



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4726 Name Robert King Corps Capt

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Robert King
2. What is your full Address? 2. St John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 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
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, Robert King 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.

Robert King SIGNATURE OF RECRUIT.
J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert King 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 John's on this 26th day of April 1918
 Signature of Attesting Officer J. W. Pittman

† 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Robert King

Apparent age years months. Height 5 feet 9 1/4 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William King Postleton
Stony | 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 Lepot	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 " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4756 Name Robert King Corps Capt

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Robert King
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 16 Years Months
5. What is your Trade or Calling? 5. Teacher
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, Robert King 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert King 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. John's on this 26th day of April 1915.

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 complied with. I accordingly approve, and appoint him to the Capt.

If enlisted by special authority, such will be attached to the original attestation.

Date 1915

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 Robert King

Apparent age _____ years _____ months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
Range of expansion _____ inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William King, 20th Street
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 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 " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4736 Name Robert King Corps Co R

Questions to be put to the Recruit before Enlistment

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

I, Robert King 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.

Robert King SIGNATURE OF RECRUIT.
John W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert King 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 answered as replied to and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 26th day of April 1918
Signature of Attesting Officer James

† 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 — 1918
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 Robert King
 Apparent age _____ years _____ months Height 5 feet 9 1/4 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 { Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William King Posterton
2 Bay | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
<u>Enlisted. St. John's, Jan. 7/1919</u>									
<u>Special duty Home Depot, Lodge Bay</u> <u>10-7-18</u>									
<u>Returned to Headquarters</u> <u>10-11-1918</u>									
<u>Demobilization St. John's</u> <u>7-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-1-1919 (date of discharge) _____ years 257 days
 " " Pensions " " " " " " " " " " " "

C.R. 4736

Extract of Daily Orders Part II, Depot, St. John's dated
Jan. 8th 1919.

Demobilization.

Discharge of the undernoted man on demobilization has been
confirmed by the Officer i/c Records on noted date.

4736 Pte. Robert King.

Discharged 7-1-19

C.R. 4736

Extract from Daily orders Part II Unit The Royal Rifles.
Regt. St. John's, Dec. 11th, 1918.

The undernoted man discharged on Disabilitation has been approved by O.C. Discharge Depot from note. Date he is struck off Depot strength and transferred to Discharge Depot pending confirmation by officer i/c Records.

4736 Pte, Robert King.

10-15-18.

C.R. 4736

Extract from Daily Orders part 11, Depot
St. John's dated Nov. 11th., 1918.

The undermentioned returned from Cape Ray and reported
at Headquarters 10/11/18.

#4736 Pte. R. King.

BG.

C.R. 4736

Extract from Daily Orders part 11 from Depot St. John's Aug. 30/18

#4736 Pte. R. King.

The following N.C. OS and men proceeded to Cape Ray on Special Duty
10-7-18.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4736 Pte. R. King.

Attested for General Service with the Royal
Regt. from 26/4/18.

King, Robert.

4736

Ray, Sept.

January 7th., 1919.

#4736 Pte. Robert King,
Port Nexton.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 169."

Yours faithfully,

Captain,
Paymaster & O.i/e Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4796 Rank Pte Name Robert King
 Intended place of residence Northerton
 2. Occupation Fisherman
 Classification of soldier A Medical Category A II
 3. The above named man is discharged in consequence of

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place DEC 7 1918
 Date DEC 7 1918
M. Bowley Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns 7-12-18
Robert King
 Signature of soldier
Robert King
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St Johns 7-12-18
Robert King
 Signature of soldier
E. Helms
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service 10-12-18 also 28 days Service 257

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.
DEC 10 1918
R.H. Dait Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment.
 Date

CONFIRMATION OF DISCHARGE

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

Place St Johns. Nfld
 Date January 7 1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

5
31
30
31
31
31
31
31
31
7
257



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 **Robert King**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **4736**
 Intended address **Port Rexton**
 Height on discharge **5** Feet **9½**
 Color of hair on discharge **Black**
 Complexion **Dark**
 Color of eyes **Grey**
 Descriptive Marks
 Figure on discharge
 Christian name of Father **William**
 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.
 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)

(Rank)

Station

Date

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4736 Rank Pvt Name King - Robert
 Date of Enlistment 24.11.18 Address Post-Rifles District 3B
 Occupation Fisherman Classification for Discharge A Medical Category A II
 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 28.11.18

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Robert King

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 *for job. Hand made*

Date 7.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 112 to his home at P. Post. R. 112 and Release Certificate No. 158 issued.

Date 7-12-18 C. B. Dicks
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-1-19

Date 7-12-18 W. H. C. Capt.
Depot Paymaster.

Discharge approved for 19-12-18

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-12-18 C. B. Dicks
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 10 1918

Date R. H. L. T. S.
O. C. Discharge Depot.

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

Date Dec. 11/1918.

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

MEDICAL HISTORY

Surname King OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Port Rexton T. B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191_____	
	at <u>St John's nfld</u>		at _____	
Declared Age	<u>18</u> years _____ days		years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>9 1/4</u> inches		feet _____ inches	
Weight	<u>140</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>35 1/2</u> inches		inches	
	Range of Expansion... <u>3</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=_____	
	L.E.—V= <u>6/6</u>		L.E.—V=_____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's nfld</u>		at _____	
	on <u>26</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191_____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal nfld Regt.</u>	<u>4736</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
[Signature]				
[Rank]				

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 work at Fishing

Robert King

Signature of Man.

W. D. Dickson

Reg. No. *4736*

Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *7/12/18*

191

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 27 1918

Date

Regimental No. *4736*

Name *King Robert*

Address *Port Rexton TB.*

Present Medical Category *A II*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. Lait Capt.

O.C. Discharge Depot.

W. Paterson

Senior Medical Officer

J.W. Curdew

M. O. Depot



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Robert King*
aged *18 years* conducted at *Headquarters*
Date: *April 21/18* Recruiting Officer
NO OF TEST FINDING

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no
10	n
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	6/6 both.
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	no
34	5'9 1/4"
35	140 lbs.
36	32 - 35 1/2
37	no
38	Seaman William Post Reseton, Trinity Bay
39	no

[Handwritten signature/initials]

[Handwritten initials]

Signature of Medical Examiner: *[Signature]*

No 6440



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert King, Regl. No. 4236

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and 45 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 August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6440	Father	Mr. Wm King	St. John's N.B.	60
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.) St. John's Nfld
Officer Commanding Company

St. John's Nfld
July 6th 1918

(Sig.) Robert King

(Rank) Private



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Robert King, Regl. No. 4206
hereby agree, until further notification by me, and in similar official form to make an Allotment of
— Dollars and Sixty 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 August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6440	Father	Mr. Wm King	Port Rexton S. B.	60
Total Allotment, \$				60

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.) L. Murphy
Officer Commanding

(Sig.) Robert King
(Rank) Private

St John's Wld.
July 6th 1918

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
30.

Regiment of

Royal Newfoundlands

Number of Sheet 62

Signature of O. C. Company

Tom Churchhill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
1736	King Roll	Place and Date of Enlistment	26-4-18	Fisherman	
Joined	Date	Period of	with Colours 257 years. with Reserve 365 years.	Religion	
Joined	Date			Cal.	
Joined	Date			Place of Birth	
Joined	Date			Port Devon	

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
				Demobilized	S. J. J. J.	7-19			

To be carried over

Army Form B. 121.

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 Newfoundlands* 7. Former Trade or Occupation } *Dekeoma*
- 2. Regtl. No. *4731* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Redeout, Allan* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday. *20*
- 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 ?
- 9. If a Court of Inquiry was held on an injury state:—
 - (a) When (b) Date of Discharge ;
 - (b) Where (c) Cause of Discharge.
 - (c) Opinion of Court (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."

- 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.)

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.

Repatriation

W.S. Proemier Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Stazley Down*

Date *3/4/19*

* 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

4736

DEMobilIZATION OF

Reg. No. 4736 Rank Pfc Name King Robert
 Date of Enlistment 26.11.18 Address Port Rexton District 3B.
 Occupation Fisherman Classification for Discharge A Medical Category AD
 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 28.11.18 W. J. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Robert King

Particulars passed to Vocational Officer for information and action.

Date.....

DEC 10 1918

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) ~~Clothing Supplied~~ Joseph H. Shaw

Date 7-12-18 O i/c. Re-clothing 1

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R 112..... to his home at Post Rexton..... and Release Certificate No. 188..... issued.

Date 7-12-18.....

C. B. Dicks 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 7-1-19.....

Date 7-12-18.....

W. Bowley Capt.
Depot Paymaster.

Discharge approved for 19-12-18.....

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-12-18.....

C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

DEC 10 1918

Date

R. J. Lait Capt.
O. C. Discharge Depot.

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

Date Dec 11/1918.....

W. Bowley Capt.
D. C. R.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 110 Sent by M.A. Rec'd by _____ Check 9 No. _____

Place from _____
To apt J. O'Grady
Headquarters



Not feeling well please
grant extension leave
few days.

Yr. Robert King 6/7
Depart immediately
for Medical attention
[Signature]

DAC

Reg. No. 4736 Bank Bk Name King A
Attested 26-4-18 Address Port Antonio
Allotment 60 Allotee Mr Wm King (Father)
Date of Allotment 1-8-18 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

26-4-18 Vac.

1st Dec 7-5-18, 2nd Dec 25-5-18, 3rd Dec 6-7-18.
7/4/18 Telegram from self asking extension, O.P. Report as soon as
possible for medical attention.
10-7-18. Physical duty lapse pay, held 10-11-18.

10-7-18

DISCHARGE APPROVED ON DEMOBILISATION.