



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5586 Name Harold Knee Corps C of E

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

- |  |                             |
|--|-----------------------------|
| 1. What is your name? .....  | 1. <u>Harold Knee</u> ..... |
| 2. What is your full Address? .....  | 2. <u>Badger Quay</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....         |
| 4. What is your age? .....   | 4. <u>17</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, Harold Knee .....

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.

Harold Knee .....

SIGNATURE OF RECRUIT.

R. R. Power .....

Signature of Witness.

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

I, Harold Knee .....

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 1 day of January 1918

Signature of Attesting Officer .....

**†CERTIFICATE OF APPROVING OFFICER.**

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

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

Date .....

Place .....

Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harold Knee

Apparent age 19 years      months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches

Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Andrew Knee  
Badgers Quay | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5586 Name Harold Knee Corps C of E.

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

1. What is your name? ..... 1. Harold Knee
2. What is your full Address? ..... 2. Badgers Quay
3. Are you a British Subject? ..... 3. Yes.
4. What is your age? ..... 4. 19 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? ..... 10. Name .....  
Corps Yes.
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes.

I, Harold Knee 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.

Harold Knee SIGNATURE OF RECRUIT.  
Pte R Power SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harold Knee 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 recorded 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 1 day of June 1915.

Signature of Attesting Officer P. P. O'Keefe Lieut.

**† CERTIFICATE OF APPROVING OFFICER.**

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....  
Place..... } Approving Officer.

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

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



# DESCRIPTIVE REPORT ON ENLISTMENT

5586

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

Name Harold Knee  
 Apparent age 19 years ..... months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Andrew Knee  
Badgers Quay, | 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>1-6-18</u>									
Joined at <u>St John's</u> on <u>June 1-1918</u>									
<u>Embarked on ship 14/1919</u>									
<u>Embarked St John's St. Louis to Halifax N.S. 22/18</u>									
<u>Boarded at Sydney Cove Camp Winchester instead of King.</u>									
<u>To help for demobilization 12-12-18</u>									
<u>Returned to England 21-12-18</u>									
<u>Demobilization St John's 14-2-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-2-1919 (date of discharge) ..... years 259 days  
 " " Pensions " " " " " " " " " " " "



A KNEE

C.R.

5586

~~AKN~~

## Medical Report on an Invalid.

Station Hazeley Down Camp, WinchesterDate December 27th., 1918

- |  |  |
|--|--|
| <p>1. Unit <b>Royal Newfoundland</b></p> <p>2. Regimental No. <b>5586</b></p> <p>3. Rank <b>Private</b></p> <p>4. Name <b>KNEE, HAROLD</b></p> <p>5. Age last birthday</p> <p>6. Enlisted <span style="font-size: 2em;">{</span> on <b>June 1st., 1918</b><br/>at <b>St. John's, Nfld.</b></p> | <p>7. Former Trade <span style="font-size: 2em;">{</span> <b>Fisherman</b><br/>or Occupation</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

### 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 on the case.
- Since joining depot he has been continually sick. Complaining of cough. Had a severe haemoptysis 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 st now positive. Is considered by Hospital Authorities fit to travel to Newfoundland.**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- |  |  |
|--|--|
| <p>(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).</p> <p>(b) constitutional or hereditary, and not aggravated by service during the present war.</p> <p>(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &amp;c.</p> | <p style="text-align: center;"><b>Attributable to strain of military service</b></p> <p style="text-align: center;"><b>Partly constitutional</b></p> |
|--|--|



Had haemoptysis in 17/10/18 T.B. found in  
Sputum. Bronchial breathing R. Apex  
V.R. Coarse creps

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?

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  
war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

**Discharge as permanently unfit for  
active service**

**(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* †

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.

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

Opinion of the Medical Board.

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 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, (A) caused or aggravated by service in the present war, (B) 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, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

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

**No**

**Yes**

(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?

*100% H*

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

**Nil** *aggravated 80% H*

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?

**Yes**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

**Yes**

*Senior Conf.*

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:—

(Sgd) N. S. FRASER President.

Station St. John's, Nfld.,

ARCH. C. TAIT

Date Dec. 26<sup>th</sup> 1918

L. PATERSON, Major Members.

Approved.

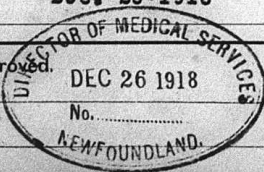
DEC 26 1918

(Sgd) CLUNY MACPHERSON, Major

Station \_\_\_\_\_

Administrative Medical Officer.

Date \_\_\_\_\_





Medical Report on an Invalid.

Station Caseley Down Camp, Winchester

Date December 27th., 1918

- 1. Unit **Royal Newfoundland**
- 2. Regimental No. **5688**
- 3. Rank **Private**
- 4. Name **KNEE, HAROLD**
- 5. Age last birthday
- 6. Enlisted { on **June 1st., 1918**  
at **St. John's, Nfld.**
- 7. Former Trade } **Fisherman**  
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 on the case.

**Since joining depot he has been continually sick. Complaining of cough. Had a severe haemoptysis 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 is now positive. Is considered by Hospital Authorities fit to travel to Newfoundland.**

- 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 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 17/10/38 V.B. found in sputum. Bronchial breathing R.ApeX V.B. coarse creps**

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?

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 war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

**Discharge as permanently unfit for active service**

**(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* †

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.

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



Opinion of the Medical Board.

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 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, (A) caused or aggravated by service in the present war, (B) 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, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

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

**No**

**Yes**

(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.*

**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 ?

**Yes**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

**Yes**

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:—

**St. John's, Nfld.,**

Station \_\_\_\_\_

**Dec. 26 1918**

Date \_\_\_\_\_

**(Sgd) W. S. FRASER**

President.

**ARTH. C. TAIT**

**L. PATERSON, Major**

Members.

Approved.

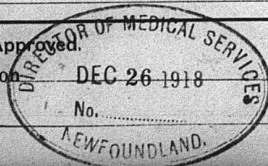
Station \_\_\_\_\_

**DEC 26 1918**

Date \_\_\_\_\_

**(Sgd) CLYDE MACPHERSON, Major**

Administrative Medical Officer.



Demobilization Form 2

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. ... 5586 ... Rank ... Pte. ... Name ... Harold Knes ...

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

2. Occupation ... Fisherman ...

Classification of soldier ... B ... Medical Category ... E ...

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

### DEMOBILIZATION

ELIGIBLE 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 ... for Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ... St. John's ... (sgnd) Harold X. Knes ... his  
Signature of soldier

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 ... ~~THE ROYAL NEWFOUNDLAND REGIMENT~~ his  
Signature of soldier

(For Jensen Camp) ... " ...  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service ... 1-6-18 ... No of days on Military

Discharged from service ... 31-12-18 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 in Charge of 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

Date ... Dec. 31, 1918 ...

### CONFIRMATION OF DISCHARGE

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

Place ...

Date ... Officer in Charge of Records  
The Royal Newfoundland Regiment

7  
C.R. 5586

Extract from Daily Orders sent 21 Unit The Royal Field.  
Regt. Feb. 18th, 1919.

The Discharge of the Undernoted on Demobilization has  
been approved. Confirmed by Officer I/c Records on noted  
Dates.

5586 Pte. Harold Knee.

14-27-19



C.R. 5/5/86

Extract from Nominal Roll of repatriation draft No. 79  
from the 2nd., Battalion of the Newfoundland Regiment  
per S.S. CORIGAN. 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 G.O. Discharge Depot on noted dates, He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

5586 Pte.Harold Knee.

Discharged 31-12-18

C.R. 55'86

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

5586 Pte. H. Knee.

Recommended Discharge as permanently Unfit.



C.R. 5-5-86

Extract from Daily Orders part II, Depot St. John's dated Dec. 23rd. 1918.

The u.s returned from Overseas and reported at Depot 21-12-18.

#5586 Pte . H. Ynee.

C.R. 5586

Extract from telegram to Synoptical London, Dec. 15th, 1918.

The following embarked S. S. Corsican, sailed Dec. 12th.

One case Tuberculosis 5586 Knee.

C.R.

586

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, date 4 July 25, 1918.

The following men embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5586 Pte. Harold Knee.



C.R. 5586

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
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 \_\_\_\_\_

1. Unit *Royal Mtd Det.*  
 2. Regimental No. *5586*  
 3. Rank *Pte*  
 4. Name *KNEE Harold*  
 5. Age last birthday \_\_\_\_\_  
 6. Enlisted { on *1 June 1918*  
 at *St John's Mtd*

7. Former Trade } *Intermar*  
 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 on the case.  
*Since joining depot he has been continuously sick - complaining of cough - had a severe haemoptysis some week approx 17. 10. 18. was set inmed. to work. Appetition negative. Since discharge has been on light duty since <sup>at</sup> ~~some~~ ~~company~~ depot, and under treatment; symptoms gradually progressing. Physic signs in lungs. Appetition test now positive. I considered fit by hospital authorities to travel to his home land. vide AFB 178. & att. report of station*

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 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.

*attributed to strain of military service.*  
*notly constitutional*  
*no.*

Had been physic in 17. 10. 18  
TB found in sputum.

Binocular treaty Refrap. ~~W.R.~~  
Cause ceph.

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?

na.

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

If so—(a) When?

- (b) Where?
- (c) Opinion?

na.

16. Was an operation performed? If so, what?

na.

17. If not, was an operation advised and declined?

na.

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?

na.

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 war.

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently unfit  
for any military service.  
W.R.  
C. J. [Signature]

Officer in medical charge of case.

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

Station \_\_\_\_\_

Date \_\_\_\_\_

Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made







**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.

O.C. Discharge Centre, A.F. W. 3961b has been sent to The Officer i/c Records, A.F. W. 3961c has been sent to The Regimental Paymaster,

*Warrington*  
*Hazley Lawn*  
*58 Victoria St*  
*London*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre 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 *St Johns*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), 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).

- (i) Where enlisted *St Johns* *N. 726*  
(Country) (Place)  
(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

No. *5586* Rank *Pte*

Name *Rice* *Harold*  
(Surname) (Christian names in full)

Unit and Corps *Royal N. 726*

Authority *10, 1799, 10 C.*

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 forwarded herewith.

Station *Hazley Lawn*

Date *22/11/15* 191 *15* O.C.

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

NOTE 1.—†If the soldier claims to be repatriated 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. 3961B 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.



**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 Officer to return it to the Officer i/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 i/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.

A.F. W. 3961A has been sent to O.C. Discharge Centre, Wimpey The Officer i/c Records, 58 Victoria St A.F. W. 3961c has been sent to The Regimental Paymaster, London

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre 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 \_\_\_\_\_

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), 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).

- (i) Where enlisted \_\_\_\_\_ (Country) \_\_\_\_\_ (Place) \_\_\_\_\_
- (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 \_\_\_\_\_

No. 586 Rank Private

Name Robert Harold (Surname) \_\_\_\_\_ (Christian names in full)

Unit and Corps Battalion N. 726

Authority 1799 R.C.

Station Hazley Barracks

Date 22/11/18 1918 O.C. \_\_\_\_\_

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

NOTE.—† If 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.

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.



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**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 i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing 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's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

**PART I.**

A.F. W. 3961A has been sent to O.C. Discharge Centre,	A.F. W. 3961B has been sent to The Officer i/c Records,	The Regimental Paymaster,
--	--	---------------------------

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre 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 \_\_\_\_\_

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), 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).

(Country) \_\_\_\_\_ (Place) \_\_\_\_\_

(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

No. \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ (Surname) \_\_\_\_\_ (Christian names in full)

Unit and Corps \_\_\_\_\_

Authority \_\_\_\_\_

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records. Station \_\_\_\_\_

Date \_\_\_\_\_ 191\_\_ O.C. \_\_\_\_\_

Insert cause other than under (a) or (b) above.

**NOTE.**—In cases where a soldier claims to be repatriated and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.



# OFFICE COPY

## LAST PAY CERTIFICATE

N.F.P./94

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.

Regt No. 5586 Rank Private Name Knee H Unit 4th Royal Newfoundland who was Repetrated to Newfoundland on 11/12/18 Authority Part II orders Cause \_\_\_\_\_

### STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.		
	Balance Dr. from				Balance Cr. from						
PERIOD from 13.11.18 To 11.12.18.	Allotment 19 days @ 50	19	50		Pay 19 days @ \$ 100	19	10				
	Cash Payments:				Field Alice 19 days @ \$ 100	1	90				
				11	19	0			14	5	11
				2	4	0					
	Other Debits:				Other Allces days @ \$						
				2	11						
	Total Debits				Other Credits:						
	Balance due by Paymaster: *			14	5	11					
				14	5	11					
					Total Credits						
					Balance due to Paymaster						

*Copy sent to Mr 21353/212  
RA 25.12.18*

CHECKED  
 S.P.  
 24/12/18  
 PERIOD from 13.11.18 To 11.12.18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazelton Camp  
Wendover Dec 9 1918  
 (Place) (Date)

W. Jones Capt  
 O.C. "B" Company.

Made up/Checked in accordance with information received in the Pay & Record Office \_\_\_\_\_ to / / and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

Kneel, A

5586

Hay Sept.

---



February 17, 1919

#5586 Pte. Harold Knes,  
Badgers Quey,  
B.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No.1016."

Yours truly,

Captin,  
Paymaster & U.i/c Records

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5586 Rank PL Name Harold H. Kee  
 Intended place of residence Badgers Quay  
 2. Occupation Justice man  
 Classification of soldier B Medical Category F1

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

### ELIGIBLE 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 .....  
 Date DEC 28 1918 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St John's 28.12.18  
 Signature of soldier Harold H. Kee  
 Signature of witness Roberts Capt.

### 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 Dec 27<sup>th</sup> 1918  
For Justice Camp  
St John's  
 Signature of soldier .....  
 Signature of witness .....

### STATEMENT OF SERVICE

7. Enlisted for service 1. 6. 18 No of days on (Military) 259 days  
 Discharged from service 31. 12. 18 plus 14 days Service 278 days

### 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. R.H. East Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date DEC 31 1918

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St John's Mr Howley Capt  
 Date February 14/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

30  
31  
31  
30  
31  
30  
31  
31  
14  
29

2017/10/16

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5586 Rank PLC Name Kneen, Harold  
 Date of Enlistment 6.1.18 Address Badgers Quay District Bona Vista  
 Occupation Fisherman Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Monthly profit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	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	<u>Buro. 1</u>	

Date 27.12.18

H. H. H. Capt.  
O. C. Discharge/Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.1.0  
 (b) Clothing Supplied Joseph H. Snow

Date 27.12.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *his* to his home

at *Radwan Gray* and Release Certificate No. *634* issued.

Date *27/12-18*

*ABDuls Coll*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *18-1-19*

Date *28-12-18*

*Abduls Coll*  
Depot Paymaster.

Discharge approved for *31-12-18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>8463A</i>
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>84128</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	<i>10400</i>	" 6	
B 179c	B 120	M 93			

Date *28 12 18*

*ABDuls Coll*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PA**

Date *DEC 31 1918*

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

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

Date *Jan 6/1919*



Institute

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

# MEDICAL HISTORY

Surname Knee OF Sejochio Christian Name Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish Badgers Quay P.B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1 day of June 1918	Sejochio	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 inches	feet	inches
Weight	135	lbs.		lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	4 inches		inches

Physical Development	Right	Left	Right	Left
	Vaccination Marks	/		

When Vaccinated				
Vision	R. E.—V= 6/12	L. E.—V= 6/12	R. E.—V= 6/12	L. E.—V= 6/12

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) L. M. Patterson  
 (Rank) Major Medical Officer.

Enlisted at Sejochio on 1 day of June 1918  
 Corps. Royal New Regt. No. 1886

Joined on Enlistment Royal New Regiment.

Transferred to

Became non-effective by on day of 191 on day of 191  
 (Signature) (Rank)

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Don	17	10	18	24	10	18	Bronchitis	7	Sputum tested for T.B. negative result Has gained 2 $\frac{1}{2}$ lbs in last week	L. S. Moran CAPT., R. A. M. C.
Hazley Don	7	11	18	18	11	18	Tubercle Lung	11	I had a severe haemoptysis some weeks ago. Temp since admission went up once to 99.6, but otherwise has been normal or sub-normal. T.B. found in sputum Discharged to unit for repatriation Path of consolidation at R. apex. Breathes sound harsh with prolonged expiration. Vocal resonance increased. Rales present.	L. S. Moran CAPT., R. A. M. C.



Medical Report on an Invalid.Station Maseley Down Camp, WinchesterDate December 27th., 1918

1. Unit **Royal Newfoundland**
2. Regimental No. **5586**
3. Rank **Private**
4. Name **KNEZ, HAROLD**
5. Age last birthday
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  **June 1st., 1918**  
**St. John's, Nfld.**
7. Former Trade } **Fisherman**  
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 on the case.

**Since joining depot he has been continually sick. Complaining of cough. Had a severe haemoptysis 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 et now positive. Is considered by Hospital Authorities fit to travel to Newfoundland.**

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 condition to which it is attributed should be stated, see Notes on page 3).

**Attributable to strain of military service**

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

**Partly constitutional**

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



**Had haemoptysis in 17/10/18 T.B. found in Sputum. Bronchial breathing R.Apex  
V.L. Coarse creps**

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?

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 war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or  
(b) Change to England?

**Discharge as permanently unfit for active service**

**(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* †

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.

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

Opinion of the Medical Board.

Notes.—(f.) 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 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, (a) caused or aggravated by service in the present war, (b) 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, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

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

**No**

**Yes**

(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.*

**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?

**Yes**

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

**Yes**

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:—

(Sgd) H. S. FRASER

President.

Station St. John's, Nfld.,

ARCH. C. TAIT

Date Dec. 26 1918

E. PATERSON, Major

Members.

Date \_\_\_\_\_

Approved \_\_\_\_\_

(Sgd) CLUNY MACPHERSON, Major

Administrative Medical Officer.

Station \_\_\_\_\_

Date \_\_\_\_\_





## 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

*Knee Harold*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5586*

Intended address

*Badgers Key B.B.*

Height on discharge

*5' Feet 6"*

Color of hair on discharge

*Dark*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*-*

Figure on discharge

*Medium*

Christian name of Father

*Andrew*

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

*Pool's 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, correct.

(Soldier's signature in full)

*Harold X Knee  
Thank*

(Rank)

*Pte*

Station

*St 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.

Station

*St John's Wfld*

Date

*24 Dec 1918*

**MEDICAL REPORT ON AN INVALID.**

NOTE.—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 CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Russ Hault* ..... Regt. No. *246* Rank *Plk* Unit and Corps *R.M.A.S.B*  
(Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering. . . . .

*J. B. Spinal Position*

2. What is the present condition of such disability or disabilities? . . . . .

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis . . . . .  
 (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?

4. With reference to Army Council Instructions, is any surgical appliance recommended? . . . . .

5. 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 .....

Date .....

} Members.

Approved.

Station .....

Date .....

.....  
 Officer in charge, Central Hospital.



# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—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. *3586*Rank. *PLC*Name. *Homer Harold*Unit and Corps } *Royal N.F. Co*

(Surname)

(Christian Names)

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*eng.*

(b) In what capacity?

*Infantry*

2. 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 foolscap should be used, and firmly attached to this form.)

*I have been sick for a considerable time before I joined the army since I arrived in England I feel getting worse and being weight*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

*Hazelby Seaman's Hosp 18 days*

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

*Not as I know for but always felt sick*

5. 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?

8. (a) What was your occupation before joining the Army?

*Fisherman*

(b) What was your trade before joining the Army?

*SO*

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazelby Seaman's* .....

Signed (Soldier)

*Wm. E. Hauld*

Date

*22-11-18*

Signed

*W. J. L. Woods*

Witness.

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 A.** Soldier's Name Russell Harold (Surname) (Christian names in full)

Unit from which discharged Royal N.F.L.B.

Regimental Number 5386 Rank on discharge Pte Age on discharge 19

Married, widower with children, or single single

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 } Badgers Way B. B

Name of Approved Society (if any) \_\_\_\_\_

**PART B.** Nature of medical unfitness J.B. Sputum Positive

Service with Colours \_\_\_\_\_ years 180 days, of which \_\_\_\_\_ years 90 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable No

Date of discharge 22-11-18 1918

Station Hazleydown

Date 22-11-18 Officer i/c Records \_\_\_\_\_

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**

Army Form W. 3463A.

## 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 Finns Harold  
(Surname) (Christian names in full)

**A.** Unit from which discharged Royal N.F.L.B.  
Regimental Number 5386 Rank on discharge Pte Age on discharge 29  
Married, widower with children, or single Single  
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 } Badgers Key B. B.

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness F. B. Syphilis Positive

**B.** \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ 180 days, of which \_\_\_\_\_ years  
\_\_\_\_\_ 90 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 27-11-18 .191\_\_\_\_\_

Station Hazley Lewis

Date 27-11-18 Officer i/c Records \_\_\_\_\_

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. 392 (xvi.) or (xvi.a), King's Regulations.

To be completed by the Officer  
i/c Records.



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

**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 opportunity 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/c Records, and Parts 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, London, S.W.3.

**PART A.** Soldier's Name James Harold  
(Surname) (Christian names in full)

Unit from which discharged Royal N.F.S.B.

Regimental Number 5386 Rank on discharge P.Lt. Age on discharge 19

Married, widower with children, or single single

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 } Badgers Key B. B. N.F.S.B.

Name of Approved Society (if any) \_\_\_\_\_

**PART B.**

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...	<u>Royal N.F.S.B.</u>	—	<u>180</u>	<u>India</u> <u>South Africa</u>	—	<u>90</u>
Disallowed				<u>Eng</u>		
Service towards pension						

**PART C.** Number of G.C. badges \_\_\_\_\_ medals \_\_\_\_\_

Wounds and actions in which received \_\_\_\_\_

**PART D.** Where born (parish, town and county), and date Pools Island 21st Nov 1899

Colour of hair on discharge Black Colour of eyes Blue Complexion Fair

Christian name of father Andrew

Christian name of mother Clara

**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 patient 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 i/c 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 O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children and dates of birth \_\_\_\_\_

Date and place of 1st enlistment St Johns N.I.L.B. 1st June 1918

Figure on discharge \_\_\_\_\_

Descriptive and other distinguishing marks \_\_\_\_\_

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.

(Signature in full) Russ Harold x

Rank P.L.C.

Station Hazleydown

Date 22-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out whichever inapplicable.

Military character \_\_\_\_\_

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station \_\_\_\_\_

Date \_\_\_\_\_ 1918

\* Insert P., or P.(T).

NO. & RANK 5586 Pte.					DATE OF EXAM: 4-10-18	
NAME Kneel H.					DATE OF ISSUE: 11-10-18	
CORPS R. W. Rd. Regt.					VISION WITH GLS: 71	
VISION W/OUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	OPHTH. CENTRE: 71	
R 6/18	-1.00	-3.00	180	6/6	FRAME NO: (OR MEASUREMENTS)	
L 6/18	-1.00	-3.00	180	6/6	e	
SIGNATURE OF M.O. R. Lockhart					OPTICIAN'S INITIALS R.L.	

" OPHTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

10 Oct. 18

To :-

Medical Officer i/c.

R. W. Rd.

Hazley Down

5586 Pte. Kneel H.

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

Pres for Pay  
Book please.

R. Lockhart  
R. W. Rd.  
Ophthalmic Surgeon.

RECEIVED  
12 NOV 1918  
COUNTY LAB.

Outfit Number... 45

Result of the examination of the specimen of... Tubercle... taken from

Reg. No. 5586 Rank... Pte Name... Kenn H.

Corps... N.F.L.D.

Result... Tubercle bacilli Found

13<sup>th</sup> Nov. 1918.

R. A. Hyatt  
Specialist Sanitary Officer.

TO BE LEFT BLANK.



RECEIVED  
22 OCT. 1918  
COUNTY LAB.

Outfit Number.....1260

Result of the examination of the specimen of.....*Tubercle*.....taken from

Reg. No. *5586* Rank.....*Plt*.....Name.....*Knee Harold*

Corps.....*Newfoundland Regt*

Result.....*Tubercle bacilli not found*

TO BE LEFT BLANK.

*22nd Oct 1918*

*R A Hyslop*

Specialist Sanitary Officer.



LAST PAY CERTIFICATE

N.F.P./94

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 Kneale H Unit 21 Royal Newfoundland who was discharged to Newfoundland on 11/12/18 Authority Para 11 orders Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£ s d			PARTICULARS	£ s d			CR.	
		£	s	d		£	s	d		
PERIOD: From 23-11-18 To 11-12-18	Balance Dr. from				Balance Cr. from					
	Allotment 19 days @ 50	9	50		Pay 19 days @ \$ 100					
	Cash Payments:				Field Allow 19 days @ \$ 100	20	90	4	5	
				1	09	0				
				2	40					
	Other Debits:				Other Allowances days @ \$					
				2	11	Other Credits:				
	Total Debits			4	5	Total Credits			4	5
	Balance due by Paymaster:				11	Balance due to Paymaster				11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazley Down Camp  
Winkles Dec 9 1918  
 (Place) (Date)

M. J. Long Capt  
 O.C. "B" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. \_\_\_\_\_ to / /

Pay & Record Office, London,

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19 5586 26/5/17 Private Knee, H. 2nd. Bn. N. Field Regt. who was repatriated

Regt No. Newfoundland Rank Private Name Knee, H. Unit 2nd. Bn. N. Field Regt. who was repatriated

to \_\_\_\_\_ on 12 12 18 Authority \_\_\_\_\_

**DUPLICATE  
MAIL COPY**  
Posted \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.		PARTICULARS				\$	¢	£	s	d	PARTICULARS				\$	¢	£	s	d	CR.
		Balance Dr. from	50¢			9	50	1	19	0	Balance Cr. from	1.00			19	00				
		Allotment days @						2	4	0	Pay days @				1	90				
		Cash Payments:									Field Allowance days @ \$ .10			20	90		4	5	11	
		Other Debits								2	11	Other Allowances days @ \$								
		Total Debits						4	5	11	Total Credits						4	5	11	
		Balance due by Paymaster						4	5	11	Balance due to Paymaster						4	5	11	

PERIOD: FROM 11/11/18 TO 11/12/18

CHECKED  
23/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of \_\_\_\_\_ Winchester. December 9th 1918 (Signed) W. J. Long, Captain.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, 191

O.C. " B. Company. Chief Paymaster & O. i/c Records.



LAST PAY CERTIFICATE **ORIGINAL.**

N.F.P./94.

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. Unit 2nd. Bn. R. Nfld Regt. who was repatriated  
to Newfoundland on 12/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR.

STATEMENT OF ACCOUNT

CR.

	PARTICULARS						PARTICULARS					
	£	s	d	£	s	d	£	s	d	£	s	d
PERIOD: From 23/11/18 To 11/12/18	Balance Dr. from						Balance Cr. from					
	Allotment 19 days @ 50¢						Pay 19 days @ \$ 1.00					
	Cash Payments:						Field Allow 19 days @ \$.10					
							Other Allowes days @ \$					
	Other Debits						Other Credits:					
	Total Debits						Total Credits					
	Balance due by Paymaster						Balance due to Paymaster					

CHECKED.  
*E.P.*  
 23/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of Hazeley Down Camp,

Winchester. December 9th 1918

(Signed) W. J. Long, Captain.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18.  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
Dec. 19th. 1918.

*OK/WJ*

*A. J. ...*  
Chief Paymaster & O. 1/c Records.

Corrected

#558

Badger's Inay

Aug 19<sup>th</sup> / 19

Officer in Charge  
To John's c/o

Dear Sir,

I am forwarding  
my discharge Certificate  
for Correction.

also a Certificate of  
my decoration of which  
I now seek information  
as I haven't received  
my medal yet. Oblige

Sincerely yours

H. K. Kneel

C.R. 5586

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Date Nov. 20<sup>th</sup>

Place Badger's Quay

Name Harold Hine

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

---

Fold Here



OCT 15

1921.

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

Harold Knee

in respect of his service as No. 5586 Rank Pte.

Name H. Knee Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

British war medal

Signature

Harold Knee

Date

Oct. 18<sup>th</sup> 1921

Address

Badger's Quay Bonaville Bay

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*One*

Signature of O. C. Company

*C. B. Dicks Lieut*

Regimental Number and Name	
No.	
<i>5586</i>	<i>Harold Kne</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>19</i> years <i>0</i> months	<i>Fisherman</i>
Place and Date of Enlistment	<i>St. John's</i> <i>1.6.18</i>	Religion <i>C of E</i>
Period of	with Colours <i>259</i> years	Place of Birth
	with Reserve <i>365</i> years	<i>Badger Quay N.B.</i>

Good Conduct Badges, Service pay or proficiency pay

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 St. John's 14/19</i>					

To be carried over.

Army Form B. 121.

## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 5586 Rank PLC Name Knee Harold  
 Date of Enlistment 1.6.18 Address Badger Quay District Bonansta  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Probably prof't Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	3463 A 1
B 178a.....	1 D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	3 3463 B 1
B 179.....	2 D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	1 B 103.....	ME 2.....			" 6.....	
B 179c.....	1 B 120.....	M 93.....		<u>B400</u> 1		

Date 27.12.18 W. Daley Capt.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. £60.00  
 (b) Clothing Supplied Joseph H. A. Knowlton

Date 27-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. nil to his home  
 at Budger Quay and Release Certificate No. 639 issued.  
 Date 27-12-18 Edwards Capt  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 14-1-19  
 Date 28-12-18 Edwards Capt  
 Depot Paymaster.

Discharge approved for 31. 12. 18.

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	11	N.F. Med	D.F. 1	
F 178	W 3494	B 122		Board 1st	" 2	\$ 46.84 ✓
B 178a ✓ 1	D 400A ✓ 1	B 1915		do 2nd	" 3	246.80 ✓
B 179 ✓ 1	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b ✓ 1	B 103	ME 2		" 6		
B 179c ✓ 1	B 120	M 93	10400 1			

Date 28. 12. 18. Edwards Capt  
 Demobilization Officer.

APPROVED. Ed

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

**ELIGIBLE for POST DISCHARGE PA**

DEC 31 1918

Date Jan 6 1919 R.H. J. G. G.  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
 Date Jan 6 1919 Edwards Capt  
 O.C. Discharge Depot.



Reg. No. *5586* Rank *Private* Name *Knee, A.*  
Attested ..... Address *Badgers Brook,*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *21.12.18*  
Embarked for Overseas ..... Cause *Discharged.*

*29-12-18* **PASSED TO DEMOBILIZATION OFFICER**

*26-12-18* Rec Discharge as Permanently Unfit and  
admission to Jensen Camp.

*31-12-18* **DISCHARGE APPROVED ON DEMOBILISATION.**