

THE ROYAL NEWFOUNDLAND REGIMENT

No. 5582 Name Peorge Kenden Corne leve
Questions to be put to the Recruit before Enlistment
I. What is your name?
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7
8. Are you willing to be vaccinated or re-vac- cinated?
9. Are you willing to be enlisted for General Service? • 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as embedied in the roll of service to be signed by you it you are accepted?
Signature of Witness.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered.
as replied to and the said rectait has made and signed the declaration and taken the oath before me at
Signature of Attesting Officer
†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 compiled with. I accordingly approve, and appoint him to the:
Date
Place
† The signature of the Approving Officer is to be affixed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted.
* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Name. Height feet 1/4, inches years months. Apparent age... (Girth when fully expanded 35 % inches Chest Measurement Range of expansion 31/2 inches Distinctive marks INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin promision __ | Relationship 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. (c) (d) (b) a Particulars as to Children Date and Place of Birth Christian Names STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Service not al-lowed to reckon for fixing the rate of pension Signature of Officers certi-Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. fying correctness of Army Rank Dates Years Days Years Service towards limited engagement reckons from Joined at_ Total Service forfeited as above..... Total Service towards Engagement to_ [date of discharge]_



THE ROYAL NEWFOUNDLAND REGIMENT

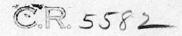
ATTESTATION OF

P1 0 4

	Questions to be put to the Recruit beere Enlistment
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	Are you a British Subject?
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9.	Are you willing to be enlisted for General Service? · · 9
	Did you receive a Notice, and do you understand tis meaning, and who gave it to you?
11. s	Are you willing to serve upon the conditions as embodied in the roll of service to be
mad	by me to the above questions are true, and that am will be to the engagement made.
mad	Signature of Witness.
bear	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful and true allegiance to His Majesty King George the Fifth. His Heirs and Successors, and that I will as in dury
oear oun	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
ear	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
bear soun	SIGNATURE OF RECRUIT. OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
bear oun men	SIGNATURE OF RECRUIT. Signature of Witness. OATH IN BE TAKEN BY RECRUIT ON ATTESTATION. I
oear oun nen	SIGNATURE OF RECRUIT. OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
oear oun nen	Signature of Witness. OATH D BE TAKEN BY RECRUIT ON ATTESTATION. I
he v	SIGNATURE OF RECRUIT. OATH DE BE TAKEN BY RECRUIT ON ATTESTATION. I
he v	Signature of Witness. OATH & BE TAKEN BY RECRUIT ON ATTESTATION. I
bear sooun he v	OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I

Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name)......on the (Date)

		DESCRIPT Applicable to all ranks							22:04
Name Apparent Chest Me	asurem	Veryears (Girth when ful	nsion	314.	inches	.iici			eet 3 4/ inches
Name and	Media Service	INFORMA		1	ıship .	RE	ude	IT el, Eev,	,
(a	(a)	an and Surname of Woman to	whom marrie		pinster or	ing ent	. (&) P	lace and	date of marriage.
	Chri	stian Names	Particul	ars as to Ch	ildren		Date	and Pla	ce of Birth
		STATE	MENT	OF THE	SEF	RVIC	ES		
Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service lowed to for fixin rate of p	reckon	Service serve no ed to rec wards G	kon to-	Signature of Officers certifying correctness of entries
Service towar	rds limits	Mengalement reckons from	tent !	6-18					
All	et.	Band Henry	19/19	19)					
Solmto Dischar	us us	h ID . Hope	tal a	17-6-18 Inte	Con	· 8	~ 16		< 8 × 8
- Jusen		Demo	letia	tion	SI	A	Ins	7. 49	25-1919
Tota	al Service	forfeited as above	3		0		1	12	
Total Service to		gagement to	27979	[date of discha	argel		urs	/3 _{days}	



Extract from Daily Orders part II, Depot St. John's dated may 12th., 1919%.

The discharges of the undermoted on demobilisation has been COMPIRED by Officer 1/c geoords on 9-5-19.

5582 Pte. George Kendell.

C.R: 5582

Extract from Daily Orders Part 11 Unit The Reyal Hfld. Regt. St. Jehn's, April 11, 1919.

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot from 11-4-19.

5582 Pte. Geo. Kendall.

NEWFOUNDLAND POSTAL TELEGRAPHS.



(NOT TRANSMITTED)

Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

to Sender the amount paid for its transmission.

In case the Mes says shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message

remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, in ury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have untirely ceased for the purposes of these Conditions at any point where,

The control of the N. P. T. over the Message shall be deemed to have ntirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (a. d the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or the of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection, with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing conditions, by which I agree to abide.

Signature of	Sender			Addr	ess Dept of Mili
Line Number	Rcd	Ву	Sent	by	Check

Dated

Jan. 13th, 1919

To

Mr. Termel Kendell.

Pushthrough.

Regret to inform you that your son No. 5582 Pte. G. Kendell is now at Military Hospital Suffering from Mumps.

J.R. Bennett,

Minister of Militia.

Missage delivered 5 Newfoundland Postal Telegraphs. SERVICE MESSAGE Postal 5082 Min Militia your message of yesterday to Kendall, Pushthrough undelivered parties father dead, nearest relative there an uncle. Shall WE deliver to him? Please advise.

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 18th 1918.

The undermentioned returned from Special Duty at DRY DOCK 15/10/18.

Pte. G. Kendall.

PRELIMINARY REPORT.

Extract from Medicalty Board held Sept.10th,1918.

5582 Pte. Kendall.G.

Recommended Light Duty for 3 months.

Extract from Daily Orders Part 11 Unit The Royal Nfld. Rgt. St. John's, dated Aug. 23, 1918.

558B Pte. G. Kendall.

Discharged from Donovans Con. Hosp. 21-8-18.

Extract from Daily Orders part 11, from Unit The Royal Nfld. Regt.St.John's, dated July 19,1918.

#5582 Pte .G. Kendall.

Discharged from M.I.D. Hospital and admitted to Donovans Con. Hospital, Fuly 15,1918.

Extract from Daily Orders part 11, from Unit The Royal Nfld.Regt.St.John's, dated June 5,1918.

#5582 Pte. G. Kendell.

Attested for General Service with the Royal Nfld. Regt. from 1.6.18

Kendall, Geo.

5582

Pay Loeph.

May 9th.,1919

#5582 Pt.George Kendall,

Pushthrough, F.B.

Dear Sir: -

Please find enclosed "Discharge Certificate

No. 1931."

Yours truly

Paymener & 0.1/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
No. 55821 Rank Private Name Kendall Ges. Intended place of residence Pushthrough
Occupation Jisherman Classification of soldier C. Medical Category AII
The above named man is discharged in consequence of DEMOBILIZATION
His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. Place Date APR 3.1919. Commanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
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 Newtoundland Regiment of all financial responsibility in my connection. Place and date ST. JOHN'S. Signature of witness
CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
Place and Date . S.T JOHN'S
STATEMENT OF SERVICE
Enlisted for service 1-6-18, No of days on Military Discharged from service. 11: 4-19. Plus. 28 days. Service 343 a
APPROVAL OF DISCHARGE
The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ic Records The Royal Newfoundland Regiment, twenty-eight days from date.
Place Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
Date
The discharge of above mentioned soldier is hereby confirmed. Place Place Officer is Records Officer is Records

CA.b. 2097/1931

The Royal Newfoundland Regiment

DEMOBILIZ	ATION OF
Reg. N.55% & Rank Pla	Name Newdall Teo
Date of Enlistment 1.6.18 Address	
7 /	AT AT
	Discharge Medical Category.
Recommendation S.M.B.	Disability Rating
Passed to Demobilization Officer with following docume	nts:—
N.F. P 36 B 268 B 121	NE Med DE 1
B 178 W 3494 B 122	
B 178a D 400A J. B 1915 Z.	
B 179 Z D 400B Form L	
	do 4th " 5
B 179b B 103 ME 2	
В 179с В 120 М 93	
	Monley Capi
Date. 20.17.18	O.C. Discharge Depot.
DADTICIII ADS FOR	DEMOBILIZATION
TARTICODAND FOR	DEMODIBILITION
1. Civil Re-Establishment.	
I amin a position to resume	
	TEO Min Trudall bort wo floaton
	TEO men Trudall
	bort to foodon
Particulars passed to Vocational Officer for in	formation and action.
Date	
2. Clothing.	. 42 4 2 114
Certified that Clothing Regulations have been	complied with
the state of the same of the state of the st	~
(a) Clothing Allowance payable	KO. T
(b) Clathing Supplied	
Date 3-4-19	
Date	O i c. Re-clothing.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No * 11 to his ho
at
Date 3-4-19 Af Imalful
Deprobilization Officer
4. Pay and Allowances.
The herein named soldier's accounts have been correctly balanced and all matters in connect
therewith settled. He has received pay and allowances to 4-5-19
Date 3-4-19 HIIWS #
Date
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
B 178 / W 3494 B 122 Board 1st
B 178a D 400A B 1915 L 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 " 6
В 179с В 120 М 93
3. 4-19 Manufair
Date
APPROVED.
Documents as above forwarded to:— Officer i c Records.
Board of Pension Commissioners.
with following additional documents.
APR 11 1919
Date
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 reme for	mer accupation
	Frakep'.
	·
	Scorp X Kindale Man.
20 Land	Reg. No. 5-5-82
Signature of the Vocational officer of	or his Representative.
ice	•

[P.T.O.

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

MEDICAL HISTORY

Surname	Cendele.		OF Christian Na	me Jeorge	<u>U</u> = 1076 4,8
Birthplace:—Parish	, Push	Table I.—GE	NERAL TABL	11.0	dlaus.
		SPECIAL	RESERVE	REGUL	AR ARMY
	- 1	on 18 day of	June 1918	on da	y of 191
Examined		at Styon	منه	at	
	,	1.0			
Declared Age	****	No. year	s days	yea	
Trade or Occupation	**** ***	10	human.		28/2
Height	222	S feet	3 /v. tuches	fee	t inches
*****			The second		. inches
Weight	200 300	1	28. lbs.		lbs.
Chest (Girth when full	y expanded	3	5 4. inches		inches
Measure- Range of Expar	nsion		3 %. inches		inches
			5 12.	-	
Physical Development	****			, 6	1.2
No.		Right	Leit	Right	Left
Vaccination Marks					
(Numb	erana ma				
When Vaccinated	,				
		RE- F G	. (R.E.—V=	
Vision		1. EV=	6.	L.EV=	
	1	(a)		(a)	
(a) Marks indicating con arities or previous di	genital peculi-				
and or provide a					
	1				
	- 1	(b)		(5)	
(b) Slight defects but no	ot sufficient to				
cause rejection					
	1			Sill,	
Approval	by (Signature)	Tonher	den		
Approved	by (signature)	ewsus	acre,		
	(Rank)	ack			
1 to 1 to 1) -) -	Medical Officer		Medical Officer.
The Brank of	r	at Legehi	٥.	at	
Enlisted		150	. 0		
	ţ				y of 191
	(Corps.	Regtl- No.	Corps	Regtl. No.
Joined on Enlistment		Royal Mes.			
		Region	5582.		
	(Junear.			
Transferred to				State In	
	t and the				
Became non-effective by					
		on day	of 191	on day	of 191
	(Signature)		har now there is		4
	(Ronk)				

Table II.—Only for admission to hospital or to the sick]

Name of Hospital	A	dmitted Hospita	to 1	Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing o syphilis, admission of trea
		Month	th Year	Day	Month	Year		Hospital	syphilis, admission of tres
m. J. D.						He			
Hospital .	17	6	18	16	7	18	heasles	30	
Donoveus.					ľ.				
Hospital Donoveus bon Hospital	16	7	18	21	8	18		3.5	
			.6.						
	2								
			4			-		*	
								,	
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					-				
							1 to 1		
			2						
						15			
				/					
									1
A CONTRACTOR OF THE PARTY OF TH									

						6.8			11001
						100			
Marie Ale Stellan				DW E					

ist in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars ment out of hospital, transfers. etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Swarden
	Sw. Burden
	[P.T.O.

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.

Date	La Pett to sur all a		Brief	Details, and Signatures		
Date			MANUAL PROPERTY.	Details, and Organia		
	STOLE STOLE STOLE		7			
1-6-18	Vace	40				
113-6-18	2 aB	40				
19-11-18	Lass.	to.		It is hereby ce	rtified that this soldier	
13 - 10- 18	5 al	to		has been before a Travelling Medic Board and has been classified for Discharge on Demok in		
•				tion. Medical	Category Copia	
				,		
		45.0	W			

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
					LE ME
				u i i i i i i i i i i i i i i i i i i i	kelundini.
	-				

The Royal Newfoundland Regiment

Cla		Der n:-	nobil -
		0	

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

Discharge Depot: Headquarters The Royal Newford	indland Regiment
	DateNOV.2.9.1918
Regimental No 5.5.8.2	Sl-
Name Mendall Gerye	Ql-
Address Lushthrough.	
forthere	Buy Sot
Present Medical Category	Bay Sist
Recommended for:-	(a) Immediate discharge
, ₀	, RH Jant Call.
,0.	O.C. Discharge Depot.
	Haterson
Members of Board	
	2 w Borden
	M. O. Depot

Nº 7148



THE ROYAL NEWFOUNDLAND REGIMENT

ount person)	leach 1	Address	1 0 1 9 1 6 E (in full)	Name	Whether Wife, Child. other Relative or Friend	*1
50	ngl -	Pushthron	e Mc'bonald	George	Uncle	
	213.	Hermitage		8		
50	nt, s	Total Allotment,				
50			e Officer Commanding Com	completed by the	form must be	Phie

Report of Medical Board.

Station

St. John's, Nfld.

September 9th., 1918 Date

Blue

No. and Rank

5582 - Pte.

Height 5' 32" Age

Name

KENDELL, GEORGE

Complexion

Unit

Royal Nfld.

Eyes

Dark Hair

Address

Pushthrough

Former Trade

Disease or Disability

Enlisted at

St. John's On 1/6/18

(The Board wilf please note how the soldier's appearance corresponds with above description.)

MEASLES

Subsequent

Original.

Present Condition (Compare with previous Board).

General condition fair . Kothing in lenge

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Chuny Marpherson,

D. M. S. NEWFOUNDLAND.

Approving Medical Officer.

EWFOUNDLAND



Department of Militia, Newfoundland. Medical Department.

Medical Report on an Invalid.

		•

(a)	This	report	is	solely	concerned	with	Pensions.
-----	------	--------	----	--------	-----------	------	-----------

- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety-"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

	611
Station	St Johns.
Date	St Johns

ı.	Unit	Ist.	Newfoundland
I.	Unit	10%.	Newfoundland

5. Age last birthday. 20 years

2. Regimental No. of 82

6. Enlisted on June 154

3. Rank. Phe

1918 at St Johns.

4. Name. Heischell George. 7. Former trade or occupation

8. Disability

heisles

9. Histor, Developes meadles or Barrocko 17-6-18 leas beiles at M. I. D. Hoop, and at Donovaul Concles. Campo -

10. What is his present condition?	That Luc	yo Tleup. No.
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)	Complain of	weather in
	lega -	
	Militario de	
11. Was sanatorium advised and refused?		
11. Was operation advised and refused?		
12. Do you recommend discharge as permanently unfit?		
		n
	Signature	Sw Burden
	Rank or Qualification	ue mo
Remarks if any by Officer ile Hospital.		
Remarks if any by Officer the Hospital.		• •
Place	Signature	
Date '	Rank	

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words.

13. For pension purposes, the disability x way be considered as

(a) Sarvice during this war. (b) Climate. (c) Ordinary Military Service Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
yu.
15. At present his capacity for earning a full livelihood in the general labor market is lessened by:— (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).
Remarks if any:-
16 Is the disability permanent?
\mathcal{V}_{0}
17. Has the disability been aggravated by (a) Intemperance. W (b) Misconduct. Wo.
18. The refusal of operation is: (a) Reasonable. (b) Unreasonable.
· Remarks if any:-
19. If fit subject for Hospital do you recommend admittance to \[\begin{pmatrix} \text{General Hospital,} \\ \text{Naval and Military Convalescent Hospital,} \\ \text{Jensen Tuberculosis Camp.} \end{pmatrix} \]
20. We recommend discharge from the Army to be placed in Category D for 6 humit
Remarks if any:
Jandar Lat President
Signatures
(Mchban)
Place Solvins Nifled Date dry 26th 75.18.
Date Aug. 26th 7518
APPROVED LUTOR OF MEDICAL SERVING
APPROVED LOTO
Station S. AUG 26 1918 S
Date AFWFOUNDLAND.
Administrative Medical College



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 Medic forwarded to the O. iIc Records together with the remainder of the man's do	al Board a	nd will be
Changes occurring in the description subsequent to the date of admission noted in red ink.	n to pension	should be
Name in full Hendell George.		4-1-1-2
Regiment from which discharged 1st. Newfoundland		
Regimental number 5582		
Intended address Pushthrough		
Height on discharge of Feet 31/2		
Color of hair on discharge Dark		
Complexion		
Color of eyes Blue.		
Descriptive Marks —		
Figure on discharge Medium		
Christian name of Father / 2		
Christian name of Mother		
Wife's maiden name in full —		
Date and place of marriage		
Christian names of children		
Place and date of soldier's birth. Pushthrough June	187	1898
Nature and locality of civil employment required		
I declare that I am the soldier referred to above and that all the part above statement are, to the best of my knowledge, correct	iculars conta	ined in the
(Soldier's signature in full) George X & wodell		

(Rank) PLE.

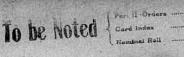
Station

Date Gug.

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.

Officer i|c Hospital. Command Depot.

Sigoliis rifle





The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Aug 24 19.18. Regimental No. 5582. Name 16 endell George.

Address Qualithrough

Disease or Disability Measles Finding of last Standing Medical Board, held on ______19_____ Present Condition Recommendation Struiding medical Bound for Dislange Category..... RH Jan app.

O. C. Depot

O. C. Depot

O. D. D. M. S.

M. O. Depot Members

AIL

ROYAL NEWFOUNDLAND REGIMENT.

	Medical Examination Held at Aradquarters fune 1/18
ı.	Name Grouge Krnolall Age (a) Declared 20 (b) Apparent
2.	
surs (What severe illnesses have you had? What severe illnesses have you had? What severe illnesses have you had?
Compline	Dark.
\vee_{3} .	Height 5/3/2 Weight 128
4.	Eyesight (a) Left 16 , *(b) Right 16
5.	Physical Defects (Examine after strenuous exercise) w
6.	Examination of Lungs m Measurement (a) Expiration 3 2 (b) Inspiration 3 5 2
7.	Examination of Heart γ
8.	Examination of Urine
9.	Examination of Mouth—(Defective Speech) Teeth Throat
	Nose Ears—(Otorrhea)
	(Deafness) Have you been successfully vaccinated, and when? Name and address of next of kin Swithin Jamuel Monnocht.
10.	Have you been successfully vaccinated, and when?
11.	Name and address of next of kin Swithin Camuel Stockholder.
Re	MARKS-

Medical Examiners.

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 dakhos, 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.4. Regtl. No. J. 5. 8 2 6.Address in full to which future payments of gratuity 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, immediately prior to your discharge. 8. Relationship of such dependents. L.Q..... 9. Address in full of such dependents. 10.1s said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of another soldiers he.... 11. Were you on active service only in Hfld, Ii so, give dates and particulars of such service. 12. Give total length of time which you served on active service, whether in lift d. or Overcoss. In Months

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-collistments, 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. No.

15, Have you been issued with a War Service Badge? No.
16. Have you, during the present war, served in the I period Dorces.
17. Are you entitled to receive, or have you received my Gratuity
in the nature of Post Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled M.V
78 Did was seemed a
18. Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrivel in England? Served only in My
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?. 200.
19, Are you now serving in the Rott.? M Il not give? - (n) date
of discharge S. Mill (919 (b) Reason for descharge Demobilise
· · · · · · · · · · · · · · · · · · ·

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.(2) Are you receiving treatment from the Wivil Re-Establishment
Con.(b) If so are you in receipt of full pay and allowances from
that Cormittee. M.
nd I : the this soleun declaration conscientional haling
de true, and knowing that it is of the same force and effect as if

Signature of Applicant: Georgian Place of Residence: Pushthrough Declared before no at: dery of This 3w Signature of Barrister of the Supreme Court, Stipendiary Magis-trate, Potary Public, Justice of the Peace, or Ous issioner of affidevits, POST DISCHARGE PAY. Not emount Ver Service Paid due Date paid Paid Dependent Gratuity Soldier Payraster. Certified Correct.

Nº 7148



THE ROYAL NEWFOUNDLAND REGIMENT

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	В.	Hermitage		0		
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50	-	Total Allotment, \$				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B 121. 39. Regiment of Rayal New found & State of O. C. Company Mariko Line

	gimental Num			1	1 0 -				Luis
No. SS 82 Joined Joined Joined	Georg	e Ken Date Date Date	dell	Age on 'y years months Place and Date of Enlistment 1 6 18 Period of with Colours 3 11 years Period of with Reserve 3 years	Religion Religion Place of Birth Puch Through			roficiency pay	•
Place	Date of Offence	Rank	Crases of Drumbers ness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
			2	Demobilized Sel	his 9	9			
									. B. 121.
									Army Porm
				To be carried over.					

The Royal Newfoundland Regiment

		OL DEMOI	BILIZATION	æ	4		
		Pte				1	
Date of Enlis	tment / 6./	8Ad	dress lush	Lough	District	to tune	
Occupation	Fasherma	Classification	for Discharge.	Li.	Medical Cate	gory AI	
Recommendat	ion S.M.B		Disability. I	Rating			
Passed to Der	mobilization Offic	er with following do	ocuments:—				
		1 1	17 11	1 1	— T	1	
AND DESCRIPTION OF SAME	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	В 121	AND DESCRIPTION OF THE PERSON ASSESSMENT OF TH	STATE AND DESCRIPTION OF THE PERSON.	1	10	.,
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В 179	4 D 400B	Form L	do 3rd		4		
		Form K			5		
MAGOCIONISMO PER SECUCIONA PER	222 CA. 3 SECTION AND THE RESERVE	ME 2	A		6		
В 179с	В 120	М 93	1				
Date. 20:1	.v.:/.s	PARTICULARS	S FOR DEMOR	Tu	Discharge Dep	ot.	
		TARTICODAM	TOR BEINGE				
1. Civil Re-E	stablishment.						
I	1 am	in a position to re	esume civilian oc	cupation.			
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			120.	Mene	ruda	Ealo	
				lost.	60 g	Ealo	ú
Parti	culars passed to	Vocational Officer	for information a	and action.			
Date			••••		•••••		•••••
2. Clothing.					THE PER	41	
Cer	rtified that Clothi	ng Regulations have	been complied	with:—			
	(a) Clothing	Allowance payables	#600				
		Supplied					
3	11-10						
Date	4-19		E TONE IN THE	Oil	c. Re-clothing		

3. Transportation and Release Certificate.			
The above named has been provided with	Travelling Warrant	No	to his home
and the second of the second o	se Certificate No,	Control of the Act of the Act	
at and Releas	e Certificate No.	1.4.7.2 15	sued.
3-4-10	KIL	The who	1
Date	1.7	Demobilization O	Micer
	1	2000	
4. Pay and Allowances.	/		
The herein named soldier's accounts have	been correctly bala	nced and all matt	ers in connection
		9-5-10	y
therewith settled. He has received pay and a	allowances to	1 111	
Date 3-4-19	•	HIMW	(IV
Date		Depot Paymaste	т.
- // //	14	#'	
Discharge approved for	- 17		
Francis in the factor of the control of the	D:-1 D		
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 В 122	. Board 1st		.5
B 178a D 400A B 1915 Z			100/
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2 4 - 19	VII	Threw,	and.
Date	1.1	4 7111	,
W/	//	Demobilization	on Officer.
Value of the second sec			
APPROVED.			
Documents as above forwarded to:-			
Officer i c Records. Board of Pension Commissioners.			
with following additional documents.			
with following additional documents.			
APR 11 1919		H. Jait	GIL
Date	,		
		O. C. Dischar	ge Depot.
Received the above noted documents from O. C. Disch			
	ja	melsat	g/CK
Date Clarice 12 1919	Up	87 R	100
Date	101	The sea	

Reg. No. 5582 Rank Pto Name Kendell A Allotment....., *. ... Allottee Date of Allotment.....Returned from Overseas..... 136/9 200 5-10-18. 305 Innoc 9-11-18 ages from m. I. D. Hos & admit anger From Donnuans travelling Brs. Nec. Standing medical

4-9-18 herommended to be placed in latigory to 9-9-18. Therommended Light buty for 3 months 20.14. PASSED TO DEMOBILIZATION OFFICER U. 4.19. DISCHARGE APPROVED ON DEMOBILISATION.