



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4199 Name Sgt. Karpis Corps 26

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Sgt. Karpis
2. What is your full Address? 2. St. George
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 1 Months
5. What is your Trade or Calling? 5. none
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
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, Sgt. Karpis 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.

Sgt. Karpis SIGNATURE OF RECRUIT.

W. H. O'Connell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sgt. Karpis 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 191

W. H. O'Connell 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.....

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joe Kaufman
 Apparent age 18 years 1 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Captain Kaufman
Cape St George | 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 Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____



FIRST NEWFOUNDLAND REGIMENT

4199

ATTESTATION OF

No. 4199 Name Joe Karrefin Corps Rd.

Questions to be put to the Recruit before Enlistment.

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

H 3-12-17 SIGNATURE OF RECRUIT.
Joe + Karrefin SIGNATURE OF WITNESS.
Namorsky

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joe Karrefin do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St George's on this 3rd day of December 1917.
 Signature of Attesting Officer W. H. H. H.

†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 1st
 If enlisted by special authority, such will be attached to the original attestation.
 Date Dec 3 1917
 Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joe Karrefin
 Apparent age 18 years 1 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ephraim Karrefin
Cape St George | 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.	
(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 Depot	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>3-12-17</u>									
Joined at <u>St John's</u> on <u>December 3-1917</u>									
<u>Discharged July 18, 1919</u>									
<u>Embarked St John's S.S. freight to Halifax N.S. 29th 18</u>									<u>Embarked for</u>
<u>St J. 27-18 disembarked France 5-17-18</u>									
<u>Admitted 3rd E. Hous. St. Vincent B.C.S. 1st Lt. 27th 18</u>									<u>Joined 8th Batta. 9-7-18</u>
<u>Admitted to 2nd Coy. 1st Batta. 1st Lt. 1st 18</u>									
<u>Transferred to England 5-10-18</u>									<u>1st Batta. 1st Lt. 1st 18</u>
<u>Admitted 3rd London Ter Coy. 5th 18</u>									
<u>Transferred to 6-12-18</u>									<u>5th 18</u>
<u>Admitted 3rd London Ter Coy. 5th 18</u>									
<u>Transferred to 6-12-18</u>									<u>Transferred then</u>
<u>Admitted 3rd London Ter Coy. 5th 18</u>									
<u>Transferred to 6-12-18</u>									<u>to the 22nd 5-19</u>
<u>Admitted 3rd London Ter Coy. 5th 18</u>									
<u>Transferred to 1-6-1919</u>									<u>Demobilization 18-7-19</u>
<u>Admitted 3rd London Ter Coy. 5th 18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-19 [date of discharge] 1 years 228 days
 " " Pensions " " " " " " " " " " " "

G.R. 4199

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 18-7-19.

4199 Pte. Jos. Caravan.

C.R.

4199

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 4-7-19.

4199 Pte. J. Caravan.

C.R. 4199

August 19th 1919

A S. DuBordieu Esq.,
Port au Port.

Dear Sir:

With reference to your letter of August 1st concerning the case of No. 4199 Pte. Jos. Kerfant, I am informed that both messages received by this soldier were to the same effect. It will not be necessary for him to come to St. John's again at present.

Yours truly,

Lieut. Col.
Chief Staff Officer.

A

C.R. 4199

Port au Port

August 1st - 1919

Sir:-

Joseph Kerfant, returned Saldier, Cape St. George, writes me to say that he received from Magistrate W. Donald, St. Georges, a telegraphic message to proceed to St. John's for discharge.

A week or so previous to this ~~he received~~ he received from your Department a message to the same effect and went to St. John's accordingly. He desires to know if the two messages refers to the same event or has he to go to St. John's again. The magistrate's message is dated 26th July and was evidently delayed in transmission.

Yours obt. Servt.

A. S. DuBois

C.R. 4199

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919

4199, Pte. J. Karrafin.

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

C.R. 4199

Extract from Orders by Lt. Col. B.J. Barton, D.S.O., Commanding
2nd Battalion Royal Newfoundland Regiment, dated 4/12/18.

The following having reported back from the 1st Battalion
is taken on the strength and posted to "H" Company:-

4199 Pte. J. Caravan

J. Caravan

6/12/18.

C.R. 4199.

Extract from CASUALTIES from P.&R.O., London, dated 4/12/18.

Reference Casualty Report No. 2524, re

4199 Pte. J. Karrifin.

Notified for your information that the above man was Discharged from Hospital on 30/11/18, with instructions to continue his furlough which expires on 6/12/18, please. He was in the first instance discharged from Hospital to furlough on 27/11/18, and was subsequently admitted to Hospital on 28/11/18.

Authority: Memo from Hospital.

C.R.4199

Extract from Casualties received from Pay & Records
Office, London, Nov.30th,1918.

Re-admitted 3rd London Gen. H. 28-11-18.

4199 Pte. J. Caravan.

C.R.

4199

Extract from Casualties received from P & R O .London,
Nov.28th,1918.

The Undermentioned was discharged from 3rd London Gen.
Hospital on 27-11-18 and granted furlough to 6-12-18. all
marked 1, Duty.

4199 Pte. J. Karrafin.

C.N. 4199

Nov. 6th., 18.

Mr. Epprain Kerfant,
Cape St. George.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4199, Private Yves Kerfant, is now progressing favourably.

Yours faithfully,

Lieut. Col.,
Chief Staff Officer.

C.R. 4199
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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.

In case the Message 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, injury, 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 entirely 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. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line 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.

(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 19th. 1918.**

To **Mrs. Kurfant,
Cape St. Georges.**

Report has been received from London to the effect that your son, #4199 Pte. Ephram Kurfant is progressing favourably,

**J.R. Bennett,
Minister of Militia.**

FOR TYPEWRITER

C.R. 4199

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 4 Sent by _____ Rec'd by _____ Check 10 No. _____

Place from Cape St George

To J R Bennett



Memo of Melita

please let me know
again how my son
getting on

4199 pte Jhes Kerfant
Ephram Kerfant
Progressing favourably

C.R. 4199

Extract from Telegram to Synoptical, London, dated October 17th . 1918.

In answer your telegram:

4199 Karrefin

Progressing favorably.

C.R. 4199

Extract from Telegram to Synoptical, London, dated October 15th., '18.

4199 Kerfant.

ADVISE CONDITION OF.

C.R. 4199

Oct . 12th, 1918

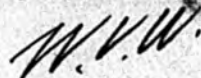
Mr. Epriam Kurfent

Cape St. George

Dear Sir:-

Your wire of even date is received, and I am directed to reply and state we have no further information at this Dept. beyond that which was forwarded to you on October 8th; but we are forwarding your enquiry to the Record Office, London, and when a reply has been received, same will at once be communicated to you.

Yours faithfully



Lieut.

for Minister of Militia

C.R. 4199

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No.

Sent by

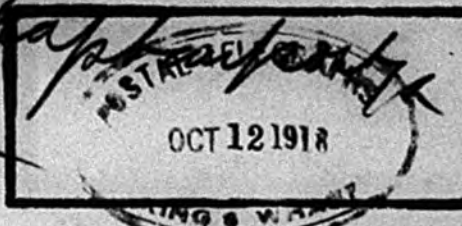
By

Class

Place from

To

Am
Cape St George
J R Bennet



*If my son getting better
answer.*

Yes Kurfant

*Erasmus Kurfant
Cape St George*

CR #199
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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.

In case the Message 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, injury, 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 entirely 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. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line 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.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Red	By	Sent	by	Check

Dated **Oct 8th, 1918**
To **Epriam Kerfant, Cape St. George**

Regret to inform you that Record Office, London, officially reports **No. 4199, Ives Kerfant at 3rd London General Hospital, Wandsworth suffering from Trench fever**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Bennett
Minister of Militia.

FOR TYPEWRITER

C.R. 4199

Extract from Casualties received from Pay & Record
Office London.

Admitted to 3rd London General Hospital 5-10-18.

4199 Pte. J. Karrefin.

Trench Fever.

M.M.

C.R. 4199

Extract from Nominal Roll to B.E.F. embarked
Folk stone 2-7-18

#4199 Pte. ~~J. Kerregin.~~

Y. Kerfant

CR 4199

Extract from Nominal Roll Draft "H" Company Embarked
S.S. Florazel Jan.29th, 1918.

4199 Pte. Karranfen J.

C.R. 4199.

Extract from Daily Order re Part II Unit The Royal
Hfld. Regt. Dec. 4th/17.

4199 Pte. J. Carrigan.

Attested for General Service with the 1st Hfld. Regt.
posted to H. Coy. with effect from Dec. 3rd/17.

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY OFFICE

DRUG

LONDON

(1919)

RECEIVED ELECTRIC VS ABOVE MOUNT

WINDING MOUNTING

DRUGS

DRUGS

4199 Pte. Karrafin, J.

Cr. Bal. £1: 8: 9

...

DRUGS

DRUGS

DRUGS

DRUGS

KING

THIS TRANSFERRED TO PAY OFFICE 7-4-19

DRUGS

DRUGS

DRUGS

DRUGS

DRUGS

...

J. Kerufen

C.R. 4199

R. A. O.

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 A.F.L.* 7. Former Trade or Occupation }
 2. Regtl. No. *H. 199* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Caravan Joseph* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
 5. Age last birthday... *18*
 6. Posted for duty on..... at..... in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
 11. Date of origin of disability. *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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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 complains of no disability.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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.

Reputation

W. E. Procmier. Captain

Medical Officer in charge of case.

Station *Hogebay, Lewis!*

Date *27-3-19*

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

Sir;-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4199	Pte.	Keraban. J.	\$25/-	

I have the honour to be, Sir,
~~for the Commandant,~~
Your obedient servant.

Date 29-6-18

J. X. Rankin
L. H. Rankin

To Paymaster

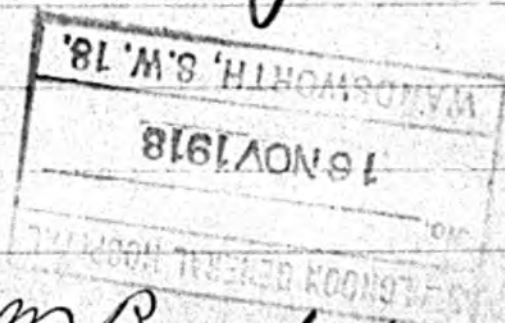
Royal Newfoundland Regt
58 Victoria St

I please pay 4199 Lt Caravan
the sum of £ 3.0.0 (Three pounds
and no pence) from his account
~~£ 3.0.0~~ £ 1.0.0

16-11-18

3rd London General
Wandsworth

Approved
Suburban Capt. Rame
16. 11. 18



1-0-0
O.K. ~~of~~ M.R. 16/11/18

Receipt No. 9801
16/11/18

16/11

FORM K

Nº 4533



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

4199

I, Kempfen, Regl. No. 4189

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 50 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 1/1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>347</u>		<u>father Joseph Kempfen</u>	<u>Cape St Geo</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
 Company
Sr. John
Dec. 28 1917

(S) Joseph + Kempfen
 (Rank) Private
Frank C. Turner
W. [unclear]

Keriffin
Caravan, J.

4199

May Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4199 Rank Plt Name Caravan J
 Intended place of residence Cape St. George

2. Occupation Fisherman
 Classification of soldier E Medical Category A

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 JUL 2 1919

[Signature]
 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, ST. JOHN'S

Date 2-7-19

[Signature]
 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

Date 2-7-19

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service..... <u>3-12-17</u>	No. of days on Military
Discharged from service..... <u>4-7-19</u> Plus 14 days	Service..... <u>393</u>

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 JUL 4 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 18/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

a 5132049/3102

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *30. 6. 19*

Regimental No: *4199*

Name *Caravan Joseph* Rank *Pte.*

Address *Cape George.*

Present Medical Category *A1*

Recommended for:—

- (a) Immediate discharge
- (b) ~~Standard Medical Board~~

Members of Board

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

H. H. H. H.
Senior Medical Officer

S. O. Borden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4179 Rank Plt Name Baron
 Date of Enlistment 3.17.17 Address Cape St. George District St. George
 Occupation Fisherman Classification for Discharge 6 Medical Category A-1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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 30.6.19

O. C. Discharge Depot.

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 _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B.2.124 to his home at Cape St. George and Release Certificate No. 3.12.2 issued.

Date 2-7-19

J.A. Sawbapt
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 18 Feb 19

Date 2-7-19

H. M. W. J.
Depot Paymaster.

Discharged approved for 4-7-19
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 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
B179c	B 120	M 93		

2 Form 10

Date 2-7-19

J.A. Sawbapt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919

R.H. Jait MAJOR
O. C. Discharge Depot.

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

Date

July 21, 1919

#4199 Pte. Joseph Caravan,
Cape St. George.

Dear Sir:-

Please find enclosed Discharge Certificate #3102.

Yours truly,

Captain & Paymas er.

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:

Caravan G.

Signature of Man.

J. J. Snowlapt

Signature of the Vocational Officer or his Representative.

Reg. No. 4199

ST. JOHN'S.

Place

Date

2-7-71

191

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

Surname *Kamefin Bierevan* MEDICAL HISTORY OF Christian Name *Joseph*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Cape George St Johns* County *Nfld*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>3rd</i> day of <i>Dec</i> 191 <i>7</i>	on day of 191	on day of 191	on day of 191
	at <i>St Johns</i>	at	at	at
Declared Age	<i>18</i> years	<i>1</i> year	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>6</i> inches	feet	inches
Weight		140 lbs.		lbs.
Chest Measurement	Grith when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number	<i>3</i>	<i>Leas</i>	
When Vaccinated				
Vision	R.E.—V	<i>6/4</i>	R.E.—V	
	L.E.—V	<i>6/4</i>	L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lamm Robinson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St Johns</i>	at		
	on <i>3rd</i> day of <i>Dec</i> 191 <i>7</i>	on day of 191		
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>ROYAL NEWFOUNDLAND REGIMENT.</i>			
Transferred to	<i>Regt 4199</i>			
Became non-effective by	on day of 191	on day of 191		
(Signature)				
(Rank)				

ist in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
ons and re-admissions to hospital will be shown. The subsequent progress, including particulars
atment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

No complications

Johnston Capt. H. M. S.

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. *4199* 3. Rank..... *Plt*
4. Name *Caravan* *Joseph*
(Surname) (Christian Names)
5. Age last birthday..... *18*
6. Posted for duty on..... at.....
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.
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
(b) Where (if any)
(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
- | | (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, &c., 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 disability-claimed.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

A.S. Proctor, Capt Rams
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *27-3-19*

* 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

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 Artillery Regt*..... 7. Former Trade }
 or Occupation }
2. Regtl. No. *A. 1. 9. 4* 3. Rank..... *PLT*..... 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name *Caravan Carabin*.....
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 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
 (b) Where (if any)
 (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."
French Injury
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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. *H199*
3. Rank. *Sgt.*
4. Name *CARRAVON CARREFIN*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
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.
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
(b) Where
(c) Opinion of Court
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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."

Trench Fever.

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

Receipt for Army Book 64

No. *41...99*

Name

J. Karafen

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

Name

J. Karafen

Date

Aug. 17 1940

Place

Cape St. George D.F.F.P.

N.B.

For completion and return to the Department of Military
Insert in corner of envelope "AB 64"

July 23, 1919

#4193 Pte. Joseph Caravan,
Cape St. George.

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.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Joseph* 2. Surname *Caravan*
3. Rank *Private* 4. Regtl. No. *4199*
5. Address in full to which future payments of gratuity are to be forwarded..... *Eric Caravan*
- Cape St. George*
6. Date of enlistment in the Regiment *Sept. 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *None*
8. Relationship of such dependents.....
9. Address in full of such dependents..... *Eric Caravan*
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 Mfld. If so, give dates and particulars of such service..... *France*
- from July 1st - 1918 to Oct - 6th 1919*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Two years*
- France* 1. $\frac{1}{2}$

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

..... *one only*

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?.....

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.?..... *no*..... If not give:- (a) Date of discharge *July 2nd*..... (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....

..... *in France*

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:

Joseph L. Caravan
mark

Place of Residence:

Cape George

Declared before me at: *St Johns*

This *2nd*

day of *July*

19*19*.....

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

M. J. Quinn

POST DISCHARGE PAY.				Net amount due
Date paid	Rank	Paid	War Service	
	Soldier.	Dependent.	Classify.	
.....
.....
.....
Certified correct.				Paymaster

ST. JOHN'S, 1111 2-1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte J. Caravan

Billeting Soldiers as undermentioned

from June 1/19 to June 28/19

J. Caravan
P. B. Heffernan

4199 Pte J. Caravan 28 80

ACCOUNT	<u>B. M.</u>
CH. NO.	<u>2067</u>
INITIALS	<u>EW</u>
DATE	
PAY	
CH. LEVY	

Certified correct for

J. A. Snowless
Billeting Officer.

alt.

ROYAL NEWFOUNDLAND REGIMENT

DR.

To 4199 Pte. J. Caravan

To Cost of Conveyance from Cape St George to

Portt au Port

5.00

Do. from Port au Port to Stephenville

Crossing

5.00

\$ 10.00

ACCOUNT	<i>Trans.</i>
CH NO	<i>3650</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

CERTIFIED CORRECT

N. Cooper Capt. Adjt.

W.A.R.

*Paid his
Pte J. Caravan
from West Holland*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 6 $\frac{98}{100}$

ap 9 19 19

Received from the First Newfoundland Regiment
the sum of Six 98 Dollars.
on account of Pay.
balance

Cheque mailed to
Cape St George
May 6/19.

Ch. No. 15495	Initials... JEW
Pay Ledger. 329	Initials... JH
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

№. *4199* Rank *Pl-*

Name *J. Karagin*

1901

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



1901

SEP 28

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Joseph Kerrefin

in respect of his service as No. 4199 Rank Pte.

Name J. Kerrefin Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal

Signature Joseph Kerrefin

Date Oct 12th/21

Address Cape St George Nfld.

[P.T.O.]

CR. 4199

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4199. NAME. Joseph Kerefin

DATE. march. 4
PLACE. Cape George

Casualty Form—Active Service.

Regiment or Corps **Royal Newfoundland** 3-11-1898
 Rank **Private** Surname **Joseph** Christian Name **Joseph**
 Religion **R. C.** Age on Enlistment **18** years **1** months
 Enlisted (a) **3-12-17** Terms of Service (a) **Duration** Service reckons from (a) **3-12-17**
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation **fisherman** Signature of Officer **W. H. ...**

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
		A I	Embarked ...	2 JUL 1918	
		78. 6. 18.	Disembarked ...	5 JUL 1918	
		Joined Battalion	Field	9-7-18	B. 13 d. 13/7/18
24/6/18	2/08 East Lancs P.A.	Ad. P.W.D. Trans	DR	27-9-18	E.O. 7027
1/10/18	3rd Coy CCS		Guad	20-9-18	75 014
	10. Coy. 7th		Calais	1-10-18	R.A. 29 P. 60
	W. H. de Lige	To England 4 10/18	W. H.	5/10/18	W 3083
		(P.W.D.)	Tram	6/11	
			for O I/e No 1 Infantry Section,		
			3rd Echelon, G, H, U, B. E. F.		

(a) In the case of a man who has re-engaged for, or enlisted into Section-D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

NEXT OF KIN: — Ephraim Stanger & of St George. W. H.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Number of Sheet One
Signature of O. C. Company W. H. [Signature]

Regimental Number and Name		Enlistment		Trade
No.	<u>4199</u>	Age on	<u>18</u> years <u>1</u> months	<u>Fisherman</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion
Joined	Date		<u>3-13-17</u>	<u>R.C.</u>
Joined	Date	Period of	with Colours <u>228</u> years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay



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>St. John's</u>	<u>13-1-18</u>	<u>Pvt.</u>		<u>Absent from General Parade</u>	<u>Lt. Skiller</u>	<u>2 Days L.P.</u>	<u>14-1-18</u>	<u>H. A. Garty Major</u>	<u>Infected by pay.</u>
-------------------	----------------	-------------	--	-----------------------------------	--------------------	--------------------	----------------	--------------------------	-------------------------

Demobilized St. John's, 18th 19

[Handwritten signature]

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

24199

DEMOBILIZATION OF

Reg. No. 4199 Rank Plt Name Lawrence J
 Date of Enlistment 3.12.17 Address Cape St George District St George
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	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 30.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Lawrence J Fox-Bardon
Mark

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

M. L. Tenster

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 3122 to his home at Cape St George and Release Certificate No. 3122 issued.

Date 2-7-19 *J.A. Snowball*
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 15/7/19

Date 2-7-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 4-7-19
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 3484	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>From B</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 170b	B 103	ME 2		" 6	
B170c	B 120	M 83			

Date 2-7-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

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

Date July 18 1919 *[Signature]*

Reg. No. *1119* Rank *PT4* Name *Keefant Ives*

Attested Address *Cape St Georges*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19*

Returned on S.S. *Corsican* Cause *Discharge*

2.7.19
4.7.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i e 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 *Caravan, Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4199*

Intended address *Capt Hoop St George's*

Height on discharge *5 Feet 6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *St. George's (Rank)*

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 *Capt Hoop 6-10-1901*

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) *Joseph X Caravan* *St*
Rank (Rank)

Station *Wilton Hospital* Date *30 6 19*

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

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

Station

Date