



# THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF
No. 2306 Name Harried Rule Corps 6 0
Questions to be put to the Recruit before Enlistment.
I. What is your name? I. Hat bell for the second of
2. What is your full Address?
3. Are you a British Subject? 3.
4. What is your age?
5. What is your Trade or Calling? 5
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma ) jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac-
9. Are you willing to be enlisted for General Service?
Name
its meaning. and who gave it to you?
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?
SIGNATURE OF RECRUIT.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  I
CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.  I have taken care that he understands each question, and that his answer to each question has been duly entered
as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on thisday of
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 re-
quired 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
Place
† The signature of the Approving Officer is to be affixed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted.
* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of

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

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# THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

	Questions to be put to the Recruit before Enlistment	11
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2. What is your full A	Address? Badgers	Luan
3. Are you a British S	Subject? 3. Let,	1
	4. /9 Years	Months
	or Calling? 5 Fusherm	onths
	6. 90	- Langer of Rosers
7. Have you ever serve	od in any Branch of His Ma or military, if so,* which?	
	be vaccinated or re-vac-)	
	e enlisted for General Service? • 9	
		•••••••••••••••••••••••••••••••••••••••
<ol> <li>Did you receive a No its meaning, and who</li> </ol>	ortice, and do you understand or gave it to you?	1/
Are you willing to se signed by you if you a	erve upon the conditions as embodied in the roll of service to be are accepted?	wes,
I.//W/0	do solemply declars	eller the shall a
	questions are true, and that am willing to fulfil the ingazement	ut Klow
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Ll. 191	Harold Knee mark	
I. Hard been true allegiance to His bound, honestly and faithful nemies, according to the con	OATH TO TE TAKEN BY RECRUIT ON ATTESTATION.  Signa do make oath, that a Majesty King George the Fifth, His Heirs and Successors, in Person Crown by Gefend His Majesty, His Heirs and Successors, in Person Crown	ture of Witness.
did, nonestry and raithful	SIGN Signa  COATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  Majesty King George the Fifth, His Heirs and Successors, and the defend His Majesty, His Heirs and Successors, in Person, Crown and it is the service.	ture of Witness.  I will be faithful and
emies, according to the con	OATH TO TE TAKEN BY RECRUIT ON ATTESTATION.  Signa do make oath, that a Majesty King George the Fifth, His Heirs and Successors, in Person Crown by Gefend His Majesty, His Heirs and Successors, in Person Crown	I will be faithful and hat I will, as in duty and Dignity against al
The Recruit above nase would be liable to be pu	SIGN SIGN SIGN OATE TO E TAKEN BY RECRUIT ON ATTESTATION.  Majesty King George the Fifth, His Heirs and Successors, and to live defend His Majesty, His Heirs and Successors, in Person, Crown and indications of my service.  CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.  Indeed was cautioned by me that if he made any false answer to any	I will be faithful and hat I will, as in duty and Dignity against all
The Recruit above na. e would be liable to be pu	SIGN  SIGN  SIGN  SIGN  OATH TO TAKEN BY RECRUIT ON ATTESTATION.  Majesty King George the Fifth, His Heirs and Successors, and to the description of the description	I will be faithful and hat I will, as in duty and Dignity against all of the above questions
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The Recruit above name would be liable to be put the above questions with the standard to the said and this	SIGN  SIGNA  SIGNA  OATH TO TAKEN BY RECRUIT ON ATTESTATION.  Majesty King George the Fifth, His Heirs and Successors, and the lily defend His Majesty, His Heirs and Successors, in Person, Crown and inditions of my service.  CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.  In med was cautioned by me that if he made any false answer to any unished as provided in the Army Act.  Were then read to the Recruit in my presence.  It he understands each question, and that his answer to each question recruit has made and signed the declaration and taken the oath before the complete of Attesting Officer.  CERTIFICATE OF APPROVING OFFICER.  Testation of the above-named Recruit is correct, and properly filled we been complied with. I accordingly approve, and appoint him to authority, such will be attached to the original attestation.	I will be faithful and hat I will, as in duty and Dignity against all of the above questions has been duty at the proving officer.

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

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Distinctive mar	ks		· · · · · · · · · · · · · · · · · · ·					
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0		Particula	ars as to M					
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r	1	Particul	ars as to C	hildren				
Chr	istian Names		520 m			Date	and Pla	ce of Birth
Corps in Rgt. or		EMENT Army Rank	OF THE	Service	RVIC	Service serve no ed to rec wards G.	t allow-	Signature of Officers certifying correctness of
	X.3.1.1.1.1			Years	Days	Years	Days	entries
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A Muse 5586 C.R.

### Medical Report on an Invalid.

### Station Hazeley Down Camp, Winchester

Date Nocember 27th., 1918

1. Unit Royal Newfoundland

2. Regimental No. 5586

3. Rank Private

4. Name KNEE, HAROLD

5. Age last birthday

6. Enlisted on June 1st., 1918 st. John\*s, Nfld.

7. Former Trade or Occupation Fisherman

7a. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

#### TUBERCLE OF LUNG

#### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Since joining depot he has been continually sick. Complaining of cough. Had a severe haempptysis some weeks ago (17/10/18)

Was sent immediately to hospital. Sputum negative. Since discharge has been on light duty at depot and under treatment. Symptoms formally progressing. Physical signs in lungs. Sputum t at now positive. Is considered by Hospital Authorities fat to travel to Newfoundland.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Attributable to strain of military service

Partly constitutional

Had haemoptysis in 17/10/18 T.B. found in Sputum. Brenchial breathing R.Apez V.R. Coarse crefs

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it
  - (a) In action?
  - (b) On field service?
  - (c) On duty?
  - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?
- 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

20. Do you recommend-(b) Change to England?

(a) Discharge as permanently unfit, or Discharge as permanently unfit for active service

ప్రభువించిన కులులు ఇంటుందిన దవి చేసిన

(Sgd) J.ST.P.KNIGHT, Capt.R.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Partity genetitutional Station

Officer in charge of Hospital.

Date\_

<sup>\*</sup>Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence-that it is due to some

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the must reliable information to enable him to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is, (λ) caused or aggravated by service in the present war, (β) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- (iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

- 1. (a.) State whether the disability is clearly attributable to-
  - (i.) Service during the present war;
  - (ii.) Climate;
  - (iii.) Ordinary military service;
  - (iv.) Want of proper care on the man's part, eg., intemperance, misconduct, &c.; or
  - (v.) Whether it is constitutional or hereditary.
  - (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend-
  - (a) Discharge as permanently unfit, or
  - (b) Change to England?
- 28. If discharge is recommended it should be stated whether further medical treat-ment (including orthopædic training) is desirable in a-
  - (a) Sanatorium;
  - (b) Hospital;
  - (c) Convalescent home;
  - (d) Asylum; or
  - (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- 29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
- 30. Does the man require the constant attendance of another person?

Has been sick for years. Has deformed chest with curved back indication of old disease

No

Yes

100% pp aggrevated 80% to

Yes

Yes

Signatures :-

ENFOUNDLAND

(Sgd) N. S. FRASER

President.

St. John's, Nfld., Station\_

L. PATERSON, Major

ARCH. C. TAIT

Members.

Dec. 26\*1918 Date OR OF MEDICAL C

Approved DEC 26 1918

Station Date

(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.



### Medical Report on an Invalid.

### Station Easeley Down Camp, Vinchester

Mocember 27th., 1918

Royal Nowfoundland 1. Unit

2. Regimental No.

3. Rank

KNER, HAROLD. 4. Name

5. Age last birthday

on 6. Enlisted St. John's, Hfl4. 7. Former Trade or Occupation

7a. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

#### TUBERCLE OF LUNG

#### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing

Since joining depot he has been centimally sick. Complaining of cough. Had a server on the Medical History Sheet bearing on the case.

Sheet bearing on the case.

Sheet bearing on the case.

Symptoms formally progressing. Physical signs in lungs. Sputum to the case of t fat to travel to Howfoundland.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is-

(a) attributable to or aggravated by Aribidate to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Attributable to strain of military service

Partly constitutional

13. What is his present condition?

tyolo in 17/20/20 Y.D. found in

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it
  - (a) In action?
  - (b) On field service?
- (c) On duty?
- (c) On duty? eamy so had by the country which

15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?
  - 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England?

ormanently unfit for Discharge as active service

### (Sed) J.ST.P. ENIGHT, Capt. R.A. H. C.

Officer in medical charge of case.

maker of Cambine

I have satisfied myself of the general accuracy of this report, and concur therewith, except † Barrell Street Proff of DEPAR

307

the state of the second section of the second

Officer in charge of Hospital.

Date

\*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.

### Opinion of the Medical Board.

Nores.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of st reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (1) caused or aggravated by service in the present war, (8) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
 (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates

where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, eg., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
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- 24. If not permanent, how soon do the Board recommend re-examination?
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20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

- 27. Do the Board recommend-
  - (a) Discharge as permanently unfit, or
  - (b) Change to England?
- 28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a-
  - (a) Sanatorium;
  - (b) Hospital;
  - (c) Convalescent home;
  - (d) Asylum; or
  - (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- 29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:

Has been clok for years. Has deformed chout with curved back indication of old disease

(Sed) N. S. PRASER ARGE. C. TAIT

President.

L. PATERSON, Major

Members.

John . Wild. Station ea. 26 1918

Date Approv Station

VENEOUNDLAND.

(Sgd) CLUMY MACPHERSON, Major

Administrative Medical Officer.

Demobilization Form 2.

# The Royal Newfoundland Regiment

#### PROCEEDINGS ON DISCHARGE

Intended place of residence......Badgers Quay.....

3. The above named man is discharged in consequence of.....

I. No. ... 5586 .... Rank ..... P.te. .......... Name .... Ha mold .Knee ..........

2. Occupation ...... Fisherman .....

	DEMOBILIZATIONELIBIBLE FOR POST DISCHARGE PAY.
- 4	His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
	Place (sgnd) C. C. Duley, Capt.  Date Dec. 28, 1918 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 dateSt. John's
	28-12-18 " C. B. Dicks. Capt. 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 John's
	(For Jensen Camp)
	Signature of witness
	STATEMENT OF SERVICE
7.	Enlisted for service
	Discharged from service31-12-18. plus .14.days Service 228
	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 (sgnd) R. H. Tait, Capt.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
	DateDac31,1918
	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed.
	Place
-	Officer i c Records The Royal Newfoundland Regiment

C.R.5586

Extract from Delly Mix Orders Sapt 21 Init The Royal Hild. Rogt. Feb. 18th, 1919.

the Disoberge of the Padernoted on desoblimation has been appreciat Confirmed by Officer 1/o Records on noted Dates.

5586 Pte. Harold Knee.

C.R. 5/5/86

Patract from Neminal Roll of repatriation draft No. 79 from the 2nd., Battalion of the Newfoundland Regiment per S.S.CORFIGAN. which embarked at Tilbury Docks 12.12.18.

#5586 Dte. H. Knee.

C.R. 5386

Extract of Daily Orders Part II, dated Jan. 3rd 1919.

The undernoted man's discharge on Demobilization has been approved by 0.0. Discharge Depot on noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending configuation by Officer 1/c Records.

5586 Pte. Harold Knee.

Discharged 31-13-18

Extract from Madical Board held on Thursday December 26th, 1918.

5586 Pte. H. Knee.

Recommended Discharge as permanently Unfite

C.R. 5-5-86

Artract from Daily Orders part 11, Dopot St. John's dated Dec. Sord. 1918.

The u.s returned from Oversess and reported at Depot 81-12-18.

#5586 Pte . H. Knee.

C.R. 5386

Extract from telegrem to Symptical London, Dec. 13th, 1918.

The following emberied S S. Corsions, sailed Dec. 12th-

One case Tuberculosis 5586 Knee.

CR. 186

Extract from Daily Orders part 11, from Unit The Royal Bfld.Royt.St.John's, date & July 85,1916.

The following new exhapted for observers on Mills.
"Octombella" J. 17 22 1918.

#5586 Pte.Harold Knee.

Extract frm Daily Ordes part 11, ifrom Unit The Royal Wild. Regt. St. John's, dated June 5,1918.

#5586 Pte. H. Knee.

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

### Medical Report on an Invalid.

Station

Date Une yer of. 7. Former Trade ) or Occupation Regimental No. 7a. If with previous service in Army, state 3. Rank (a) Former Unit; KNEF Name (b) Regimental No.; Age last birthday (c) Date of Discharge; 8 56hn 190 (d) Cause of Discharge. 8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19). Subercle of Lung. Statement of Case. Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to vencreal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing Centrounk Deck - Complaining Jength on the case.

Lod a Devel form these orms week of 0/17. 10.18). Woo self immed. In both. Opplaining heyating at a deform the discloyer has been only the data consenting defort, ordered teathers; tryingtons for health properacy, there are in buys, of allen tentrol provides. I considered filly brother authorities to these to heavy and self self of the provided of the provided of the provided of the self of t

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., misconduct, &c.

attentited to otrain of inditary service.

half Cothleson

No.

And har stopis in 17. 10.78 TB found in Shatim. and brust Rapap. 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it caused-(a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so—(a) When? (b) Where? (c) Opinion? Was an operation performed? If so, what? 17. If not, was an operation advised and 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present year. war. 20. Do you recommend-(a) Discharge as permanently unfit, or molycol. (b) Change to England? Other in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Station Officer in charge of Hospital. Date\_ 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.

Nº 6312



### THE ROYAL NEWFOUNDLAND REGIMENT

4715 Facker andrew	Knee 4			
		Padgerio Quez		57
			•	
A Company of the Comp		Total Allotment, S		50

FORM K

Nº 6312



### THE ROYAL NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child. other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
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	_			
	•			20
	45 - 1 24 <sub>6</sub>			
	الاخوية. - الله الله الله الله الله الله الله الل			
			Total Allotment, \$	572
SI	equired payments	fficer Commanding  (S	ing Company, signed by the Volunded to the Paymaster as authority  ig.) Angeled 16	teer, counter- to make the

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Note.—Army Forms W. 3961A, B and c are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit

to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below. A.F. W. 3961s has been sent to A.F. W. 3961c has been sent to The Officer i/c Records. The Regimental Poymaster, O.C. Discharge Centre, Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for :matriatur Strike out whichever inapplic In certain circumstances War Office authorises a solo (a) Discharge as no longer physically fit for war service (b) Discharge as surplus to military requirements (c) Discharge as\*. (d) Transfer to the Reserve (e) †Claims repatriation to... (i) Where enlisted \_\_ (ii) Date of arrival in United Kin (iii) Port of arrival (iv) Ship on which arrived. (v) Name of Shipping Line or Agent. (vi) Names and addresses of two references who can verify the above particulars

Date 22/1/15 191 O.C.

\*Inset cause other than under (a) or (b) above.

NOTE 1.—1If the soldier claims to be repatriated abroad, and is prepared to

Army Forms B. 179A and B. B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are for-

NOTE 1.—If the soldier claims to be repatristed abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 396fB to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

(Surname)

Unit and Corps.
Authority

warded herev

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Note.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer 1/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W.3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer 1/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received. Pensions, as soon as received.

A.F. W. 3761A has been sent to O.C. Discharge Centre,	The Officer i/c Records.	A.F. W. 3961c has been sent to The Regimental Paymaster,
Winefeld,	58 /wh.	no de
- They of the	100 manual de la companya della companya della companya de la companya della comp	en alin
		ier to be sent to the Discharge
(a) Discharge as no longer physically fit for war service (b) Discharge as surplus to military requirements (c) Discharge as* (d) Transfer to the Reserve (e)†Claims repatriation to. (Country) (i) Where enlisted (ii) Date of arrival in United Kingdom (iii) Port of arrival (v) Ship on which arrived (vi) Names and addresses	Strike out whichever inapplicable.	
	사람들의 사람들이 얼마나 되었다면 하는 사람들이	War Office authorises a soldier's
		of the Reserve only. In cases where the soldier is being sent
		to the Discharge Centre under such conditions the words
	A constitution of	are to be inserted at (d).
(e)†Claims repatriation t	io	Olivery F. J. Sh.
(i) Where enlisted _	Authority has been given for the undermentioned soldier to be sent to the Discharter for:—  (a) Discharge as no longer physically fit for war service (b) Discharge as surplus to military requirements (c) Discharge as* (d) Transfer to the Reserve (e) †Claims repatriation to (Country) (i) Where enlisted (ii) Date of arrival in United Kingdom (iii) Port of arrival (iv) Ship on which arrived (v) Name of Shipping Line or Agent  (vi) Names and addresses of two references who can verify the above particulars  (Surname) (Currame) (Christian names in full)  (Christian names in full)	Commence of fine to the formation
(ii) Date of arrival in	United Kingdom	
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	0.2835	- 1
(v) Ivame of Chipping	5 Diffe of Agent	The state of the s
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Date	OO.C	
• Insert	cause other than under (a) or (	b) above.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

NOTE.—11 the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

PIT.O.

#### PART II

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Note.—This notification is sent in order that the Officer it Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of pasticulars of the soldier's children or dependants in respect of whom separation or dependants allowance is being paid.

point.

The jarticulars of the children are required by the Ministry of Penilous at the tiste praisessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier, adocuments.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoir hardship to the soldier, it is essential that there shall be so delay in completing and forwarding this Army Form to the Officer i/c Records.

Authority has been given for the Centre for :—  (a) Discharge as no longer physical (b) Discharge as surplus to much (c) Discharge as*  (d) Transfer to the Reserve	ysically fit for war service	
Centre for :—  (a) Discharge as no longer ph  (b) Discharge as surplus to m  (c) Discharge as*	ysically fit for war service	Ce ) Strike out whichever inapplicable.
Centre for :—  (a) Discharge as no longer ph  (b) Discharge as surplus to m  (c) Discharge as*	ysically fit for war service	Ce ) Strike out whichever inapplicable
(b) Discharge as surplus to m (c) Discharge as*		C In certain circumstances the
(c) Discharge as*	ilitary requirements	War Office authorises a soldier's
(c) Discharge as*	The state of the s	transfer to Class W., or W. (T)
(d) Transfer to the Reserve	of the state of th	of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under
		such conditions the words "Class W., or W. (T), only" are to be inserted at (d).
(e)†Claims repatriation to	A COLUMN	are to be inserted at (a).
	(Country)	(Place)
(i) Where enlisted	on and an experience of the control	Samuel State of the State of th
(ii) Date of arrival in Unit	ed Kingdom	
(iii) Port of arrivateup a	c) with the followin	*(b) Unmarried or a widowe
(iv) Ship on which arrived	) whom an allowance	wäthout children
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(vi) Names and addresses	t dependants	*(c) Unmärried and withou
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particulars		
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No. 45 Rank		n ite≱
Regimental Paymaster of smal	1 1/4	Continued in the Contin
(Surname)	- (christian	names in full)
Jnit and Corps	Strike og u klicher er krappl	1 /2 -
Authority	and the second	12 P
Army Form O. 1809E for the s	oldier is forwarded here	with.
Part II of this Army Form is	to be completed her en	AND THE RESERVE THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS
ecretary T.F. Association, and fo	rwarded without delay	to the Officer le Records.
	paradiradistration (* , state (lipidiffered))	Management of the second secon
	O.C	······································
NOTE.—In cases where a sold		

(21076) Wt. W1836-PP1116. 10000 Bks. 5/48. Sir J. C. & S. 8108.

Station

Date.

### PART II.

Bat In	tier is as	that a Sol	Paymaster	intental	to the Re	Notification
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*(c) Unmarrie	d and without	rg () dependan	ne following n allowance	ii I. zhiiid ederoibi eder zer soed	lants for paid:—	This information and that of the children is to be extracted to A.F. W3500 in case where the sol entrolled as a A.R.M.W.
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((1075) Wt. Wisss-PP1175, 19000 Mig. 5#8, Sir J. O. & S. Siss.

N.F.P./94

PARTICULARS	1 8	d	3	8	ď	PARTICULARS	1 4	- 7 H		_
Balance Dr. from Allotment /9 days @ 50 Cash Payments:  Other Debits:	19	60	11 2	19	0	Balance Cr. from Pay 19 days @ \$ 100 Field Alice 19 days @ \$ 100 Other Alices days @ \$ Other Credits:  Copy suck mofth, 213534		90	£ 14	8
Total Debits Balance due by Paymaste: *			14	8	u	Total Credits Balance due to Paymaster			4	ري

LAST

Rnee, A 5586
Hay roups!

February 17, 1919

#5586 Pte. Harold Knee.

Bad gers Quey,

B.B.

Dear Sir: -

Hease find enclosed "Discharge Gertificate No.1016."

Yours truly,

Paymaster& U.i/c Records

Enc'1 1.

# The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
1. No	5586 Rank PB Name Harold Knee
In	tended place of residence. Badgers Suay
	assification of soldier S Medical Category
3. Th	e above named man is discharged in consequence of DEMOBILIZATION.
	ELIGIBLE for POST DISCHARGE PAY
	s accounts are correctly balanced and I have impartially inquired into all matters brought before me, in cordance with Regulations.
	DEC 28 1918 Comanding Discharge Depot The Royal Newfoundland Regiment
	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
jus	nereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all the demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, all financial responsibility in my connection.
	ace and date Signature of soldier
	98.12.18. Signature of witness
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
6. I h	ereby certify that Nam in a position to resume civilian occupation immediately on discharge.
Pla	ace and Date. Signature of soldier
Jo J	Signature of witness
•	STATEMENT OF SERVICE
7. En	listed for service
	scharged from service. 31. 12. 18 plus 14 Days, Service 2012
	APPROVAL OF DISCHARGE
8. Th	e discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records,
	e Royal Newfoundland Regiment, twenty-eight days from date.
Pla	Officer Commanding Discharge Depot
Da	DEC 3 1 1918  The Royal Newfoundland Regiment.
o. Th	CONFIRMATION OF DISCHARGE
Pl	ace Atolivo. Ned Motowey leaft
Date	Fibruary 14/1919 Officer ile Records The Royal Newfoundland Regiment
Date	A A A A A A A A A A A A A A A A A A A

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. 55386 Rank / Rank Mes. Marken Starres
Date of Enlistment 6. 18 Addres Badger Quay Distriburanta
Occupation sherman Classification for Discharge. B Medical Categor
Recommendation S.M. Bernfly Junfet Disability Rating Nil
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 34.63.4
B 178a
B 179
B 179a D 400C Form K do 4th " 5 " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
1140 8.1
Phillip Capt.
Date 1.17.18
A. PARTICULARS FOR DEMOBILIZATION
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Particulars passed to Vocational Officer for information and action.
Date
a. Clothing.
Certified that Clothing Regulations have been complied with:—
to the first of the second contract and the contract of the co
(a) Clothing Allowance payable
(b) Clothing Supplied
Date. 3.7
Unic. Re-ciotning.

to his home	The above named has keen provided with Tourselling Warners Manager
Hours Coff	the above named has been provided with Travelling Warrant No.
oilization Officer	D
	d Allowances.
all atters in connection	The herein named soldier's accounts have been correctly balanged
Worley Caps.	nerewith settled. He has received pay and allowances to
Paymaster.	I
	31. 12. 18.
	approved for
	orwarded with following documents to O.C Discharge Depot.
8 463A \$4688	B 268 B 121 N.F. Med D.F.  W 3494 B 122 Board 1st   D 400A B 1915 do 2nd   J D 400C Form L do 3rd   J B 103 ME 2   B 120 M 93   D 40 2   W 42   " " " " " " " " " " " " " " " " " "
mobilization Officer.	
	en de la companya de
	ED. ocuments as above forwarded to:—
	Officer i c Records.
DA	Board of Pension Commissioners.
. [ ]	Board of Pension Commissioners.  Collowing additional documents.  ELIGIBLE FOR POST DISCHAFF
. Jail Capl C. Discharge Depot.	DEC 31 1918
1.	and a management of the property of the control of

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

# MEDICAL HISTORY

Surname Knee

Christian Name Rarola

Table I.—GENERAL TABLE. //								
Birthplace:—Parish Bad	gers Gray BB. Count	y Newformala	<b>ur</b> /					
•	SPECIAL RESERVE	REGULAR A	ARMY					
	on day of fine 1918	on day of	191					
Examined	at Leyohuò.	at						
Declared Age	19 years — days	years	days					
Trade or Occupation	Fisherman							
Height	feet tuches	feet	inches					
Weight	135 lbs.		lbs.					
Chest (Girth when fully expanded	37 inches		inches					
Measure- ment Range of Expansion	of inches	inches						
Physical Development								
(Arm	Right Left	Right	Left					
Vaccination Marks Number								
When Vaccinated								
	RK. JY	R.E.—V=						
Vision	L.EV=	14.E.—V=						
<b>1</b>	912							
	(a)	(a)						
(a) Marks indicating congenital peculi- arities or previous disease		· · · · · · · · · · · · · · · · · · ·						
. Service	The best document of support and							
grin of	(6)	(6)						
(b) Slight defects but not sufficient to	1							
cause rejection								
Approved by (Signature)	Lamors ateron		•					
(Rank)	mayor	, .						
	Medical Officer.		Medical Officer.					
T. W. 11444	at Ityolinia.	at						
Eulisted {	on day of June 1918	on day of	191					
State of the state	Corps. Regtl. No.	Corps	Regtl. No.					
Joined on Enlistment	Joyae Mer. 186							
	Reguent.							
Transferred to	0	,						
Became non-effective by								
(Signature)	on day of 191	on day of	191					
(Rank)		7						
			r					
			[P.T.O.					

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

A CONTRACTOR OF THE PROPERTY O													
Name of Hospital	A	Admitted to Hospital		Disc	Discharged from Hospital		Discharged from Hospital		Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions	the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be subsequent progress, including particulars sement out of hospital, transfers, exc. will be given in the special spyllist case sheet.	
	* Day	Month	Year	Day	Month	Year							
Hazeley Dom	17	10	18.	24	10	18	Bronchitis	7		I hutian tested for T.B. negative result	65 Nwan		
										Sportion looked for T.B. negative result  Has gained 22 lbs in last week.	GAPT., R.A.M.O.		
Hazeley Dom	7	11	18	18	11	18	Jubercle Lung	1/		I had a severe hacmoptypis some weeks	f8 Minian		
										ago, Temp since admission went up med	CAPT., R.A. N.G.		
										\$ 99.6, but otherwise has been normal			
									1	or out normal. F.B. found a opention			
							Section of			Discharged to unit for repatriation the gooms between sound			
									9	the of consolidation at R! apex. Breather sound			
									-	arch with prolonged expiration. Vocal			
										esonance increased. Rale's present.			
									1				
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										Control Control Control Control Control			
											, [P.T.O.		

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Deta	ils, and Signatures
· y ·		
4-6-18	Pace Sp	NO. & RANK 5.5% & CO.  NAME AND SHOULD CORPORATE CORPORA
1.7.18. 7.18 10.516	THS MA	BOMATURE ( LATHERS OF MAN AND AND AND AND AND AND AND AND AND A
4-10-18	VAR 18 with SRE VAL 18 flam 2LG	
7 MW 1518.	Compound myope astyn	extract, Cupt hi cursu.
has be Board	hereby certified that this evidier en before the Standing Medie I and has been classified as	Landor Francisco.
tion. 3	for discharge on Demobilisa- dedical category  Maly Captain	

#### Table IV -SERVICE TABLE

Station o	or Troopship	Date of Arrival or Embarkation	Date of Departure or Digembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
		· 6				

### Medical Report on an Invalid.

### Station Massley Bown Camp. Winchester

Mocember 27th., 1918 Date

- 1 Unit Royal Newfoundland
- 2. Regimental No.
- 3. Rank Private-
- 4 Name
  - KHEE, HAROLD
- 5. Age last birthday
- June 1st., 1918 6. Enlisted

St. John's, Mfld.

- 7. Former Trade | Pisherman
  - 7a. If with previous service in Army, state-
    - (a) Former Unit:
    - (b) Regimental No. :
    - (c) Date of Discharge:
    - (d) Cause of Discharge.
- 8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

### TUBERCLE OF LUNG

#### Statement of Case.

Note .- The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing

Since joining depot he has been centimally sick. Complaining of cough. End a covers hacopphysis come weeks age (17/10/18)

on the cases and immediately to heapital. System negative. Since discharge has been on light duty at dopet and under treatment, frances formally progressing. Physical eigns in lungs. System to the mor maniture. Is considered by Repital Authorities fat to travel to Hewfoundland.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Attributable to strain of military service

Partly constitutional

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it

(a) In action?

- (b) On field service?
- (c) On duty?
  - (e) On duty?
  - water and the more confident was 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
  - (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?
- Give particulars of any other disabilities, existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend-(b) Change to England?

(a) Discharge as permanently unfit, or Discharge as ermanently unfit for active service

(Sgd) J.ST.P. KHICHT, Capt.R.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

1-7

the business and the Station

Officer in charge of Hospital.

Date

COST LEGISLES TO LO THEST REAL Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some

† Delete this word if no exceptions are to be made.

#### Opinion of the Medical Board.

Notice—f(i). Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the vent of the man being invalded, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided

(iii.) The rates of pension vary directly according to whether the disability is, (s) caused or aggravated by service in the present war, (a) due to causes not connected with present war, viz. (1) carlier active service, (2) climatic disease in pro-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv). In neavering question 21 the Roard abould be careful to discriminate between disease resulting from military conditions and disease, to which the seldier crould have been equally liable in civil life, (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

Tes

- 1. (a.) State whether the disability is clearly attributable to-
  - (i.) Service during the present war;
  - (ii.) Climate:

  - (iii.) Ordinary military service; (iv.) Want of proper care on the man's part, eg., intemperance, misconduct, &c.; or
  - (v.) Whether it is constitutional or hereditary.
  - (b.) If due to one of the first three of these causes, to what specific conditions do
- -22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permaneut, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present? Degrees of disablement should be ex-pressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined.

- was the refusal unreasonable?
- 27. Do the Board recommend-(a) Discharge as permanently unfit, or

  - (b) Change to England
- 28. If discharge is recommended it should be stated whether further medical treat-ment (including orthopedic training) is desirable in a—
  - (a) Sanatorium:
  - (b) Hospital;
  - (c) Convalescent home:
  - (d) Asylum; or

Approved TOR OF

Station

Station

Date

Date

- (e) Other institution either as an inpatient or an out-patient, and if so the period for which recom-mended.
- 29. With reference to Army Council In-struction No. 144 of 1917, is any surgical
- appliance recommended?

  30. Does the man require the constant attendance of another person?

·Signatures :-

St. John's, Mild.,

Dec. 26\*1918

DEC 26 1918

NEWFOUNDLAND.

Has been sick for years. Has deformed chest with curved back indication of old disease

(Sgd) N. S. FRASER President. ARCH. C. TAIT L. PATERSON, Major Members.

(Sg4) CLUNY MACPHERSON, Major

Administrative Medical Officer.

[1000-15-12-18]



# 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 fall 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 Knee Harold
Name in full // / / / / / / / / / / / / / / / / /
Regiment from which discharged Royal Newfoundland
Regimental number 5586
Intended address Badger Key BB.
Height on discharge Feet 6"
Color of hair on discharge Dark
Complexion Fair
Color of eyes Blue
Descriptive Marks —
Figure on discharge Wedin-
Christian name of Father Ludsew
Christian name of Mother Clarah
Wife's maiden name in full -
Date and place of marriage
Christian names of children
Place and date of soldier's birth Porto Island 21 Nov 1898
Nature and locality of civil employment required
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, corroge
(Soldier's signature in full) Harold X Knee
Thank (Rank)
Station At John's Date 24 Dec 1918
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. Date 24 Dec 1918

so Johnis Ufla

## MEDICAL REPORT ON AN INVALID.

Norz.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the Covencient Mixistry of Prissons, Burron Cover, Kine's Roan, Lordon, S.W.3.

State the nature of the disability or disabilities from which this man is suffering	J. 13 Spiling Posis
What is the present condition of such disability or disabilities?	
If discharge is recommended it should be stated whether further medical treatment (including orthopedic treatment) is desirable in a:—  (a) Sanatorium or other institution for tuberculois .  (b) Hospital, and if so, what class? .  (c) Convalescent Home .  (d) Asylum, or .  (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?	NOTE—Trained had only in commonded for the challing for which the number of the challing of the challing of the period of the challing of the Period of the Challing of the Ch
With reference to Army Council Instructions, is any surgical appliance recommended?	•
Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable	
Signature	President.
Station	
Approved. Station	Officer in charge, Central Hospital,

3184. Wt. 19780/1320. 500,000(72). 8:18. S.O., P.E.

P.T.G.

## STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

Norr.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 33.86	Rank. Pli
Name. Knus Karolis. (Surname) (Chri	Unitand Appel / Folk
(b) In answering Question 2 any s	will be checked by official records. pecial matters which in his opinion caused any unfitness from which hich aggravated it should be clearly stated.
(a) In what countries have you served during this war, and for what periods?	ing
(b) In what capacity ?**	Jafun hij
If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.  (If more space is required a sheet of soliception be used, and firmly attached to this form.)	I have been such for a considerable Times before I formed his army sinces I arrived in England I feel getting
*	hours and loring weight

3.	Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.	Hazely Levers Histor 18 de
4	Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like if, before joining the Army? If so, give details and dates.	not as I throw for but always fell sick
<b>5</b> .	Give the names and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.	no
6.	Give the name of your National Health Approved Society, and (if possible) your Membership Number.	
7.	What is the name and address of your last employer before joining the Army?	
<b>8.</b>	(a) What was your occupation before joining the Army?  (b) What was your trade before joining the Army?  (To be checked by A.F.B.64 or A.F.B.103.)	Jishiman JO
Da	The above statement has been read ation Arguly Liver.  ate 22-11-83. WA 18780/13 0. 500,000/12; 8/18. B.O.F.R.A.	over to me; I agree to it, and have nothing further to add.  Signed (Soldier) Full Harris X  Signed Defluorates  Wirness.

## CONFIDENTIAL

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART	Soldier's Name Knee Harvld	
A.	Unit from which discharged Neyal N. FLB (Christian names in full)	
	Regimental Number 3376 Bank on discharge Pls Age on discharge 19	, –
	Married, widower with children, or single 1 ingle	
4	Occupation before enlistment Fisherman	· · ·
	Special qualifications (if any) for employment in civil life	
	Nature and locality of employment desired	
	Full postal address to which \ proceeding on discharge \ Name of Approved Society (if any)	
_	Control of the Section of the Control of the Contro	
PART	Nature of medical unfitness J. B. Shutim Positive	
В.		
completed by the Officer i/c Records.	Service with Colours years 180 days, of which years	ars
he 0	downware served abroad during the present war.	
by t	Military character Uvod	
Rec	Anything against the soldier to render his recommendation undesirable 200	
omp i/c	Date of discharge 2-2-1/-18 191	
	Station Harrly Levan	
	Date 22 11 18 Officer i/c Records	
1.	Jaco La Ticonas	1193

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

## CONFIDENTIAL.

# Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

(a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.

(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART	Soldier's Name Time Harold
A.	(Surname) (Christian names in full)
	Unit from which discharged Myal Mt Lb  Regimental Number 5386 Mank on discharge M8  Age on discharge 19
	Married, widower with children, or single Jungle
	Occupation before enlistment fishundary
	Special qualifications (if any) for employment in civil life
	Nature and locality of employment desired_
	Full postal address to which proceeding on discharge \ Badyus Kuy B. B.  Name of Approved Society (if any)
PART B.	Nature of medical unfitness J. B. Mulim Posifier
Officer	Service with Colours years
pe 0	do days were served abroad during the present war.
by t	Military character Lyon
ted	Anything against the soldier to render his recommendation undesirable 200
i/c J	[18] : [18] [18] [18] [18] [18] [18] [18] [18]
8	Date of discharge 22-11-18 191
To be	Station Harch Lown
Ă	Date 22 11 - 18 Officer i/c Records
35	

Note 1.—Part B. of this Army Form and Army Form W. 3463s can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view
to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 332 (xvl.) or (xvl.a), King's Regulations.

. [P.T.O.

#### Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve. are their to make the state of

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows :-

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.
(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full copportunity, of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/a Records, and Paris B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road,

ART	Soldier's Name   How Hawles (Christian names in full)
A.	Unit from which discharged Regard At also supplies a second supplies of
arried.	Regimental Number 3386 Rank on discharge Plan Age on discharge 19
10	Married, widower with children, or single Lings
t the	Occupation before enlistment I iskumals . A while a successful
lled in a	Special qualifications (if any) for employment in civil dife
to be fl	Nature and locality of employment desired
363B are	Full postal address to which \ Badgus Huy B B M. Fdb
ě	Name of Approved Society (if any)
ART	Period of service, and in what Years Days All service abroad, with Stations Years Days
3.	Corps Royal _ 180 India
Recor	W. J. South Africa — 9
30	Disallowed
Moer	Service towards pension
by the off	modest social of the grade of the social of
pleted	Number of G.C. badges quedals
ART	Wounds and actions in which received
J.	would all actions in which received
	The spirit of the exchange solid has been sold for the first of the property of the solid property of the soli
ART	Where born (parish, town and county), and date Pools Island 21 Hoffer 1899
).	Colour of hair on discharge Black Colour of eyes Blue Complexion Fact
	Christian name of father angusw
	Christian name of mother <u>lelarq</u>
	NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patien in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A, and D, of Army Form D. 400 and on Part A, of Army Forms W. 3463A and B are to be completed by the Officer if

hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A, and D. of Army Form D. 400 and on Part A.

of Army Form W. 3463a are to be completed by the Q.C. unit before the despatch of a soldier to the Discharge Centre.

a Soldier medically boarded lift at omen rebiem a wife	Teversity to Datases
Date and place of marriageEVIS_OAL OIL OIL OIL TELEMENT	
The army lateral old light had supported in the models of	PRETRUCTIONS
Christian names	asin temperatura in the second
of children and dates of birth	that the continued or represent the same forced where
Set to the set of the	animin a contract the same and an incident
Date and place of 1st enlistment Appropris N. FLB	1 Junt 1918
Figure on discharge	ART Soldier - Views
Descriptive and other distinguishing marks	A. Their from which discharge
I certify that I am the soldier referred to and that all	the particulars contained in
Parts A. and D. above are, to the best of my knowledge, correct.	i a na mara da matawer wang ch
	articine articul no caprost (\$2
	Armortantian plan e 133
	2-1/1-1/80-101/0depart 18
I certify that the pove-named soldier signed the foregoing declar	(Rank)
O.C. du	it or Officer i/c Hospital.
THE CONTROLLER.	
MINISTRY OF PENSIONS.	DOME 10 TOTAL FOR MINE
Burton Court.	PART
· · · · · · · · · · · · · · · · · · ·	See Eller See See See See See See
King's Road,	e de la companya de l
London, S.W.3.	honotoni te
The soldier named overleaf was	Surface, Linear Source & 1
Discharged under para. King's Regulations	
	Strike out whichever
Transferred to Class* of the Reserve.	inapplicable,
	of the another by a stream of the
Military character	9
I certify that the details of service overleaf and other partie	
이 사용할 것에 무섭슨 사람들을 잘 했다면서 하다 얼마나 모든 사람들이 되었다면서 하는 그 이사를 하다고 있다면 하는 것이 나를 하는 것이다.	
	Officer i/c Records.
Station	Softwar to subject the head of the
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Date that the bear of the second of the seco	
* Insert P., or P.(T).	in the state of th

PRESIDENT	NAME		DATE OF ISSUE:			
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SANCESTER.	618	-1.00	-300	180	66	_ 4
L	SIGNA OF N	TURE L	rs	ell	and	OPTICIAN'S

" OPHTHALMIC DEPARTMENT "

Military Hospital, Winchester.

Qet. H. 18.

To :-

Medical Officer i/c. R. Wed.

3-56 Pte Tence 4.

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him army East 64 and Medical History Sheet for the necessary entries to be made therein.

Pres fried Photochhart entrement ophthelmie Surgeon.
Both please.

1 2NNV 1918 COUNTY LAB.	-51	Outfit Number	7
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Specialis Sanitary Officer.

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RAhyoto.

Specialist Sanitary Officer.

O BE LEFT BLAN

Nº 6312



# THE ROYAL NEWFOUNDLAND REGIMENT

AMOUNT ch person)	Address	Name (in full)	Whether Wife, Child. other Relative or Friend	Identity Certificate No.
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			•	
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have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book	•		#-			Balance due to Paymaster					"

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DR.				STAT		F ACCOUNT				
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ė g	Balance Dr. 18 cm 50 Allotment days @ Cash Payments:	9	50	2	19	Pay days 0 100 Pay days 0 2	.10	1 9		T. ORIGINATION OF THE P.
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	winchester. Dece	mber 9	nt or Ith	ACC 8	ount a	(Signed) W.				

£.

Chief Paymaster & O. i/c Records.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance ...with C.L./19, 26/5/17. Regtl No.5586 Rank Private Name Knee, H. Unit2nd.Bn.R.Nfld Regt. who was repatriated on 12/12/18 Authority Newfoundland Cause STATEMENT OF ACCOUNT PARTICULARS PARTICULARS . Balance Dr. from Balance Cr. from 50 Allotment 19 days @ 50¢ Pay 19 days @ \$ 1.00 00 Cash Payments: Field Allce 19 days @ \$.10 90 90 5 111 Other Allces days @ g Other Debits 11 Other Credits: Total Debits 5 11 Total Credits 5 11 Balance due by Paymaster Balance due to Paymaster 11 5 11 I have carefully examined this Statement of account and find it to be a correct extract from the Pay Book of Hazeley Down Camp. (Signed) W. J. Long. Captain. Winchester. December 9th 1918 (Place) Øcc. "B" Company. Made up/Onecked in accordance with information received in the Pay & Record praice and is therefore subject to amendment if and as may be found necessary. Pay & Record Office / London,

Joseph Badger's Tway Officer 4/c Records
To John's chap my discharge Certificate for Conection. also a Certificati of my decoration of which I wow seek information as I havent received my me dal yet. Oblige Tweeorly yours Alnee

C.R. 5586

## RECETPE.

## FOR ISSUE OF BRUTUSH WAR NEDAG 1914-1919.

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

Date Now 20th Name. Handed. Mines.
Place. Badgers Juay

### ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here :

007	15.	1921

.

The accompanying victory messi-antior british war mena	•
is/are forwarded herewith togett 1967	
Harold Knee	-
in respect of his service as No. 5586 Rank Pte.	-
Name H. Knee Royal Mild. Regt.	
SMINA NO AND A	
Receipt of the same should be acknowledged hereon.	
Received British War medal	_
Signature Harold 1944	
Date Oct- 18th 1921	
Address Badgan Luay Bonowsta	Bu
(P.T.O.)	

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

	t		
	7		
g	B	P	1

Regiment of Mayal New Jaund Jaund On C. Company OBDicks Jieu

	Reg	gimental Nun	ber and N	ame	Enlistment	Trade	Good Conduct Badges, S	ervice po-	ar ara Galana			
46	No.  55 8 6  Joined  Joined  Joined		ld K Date Date	nu	Place and Date of Enlistment 1. 6 . 18	Sesherman Religion Coffe Place of Birth		a rice pay	or producincy pay			
	Joined		Date	1	Period of with Reserve 365 years.	Badgerquay	¢13					
	Place	Date of Offence	Rank	Cases of Drunken- ness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial		REMARKS		
										No.		
				-	Gemobilized Si	for: 111	7					
					J. J	Frons. 14	79					
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	· .				Bys. Comp. C	-				99313 99314		
										Form		
										Army ]		
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	,	-		*	To be carried over,							
	Bellow Lot born	Control Editor St	San Carlon	BISIS S								

AMPL

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No 5386 Rank Ptg Nam Knee Staveld
Date of Enlistment 1.6. 18 Address Badger Quay District Bonanota
Occupation Fighterman Classification for Discharge Medical Category
Recommendation S.M.B. Frontly unfit Disability Rating Nil
Passed to Demobilization Officer with following documents:—
a seed to Demonitization Officer with following documents.—
N.F. P 36
B 178 W 3494 B 122 Board 1st " 2
B 178a
B 179
B 179b
21 m 19 About Capt
Date. 2.7:1.7.18
7 PARTICULARS FOR DEMOBILIZATION
I amin a position to resume civilian occupation.
T am
Particulars passed to Vocational Officer for information and action.
Date
a. Clothing.
Certified that Clothing Regulations have been complied with:—
(a) Clothing Allowance payable 4.00 199
(b) Glothing Envolved Joseph A Insufacet
Date. 27-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No
A at Rud fun Thay and Release Certificate No & 34 issued.
Object with a lice and a south all
Demobilization Officer
- Commence of the commence of
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
NA 12-16. Mohlelall.
Date
Discharge approved for 31. 12. 18.
Discharge approved for.
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36
Б 178 W 3494 В 122 Board 1st " 2 У 4.69 А.У. /.
B 178a
B 179
B 179a D 400C Form K do 4th " 5
B 179b
B 179cV. J. / B 120
as 18 assist 11-
Date 28.12.18 LONGUES Con-
A Delivorization officer.
APPROVED. A.
Documents as above forwarded to:—
Officer ilc Records.  Board of Pension Commissioners.
with following additional documents.
FIGURE for POST DISCHARGE PAI
FLIMBLE IN LOOF PROMISSION
DEC 01 1918
Date
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
/XIV TOWELL least
Jamboliain Mest
Date

Reg. No. 5586 Rank fote Name Aner A	
Attested Address Backgry Brook	•
Allottee	<u></u>
Date of Allotment	2
Embarked for Overseas Cause Cause	Λ
27-18 PASSED TO DEMOBILIZATION OFFICER	
26-12-18 Rie Discharge as Pumarently Unfit an	£
26-12-18 Rie Discharge as Permanently Unfit an admission to Junses Cant. 3172-18. DISCHARGE APPROVED ON DEMOBILISATION.	
	· <b></b> -