peterson
Senior Medical Officer

G.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5199 Rank Pte Name Harvey John
 Date of Enlistment 20-5-18 Address Lally Cove District Fortune
 Occupation Bookman Classification for Discharge E Medical Category A I
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:-

| | | | | | | |
|-----------|--------|--------|---|-----------|--------|---|
| N.F. P/36 | B 268 | B 121 | / | N.F. Med. | D.F. 1 | 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 103 | ME 2 | | | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 4-6-19
 O. C. Discharge Depot. H. M. S. H.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied Ambleton St

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 14.22 to his home at Lally Cove, Fortunes and Release Certificate No. 2286 issued.

Date

5-6-19

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 3-7-19

Date

5-6-19

H. Miers Lieut.
Depot Paymaster.

Discharge approved for

19-6-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|-----------|--------|--------|-----------|--------|----------|
| N.F. P/36 | B 268 | B 121 | N.F. Med. | D.F. 1 | 1 |
| F 178 | W 3494 | B 122 | Board 1st | " 2 | 1 |
| F 178a | D 400A | B 1915 | do 2nd | " 3 | 2 Form B |
| H 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

5-6-19

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 19 1919

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 return former occupation

Signature of Man.

Reg. No.

John Keating

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

21 - Johns

Date

5-6-19

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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* }
 2. Regtl. No. *5199* 3. Rank..... }
 4. Name *Keeping* *John* } *Fisherman*
 (Surname) (Christian Names)
 5. Age last birthday *29*
 6. Posted for duty on *May 20/18* at *St. John's*
 in category (or grade).....
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 8. If the disability is an injury was it caused
 (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 (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."
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
- | | (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? }

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.)

He employs 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*

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

W. E. Brown
 Capt R. A. M. C.
 Medical Officer in charge of case.

Station *Charles D. Camp*

Date *29/4/19*

* 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

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

MEDICAL HISTORY

Surname Keeping OF John C.
Christian Name John C.

Table I.—GENERAL TABLE.

Birthplace:—Parish Rally Cove F.B. County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|--------------------|--------------|------------------|
| | on | day of | on | day of |
| Examined | 20 | May 1918 | | 191 |
| at | Johns | | at | |
| Declared Age | 20 | years | | days |
| Trade or Occupation | Fisherman | | | |
| Height | 5 | feet 3 1/2 | feet | inches |
| Weight | | 136 | lbs. | lbs. |
| Chest Measurement | Girth when fully expanded | 36 | inches | inches |
| | Range of Expansion | 7 1/2 | inches | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | / | | / | |
| When Vaccinated | | | | |
| Vision | R. E.—V= | 6/6 | R. E.—V= | |
| | L. E.—V= | 6/6 | 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) | James Paterson | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at | Johns | at | |
| | on | 20 day of May 1918 | on | day of 191 |
| | Corps | | Corps | Regtl. No. |
| Joined on Enlistment | The Royal Nfld Regt | | | |
| Transferred to | Nfld Regt | | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

July 3, 1919

#5199 Pte. John Keoping,

Lally Cove, F.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,
Paymaster & U.i/c Records.

560

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.

1. Christian name *John*..... 2. Surname *Keating*.....
 3. Rank *Able*..... 4. Regt. No. *5199*.....
 5. Address in full to which future payments of gratuity are to be forwarded, *Lally Cove, St. B.*.....
 6. Date of enlistment in the Regiment *May 20/18*.....
 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
 8. Relationship of such dependents *no*.....
 9. Address in full of such dependents.....
 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 field, if so, give dates and particulars of such service *Overseas*.....
 12. Give total length of time which you served on active service, whether in field or Overseas *From May 20/18*.....
no June 5/19..... 1. 2

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

No.

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.

Clothing allowance & back pay \$0.69

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?

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

*June 5/19
Temporary*

(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, Belgium & Germany - From
Nov. 22/18 to April 22/19.*

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.

No

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: *John Keating*

Place of Residence: *Lally Cove, F. B.*

Declared before me at: *H. John, used*

This *6th* day of *May* 19*19*.....

John M. Carthy

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

POST DISCHARGE PAY.

| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | Net amount due |
|--------------------|------------------|--------------------|--------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| Certified correct. | | | | Paymaster |



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Keeping, Regl. No. 5199,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
34 Dollars and 44 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 July 1st

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|----------------------------|---|---------------------------|------------------|----------------------|
| <u>5199</u> <u>+622</u> | <u>Mother</u> | <u>Mrs Edward Keeping</u> | <u>High Cove</u> | <u>60</u> |
| | <u>Wife</u> | <u>Elizabeth Keeping</u> | <u>High Cove</u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | <u>60</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
 1918

(Sig.) John Keeping
 (Rank) Pte



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

JOHN Nfld.

Signature

Date

Address

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

John C. Keeping

in respect of his service as No. 5199 Rank Pte.

Name J.G. Keeping Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct 27 1921

Signature John C Keeping

Date Dec 4 1921

Address Lally Cove

[P.T.O.]

Receipt for Army Book 64

No. 5199 NAME Pvt. J. C. Keeling

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

NAME Pvt. John C. Keeling

Date Aug. 23rd 1920

Place Lally Co. A. C. B.

N.B. For completion and return to the department of Militi
Insert in corner of envelope "AB 64"

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet FiveForms
B 121.
30.

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. B. D. [Signature] Lieut

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|------------------------------|------------------------------|---|------------------|---|
| No. | <u>3199 Keeping, John C.</u> | Age on | <u>20</u> years <u>0</u> months | <u>Fisherman</u> | |
| Joined | Date | Place and Date of Enlistment | <u>St John's 20.5.18</u> | Religion | |
| Joined | Date | | | <u>C. P. C.</u> | |
| Joined | Date | Period of | } with Colours <u>1¹/₂</u> years. | Place of Birth. | |
| Joined | Date | | | | } with Reserve <u>3¹/₂</u> years. |

| 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 St John's</u> | | | | | <u>3 7 19</u> |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 199 Rank Pfc Name Leipig John
 Date of Enlistment 20-5-11 Address Lallybore District Fortune
 Occupation Busman Classification for Discharge E Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 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 | 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 4-6-19 O. C. Discharge Depot H.M. Smith

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____ John Leipig

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied _____

Date 5-6-19 O i/c. Re-clothing.

5199

The Royal Newfoundland Regiment

DEMILITARIZATION OF

Reg. No. 199 Rank: Pfc Name: John Kelly
 Date of Enlistment: 20-5-18 Address: Lally Road District: Fortune
 Occupation: Business Classification for Discharge: E Medical Category: AI
 Recommendation: S.M.B. Disability Rating: 1-1-2
 Passed to Demobilization Officer with following documents: —

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P/38 | 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: 4-6-19 O. C. Discharge/Depot: J. H. Minis H

PARTICULARS FOR DEMILITARIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date:..... John Kelly

a. Clothing.

Certified that Clothing Regulations have been complied with —

- (a) Clothing Allowance payable: \$60.00
- (b) Clothing Supplied: Ambleton

Date: 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1422* to his home at *Fally bore, Falmouth* and Release Certificate No. *2286* issued.

Date *5-6-19* *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 *359-1928*

Date *5-6-19* *H. W. S. Lieut.*
Depot Paymaster

Discharge approved for *19-6-19*

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

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

Date *5-6-19* *J.A. Snow Capt.*
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 1919* *R.H. J. J. J.*
O. C. Discharge Depot.

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

Date *June 10/19* *James M. J. J.*
O.C. Discharge Depot

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1422 to his home at Fally Cove, Portmoresby and Release Certificate No. 2286 issued.

Date 5-6-19

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 3-29-19

Date 5-6-19

H. Mrs. Hunt
Depot Paymaster.

Discharge approved for 19-6-19

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

| | | | | |
|----------|--------|--------|-----------|---------|
| N.F. P36 | B 268 | B 121 | N.F. Med. | D.F. 1. |
| E 178 | W 3494 | B 122 | Board 1st | " 2. |
| F 178a | P 400A | B 1915 | do 2nd | " 3. |
| B 179 | D 400B | Form L | do 3rd | " 4. |
| B 179a | P 400C | Form K | do 4th | " 5. |
| B 179b | B 103 | ME 2 | | " 6. |
| B 179c | B 120 | M 93 | | |

Date 5-6-19

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 10 1919

R.S. [Signature]
O. C. Discharge Depot.

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

Date June 10/19

[Signature]
Post Office Records

R No. *5199* Rank *Pvt.* Name *Keeping, John*
Attested Address *Lady Cove*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*



4.6.19. PASSED TO DEMOBILIZATION OFFICE

19.6.19. DISCHARGE APPROVED ON DEMOBILISATION.

Casualty Form - Active Service.

Regiment or Corps Newfoundland
 Rank Pte Surname Keeping Christian Name J. B.
 Religion C of E Age on Enlistment 20 years _____ months
 Enlisted (a) 20/5/18 Terms of Service (a) Duration Service reckons from (a) 20/5/18
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Occupation Fisherman M. Long Capt Signature of Officer.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.113, 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.113, Army Form A.36, or other official documents |
|--------|--------------------|--|-------------------|------------------|---|
| Date | From whom received | | | | |
| | | Embarked ... | | | |
| | | Disembarked... | | 28 NOV 18 | |
| | | Joined Batt. | | 5 JAN 19 | |
| | | Arrived in UK | | 23/4/19 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(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, etc. (17/21) WLW 1287-P 1124, 1,000,000, 8/12 D & S, Form B/103, (E. 1256)

Next of kin: Father: Edward Keeping Wally Cox Tommy Bay N. F. L. D.



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 *John Keeping*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5199*

Intended address *Sally Cove F.M.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Tall*

Christian name of Father *Edward*

Christian name of Mother *Elizabeth*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Sally Cove, 12th July 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 full)

John Keeping

Wt
(Rank)

Station **ST. JOHN'S.**

Date *4-6-19*

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.

Station

Date

