



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5841 Name Wallace King Corps Meth

### Questions to be put to the Recruit before Enlistment.

- |  |                              |
|--|------------------------------|
| 1. What is your name? .....  | 1. <u>Wallace King</u> ..... |
| 2. What is your full Address? .....  | 2. <u>Bauline</u> .....      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....          |
| 4. What is your age? .....   | 4. <u>19</u> Years .....     |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....    |
| 6. Are you Married? .....  | 6. <u>No</u> .....           |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....           |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....          |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....          |
| 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. <u>Yes</u> .....         |

I, Wallace 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.

Wallace King (SIGNATURE OF RECRUIT.)

W. A. [unclear] Signature of Witness.

**OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**

I, Wallace 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 2nd day of July 1918.

Signature of Attesting Officer W. A. [unclear]

**†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 11-9-18 .....

Place .....

Signature of Approving Officer W. A. [unclear]

† 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) .....

**DESCRIPTIVE REPORT ON ENLISTMENT**

5841

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

Name Wallace King  
 Apparent age 19 years     months. Height 5 feet 11 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks    

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin James King  
Bauline | 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 <u>26-7-18</u>					
				Joined at <u>M. S. S. Co.</u> on <u>July 26-1918</u>					
				<u>Discharged July 30 1919</u>					
				<u>Embarked M. S. S. Co. train to Halifax N.S. 22-9-1918</u>					
				<u>1. to embarkment for demobilization 24-6-1919</u>					
				<u>Arrives to embarkment 1-7-1919</u>					
				<u>Demobilization M. S. S. Co. 30-7-1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 30-7-1919 (date of discharge) 1 years 0 days  
 " " Pensions " [ " " ] " " " "

C.R. 5841

extract from daily orders part II Royal Newfoundland Regiment  
 depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been  
CONTINUED by officer i/c records from noted date 30-7-19.

5841, Pte. W. King.

C.R. 5841

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 16-7-19

5841 Pte. W. King.

C.R. 5841

Extract from Daily Orders Part III Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5841 Pte. W.King.

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

C.R. 5841

**Extract from Daily Orders By Major H.S. Sullivan, Commanding  
Forestry Companies 26-11-18.**

**The undernoted having arrived from End Bn. Royal Wld.  
Regt. is attached to the strength from this date and posted  
to "B" Company for rations**

5841 Pte. W.King.

C.R. 5841

Extract from Nominal Roll Entrained St. John's for Overseas,  
Sept. 22, 1918. "K"

5841 Pte. King Wallace.

C.R. 5841

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's. dated August 9, 1918.

5841, Pte. W. King.

Returned from leave and reported at Headquarters for  
Duty from 6-8-18.



C.R. 5841

Extract from Daily Orders part 11, from Unit The Royal  
H&A Regt. St. John's, dated July 27, 1918.

#5841 Pte. Wallace King.

Attested for General Service with the Royal H&A Regt.  
26-7-18.

W. W. King

C.R. 5841

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FORM K

Nº 6645



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Wallace King, Regl. No. 5841

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 <sup>or</sup> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>  
 or Persons  
 concerned, viz.:

Allotment begins Sept 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6645	Mother	Mrs Jas King of Rich Bauline (Mary Ann)	C.B.	50
Total Allotment, \$				<u>50</u>

ENTERED.  
 PAY LEDGERS RB 7/12/18  
 NUM. ROLL  
 ALLOT. INDEX RB 7/12/18  
 REGISTERED  
 EXAMINED

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

(Sig.) [Signature]  
 Officer Commanding  
 Royal N.F. Regt & Company  
Aug 15th 1918

(Sig.) William Wallace King  
 (Rank) Pte for E. B. [illegible]

WH. 5333/774

N. H. F. Cont.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & C. i/c Records,  
Newfoundland Contingent,  
Pay Record Office,  
53, Victoria Street,  
London, S.W. 1.

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



5th April 1919

Apr. 9 1919

5841 Pte. King W.

With reference to the following telegram from the Minister of Militia / / ( 118 )

Receipt hereunder.

*Cham* LIEUT. COLONEL.  
COMMANDING 2ND BR. DOMAINS 2 BATT N.

"Pay to- 5841 King  
£2. 7. 4.

Received the sum of £2.7.4  
Two pounds seven shillings in respect of  
telegraphic remittance from the  
Minister of Militia.

Cheque £ 2. 7. 4. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

W. King his mark  
No. 5841 Rank Pte  
Witness Geo Perry etc

*R. Hunt*

Chief Paymaster & C. i/c Records

King, W

5841

Ray sept.

July 30th 1919.

#5841, Pte.W.King.

Basline.

Dear Sir:

Enclosed please find Discharge Certificate  
" 3269.

Yours truly,

Capt.& Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5841 Rank Pte Name King W.  
 Intended place of residence Bauline  
 2. Occupation Disherman  
 Classification of soldier C Medical Category AI

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 16 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 16 1919  
 Signature of soldier W King  
 Signature of witness AMB Cousin

### 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 JUL 16 1919  
 Signature of soldier W King  
 Signature of witness W J. Eaton Dms

### STATEMENT OF SERVICE

7. Enlisted for service... 26-7-18 No. of days on Military  
 Discharged from service... JUL 16 1919 Plus 14 days Service... 390

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, 14 days from date.  
 Place, ST. JOHN'S  
 Date JUL 16 1919  
 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 30/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

27279/3269

# The Royal Newfoundland Regiment

Class for Demobilization: 16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 15/19

Regimental No. 5741

Name King, Wallace

Address Bauline

Present Medical Category A1

Recommended for: — { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

N.R. Cooper Capt.  
O.C. Discharge Depot.

J.P. ...  
Senior Medical Officer

Geo Burden  
M.O. Depot.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 541 Rank Plt Name King W  
 Date of Enlistment 26 7 18 Address Bauline District St John's  
 Occupation Postman Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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 <u>3</u>
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 15 7 19 O. C. Discharge Depot St John's

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

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

*W King*

Particulars passed to Vocational Officer for information and action

Date .....

2. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance paid \$65.00
- (b) Clothing Supplied None

Date 15-7-19 O i/c. Re-clothing .....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4918 to his home at Bonline and Release Certificate No. 3641 issued.

Date 16-7-19

*Ambrose*  
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 30-7-19

Date 16-7-19

30-7-19  
H.M. [unclear]  
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 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 17-7-19

*Ambrose*  
Demobilization Officer.

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 16 1919

*H.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date .....

# Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*W. King*

Signature of Man.

*W. McLaughlin*

Reg. No. 3841

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*16-7-19.*

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

MEDICAL HISTORY

OF

Surname

King

Christian Name

Wallace

Table I.—GENERAL TABLE

Birthplace:—Parish

Baillines County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined ..... on 26 day of July 1918 at St John's

Declared Age ..... 19 years days

Trade or Occupation ..... Gisterman

Height ..... 5 feet 11 inches

Weight ..... 137 lbs

Chest Measurement { Girth when fully expanded ..... 34 inches  
Range of Expansion ..... 1 1/2 inches

Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			

When Vaccinated

Vision ..... R.E.—V= 6/6  
L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Amund Peterson*  
(Rank) *Sgt* Medical Officer

Enlisted ..... at St John's on 26 day of July 1918

Joined on Enlistment ..... *Regt 5841*

Transferred to ..... *Regt*

Became non-effective by

(Signature)

(Rank)



List 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 re-admissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Capt Rame*

*Do duty.*

*65 Pivian*





## 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 *Wallace Tully*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5841*  
 Intended address *Bauline*  
 Height on discharge *5* Feet *10*  
 Color of hair on discharge *Dark*  
 Complexion *Dark*  
 Color of eyes *Gray*  
 Descriptive Marks *—*  
 Figure on discharge *Medium*  
 Christian name of Father *James*  
 Christian name of Mother *Ann Ann*  
 Wife's maiden name in full *—*  
 Date and place of marriage *—*  
 Christian names of children *—*  
 Place and date of soldier's birth *Bauline, 12-6-age 18-1901*  
 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) *Wallace Tully*

(Rank) *Pte*

Station *ST. JOHN'S.*

Date *July 14<sup>th</sup> 1919*

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



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. *5841*
3. Rank. *pte.*
4. Name *King* *Wallace*  
(Surname) (Christian Names)
5. Age last birthday... *19*.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 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) 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.)*

*No Complaints 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. E. Prosser*  
 Medical Officer in charge of case.

Station *Idazelykhow*

Date *9/4/19*

\* 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.

5444



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 *William Wallace* 2. Surname... *King*.....

3. Rank... *Private*..... 4. Regtl. No... *5.8.41*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Bauline*.....

..... *St. John's East*.....  
6. Date of enlistment in the Regiment... *July 26<sup>th</sup>*... *1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Mrs. Jas. King*.....  
8. Relationship of such dependents..... *Mother*.....

9. Address in full of such dependents... *Bauline*.....  
..... *St. John's East*.....

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 Hfld. If so, give dates and particulars of such service... *yes. Left St. John's*  
*in Sept. & spent 10 months in England*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1.3 months*.....

..... *1.3*.....

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

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*No*

15. Have you been issued with a War Service Badge?

*No*

16. Have you, during the present war, served in the Imperial Forces?

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*Yes*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge. *July 16<sup>th</sup> / 19.* (b) Reason for discharge.

*No*

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.

*No*

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.

William Wallace King

Signature of Applicant:

Place of Residence:

Bauline  
regencies of Bauline  
Pouch Cove

Declared before me at:

This

28<sup>th</sup>

day of

August 1919

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

Albert Gruchy Comr. of  
affidavits

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

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... *William* ..... 2. Surname... *Wallace*

3. Rank... *Pte* ..... 4. Regtl. No... *5841*

5. Address in full to which future payments of gratuity are to be forwarded... *Pauline*

6. Date of enlistment in the Regiment... *July 26/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No*

8. Relationship of such dependents... *No*

9. Address in full of such dependents... *No*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in field. If so, give dates and particulars of such service... *England only*

12. Give total length of time which you served on active service, whether in field or Overseas... *1 yr*  
..... 1. 2.

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

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No* .....

15. Have you been issued with a War Service Badge?

..... *No* .....

16. Have you, during the present war, served in the Imperial Forces?

..... *No* .....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *No* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

..... *No* .....

(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... *No* .....

19. Are you now serving in the Res? If not give (a) date of discharge (b) Reason for discharge.

..... *No* ..... *July 16/19* ..... *Disob* .....

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.

..... *No* ..... *Exp. Camp only* .....

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.

W King

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Pauline*  
*St Johns*  
*17* 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.

*John M. Carthy*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	



ROYAL NEWFOUNDLAND REGT.

DR.

To F. C. Willar

To Fare from St John's to Bauline  
(5841 Pte. King, W.)

\$10.00

*F. C. W.*

As per warrant attached

ACCOUNT	<i>Travel</i>	<i>EW</i>
CHK. NO.	<i>2053</i>	INITIALS
IND. LEDGER	INITIALS	
PAY LEDGER	INITIALS	
GEN. LEDGER	INITIALS	

CERTIFIED CORRECT

*N. W. Coogler Capt. Adj. G.*  
*F. C. Willar*

THE ROYAL NEWFOUNDLAND REGIMENT

DR.

To A. King

To Conveyance of 3841 Pte. W<sup>3</sup> King

from Bauline to St John's

\$10.00

As per warrant attached

*A. C. B.*

CERTIFIED CORRECT,

*W. L. Cooper*

ACCOUNT	<i>Trans</i>
CH. NO.	<i>2998</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Received Payment

*July 14<sup>th</sup> 19.*  
*W. L. Cooper*

No. *14*

# TRAVELLING WARRANT

Date *2-7-19*

The Royal Newfoundland Regiment

*Motor Driver F. C. Wilkes*

*\$10 = 00*

Please issue 1st Class Passage and Meals for

No. *5841*

Rank *Sgt*

Name *F. C. Wilkes*

From - **ST. JOHN'S** - To *St. John's*

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*W. H. [Signature]* MAJOR  
SIGNATURE OF ISSUING OFFICER.

No. 918

TRAVELLING WARRANT

Date 16.7.79 The Royal Newfoundland Regiment

1200

General.

Please issue 1st Class Passage and Meals for

No. 3841 Rank T6 Name King, W.R.

From - ST. JOHN'S - To Bonville

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

W. B. ...

SIGNATURE OF ISSUING OFFICER.  
Demobilisation Officer  
Discharge Depot-Newfoundland

No. *R 14*

TRAVELLING WARRANT

Date *2-7-19*

The Royal Newfoundland Regiment

*a King*

Please issue 1st Class Passage and Meals for

No. *5841*

Rank *Sgt*

Name *King*

To - ST. JOHN'S - From *St. John's*

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*[Signature]* MAJOR

SIGNATURE OF ISSUING OFFICER.

MEMO. FROM REGISTRAR  
Newfoundland  
Military Service Act, 1918.

ST. JOHN'S, NEWFOUNDLAND,

July 18th 1919.

**In** The Department of Militia

The Sum of twelve dollars \$12.00 is due

Mr R. Brown To transportation of # 3841 Pte W. King to his home.

V Voucher attached.

AMOUNT	
CH NO	INITIALS
3188	Feb
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

*Transferred correct for A.C.F.*  
*\$12.00/100*  
*in L. Cash - King*  
*Act P. M.B. Brown*  
*R Brown*

ST. JOHN'S, JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup> A. King  
Battery Road

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> /19 to July 15<sup>th</sup> /19

5841 - H. G. King 15 50

ACCOUNT	<u>B. V. A.</u>
GH. NO	<u>3010</u> INITIALS <u>Lee</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

A. J.  
A. J. King  
Billeting Officer.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland Regt*

Number of Sheet

*One*  
*Prodicts*  
*Lieut*

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5841 Wallace King</i>	Age on	<i>19</i> years <i>1</i> months	<i>Spaterman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John</i>	Religion	
Joined	Date	Period of	} with Colours <i>1 5/8</i> years. } with Reserve <i>1 3/4</i> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John</i>	<i>30 79</i>			

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 Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5841* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *King* *Wallace* (a) Former Regts. or Corps with Regtl. Nos.  
 (Surname) (Christian Names)
5. Age last birthday *19*
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 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 ?

*No complaints of no disability*

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.)

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 ?

*Repatriation*

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*W. E. Procmier, Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Mazeley Down*  
 Date *9/14/19*

\* 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

## DEMOBILIZATION OF

Reg. No. 5841 Rank Plt Name King W.  
 Date of Enlistment 26-7-18 Address Baulby District John E  
 Occupation Busman Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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 15-7-19

O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*W 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 £6.00

(b) Clothing Supplied *[Signature]*

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4918 to his home at Bonhine and Release Certificate No. 3641 issued.

Date 16-7-19

*[Signature]*  
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 236-7-19

Date 16-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 16-7-19

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	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	/ D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 17-7-19

*[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUL 16 1919

*[Signature]*  
O. C. Discharge Depot.

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

Date July 31 1919

*[Signature]*