



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6257 Name Francis A Learning Corps 6 of 8

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Francis A. Learning</u> |
| 2. What is your full Address? | 2. <u>Sandwich Bay</u>
<u>Labrador</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</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> |

Francis A. Learning 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.

10/10/18 Francis A. Learning SIGNATURE OF RECRUIT.
H. Helms Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Francis A. Learning 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 10th day of Oct 1918

Signature of Attesting Officer O. B. Dick, 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 10/11/18 1918
Place ST. JOHN'S } Approving Officer.
Robertson
for Commanding Depot
The Royal Newfoundland Regiment

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Francis A Learning
 Apparent age 24 years months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 { Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Learning
Sandwich Bay Lab | 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. 6257 Name Francis A Learning ^{of ps} 6 of 8

Questions to be put to the Recruit before Enlistment.

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|--|---|
| 1. What is your name? | 1. <u>Francis A. Learning</u> |
| 2. What is your full Address? | 2. <u>Sandwich Bay</u>
<u>Labrador</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</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, Francis A Learning 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.

10/10/18 Francis A Learning SIGNATURE OF RECRUIT.

..... C. H. Miller Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Francis A Learning 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.

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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 10th day of Oct 1918

Signature of Attesting Officer C. B. Dicks

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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 OCT 11 1918 1918

Place ST. JOHN'S } Approving Officer.

Robertson MAJOR
 Commanding Depot,
 The Royal Newfoundland Regiment.

† 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 Certificates 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

6257

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

Name Francis A Learning
 Apparent age 24 years months. Height 5 feet 8½ inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Learning
Sandwich Bay Lab. | 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									
<u>Discharged July 14, 1919</u>									
Total Service forfeited as above.....									

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

C.R. 6257

Extract from Daily Orders Part 11 Unit The Royal Mfld.

St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 14-7-19.

6257 Pte. Francis Learning,

6257.

C.R.

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 7th 1919.

CANCELLATION OF DISCHARGE.

6257 Pte. F. Learning

Portion of D.O. Pt. II, No. 228 (1918) (Para. 2) concerning
this man is hereby cancelled, he having returned to Depot,
being unable to reach his home.

C.R. 6257

February 25th 1919.

Rev. Capt. Clayton,
Forest Road,
City.

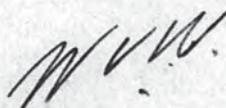
Dear Padre:

We have just received the following telegram from Mrs. Harriett Fequet, Cartwright Labrador, addressed to No. 6257 Pte. Francis A. Learning, who is a patient at the Military Hospital, Military Road, St. John's:

"Please inform 6257 Learning that his
"father died Influenza.
Sgd. Mrs. Harriett Fequet."

Would you kindly visit this boy at the above Hospital and acquaint him of this very sad news, please.

Yours faithfully



Lieut.

WVW/MP.

Casualty Officer.

C.R. 6257

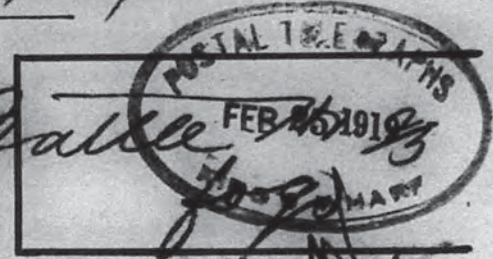
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by _____ Rec'd by _____ Check 12/ No. _____

Place from _____

To J. R. Bennett Esq



message of condolence
please inform how no
6257 Learning his
father died influenza
Mrs Harriet Tequet

C.R. 6257
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Jan. 6th, 1919.

To Mr. Wm. Learning,
Sandwich Bay, Labrador.

Regret to inform you that your son No. 6257 Pte. ~~xxx~~
Learning was reported on Jan 5th to suffering from Pleuro-Pneumonia
At Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R.

6257

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. J^hhn's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge D^upot with effect from 16-6-19.

6257 Pte. F. Learning.



C.R.

6257

DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

Feb 26 / 19

To O.C.
Casualties

6257

Dear Sir

I beg to acquaint you that
in accordance with your wish, I have
~~as~~ informed Pte Francis Learning of
the death of his father at Cartwright

I am
Yours truly
A. C. T. J. T. J.

Respectfully

Pte Learning retained your note
so I am not able to quote his
number or letter reference.

6257

C.R.

Extract of Daily Orders Part II, Depot, St. John's dated
Jan. 8th 1918.

Hospital.

6257 Pte. F. ^Wearing.

Transferred to M.I.D. Hospital from Barracks Hospital 3-1-19



C.R. 6257

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

January 6th/18 191

From Officer Commanding,
Discharge Depot.

To Casualty Officer,
Militia Dept.

6257, Pte. F. Learning

Marginally noted man was reported as
suffering from Pleuro-Pneumonia, on the
Sick Report of the M.I.D. Hospital dated
January 5th, 1919.

*Wm Learning
Dunwich Bay*

[Signature] Captain
Assistant Adjutant & Paymaster
Discharge Depot - Newfoundland

TJW:

C.R. 6257

Extract from Daily Orders part 11, Depot. St. John, s
Dated December 14th., 1918.

#6257 Pte. F. Learning

The above noted discharge of demobilization havee
been approved by O. C. Discharge Depot from noted
date. He is removed from Depot Strength and is
transferred to Discharge Depot pending confirmation
by Officer i/c Records.

14-12-18.

C.R. 6257

Extract from Daily Orders part II, Depot St John's
dated October 18th., 1918.

#6257 Pte. F. Learning.

ADMITTED BARRACKS HOSPITAL. 17-10-18.

BC?

C.R. 6257

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

Oct. 22nd., 1918. No. 186.

#6257 Pte. W Learning.

Transferred from Barracks Hospital to M.I.D. Hosp.

21-10-18.

BC.

C.R. 6257

Extract from Daily Orders part 11, dated Nov. 29th.,
post St. John's.

#6357 Pte. J. Learning.

TRANSFERRED FROM MID. HOSPITAL TO ASCASONI 27-11-18.

BC.

C.R. 6257

Extract from PRELIMINARY REPORT from the DIRECTOR MEDICAL SERVICES to C.C. Depot, dated Dec. 7th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th., the following was a finding:-

6257 Pte. F.A. Learning

Recommended Discharge as Permanently Unfit.

C.R. 6257

Extract from Orders part 11. UNIC: The Royal Newfoundland Regt.,
dated Dec. 7th. 1918.

HOSPITAL.

6257 Pte. F. Learning.

Discharged from hospital 5/12/18.

WELLSBORO, VT. QUALITY

C 6237
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

St. John's Dept. of Militia.

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 11, 1918.

To Me. Wm. Learning,
Sandwich Bay,
Labrador.

beg to inform you that your son # 6237 Pte. J. Learning, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C. I. Counter No. 6257

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____

St. John's Dept. of Militia.
Address _____

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated **Nov. 8th, 1918.**

To **Mr. William Learning,**

Sandwich Bay, Labrador

Reg to inform you that your son # 6257 Pte. Learning, is now convalescent.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6257

Extract from Daily Orders Part 11 Unit The Royal Wfld.Regt.
St. John's Oct, 9th, 1918.

6257 Pte. F. Learning.

Transferred from M.I.D. Hosp. 21-10-18.

C.R. 6257
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

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

Line Number	Red	By	Sent	by	Check

Dated Oct 28, 1918.

To **Mr. Wm. Learning,**
Sandwich Bay,
Labrador.

beg to inform you that your son #6257 Pte. F. Learning is now slightly improved at Military Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept, of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 25th, 1918.

To Mr. William Learning,
~~Sandwich~~ Sandwich Bay, Labrador.

Beg to inform you that your son No. 6257 Pts. J. Learning is now convalescent.

J.R. Bennett,
Minister of Militia.

C.R. 6257
Counter No. _____

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(NOT TRANSMITTED)

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

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 4, 1918.

To

Mr. Wm. Learning,

Sandwich Bay,

~~St. John's~~ Labrador.

Beg to inform you that your son #6257 Pte. J. Learning, is now improved.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

Counter No. 6257

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18, 1918.

To Mr. William Learning,
Sandwick Bay,
Labrador,

Reg to inform you that your son # 6257, Pte. J. Learning,
is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6257

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's Oct.12/18.

6257 Pte. Frank Learning.

Attested ~~for~~ General Service with the Royal Nfld.Regt.,
from 10-10-18.

Learning, A.

6257

Hay sept.

July 15, 1919

#6257 Pte. Frances Learning,

Sandwich Bay.

Labrador.

Dear Sir:-

Please find enclosed Discharge Certificate #3030.

Yours truly

 Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6257 Rank Pvt. Name Leanning J. A.
 Intended place of residence Sandwich Bay

2. Occupation fisherman
 Classification of soldier B Medical Category F

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

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

Place DEC 11 1918
 Date

W. H. Capl
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St Johns Dec 11th 1918

J. S. Leanning ^{his act}
 Signature of soldier

C. B. Dick ^{AL 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 Johns Dec 11 1918

J. A. Leanning ^{his stamp}
 Signature of soldier

V. J. Raymond
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10.10.18 No of days on Military
 Discharged from service 16.6.19 plus 28 days Service 380

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date DEC 14 1918 16.6.19

R. H. Lat ^{AL Capt}
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place St Johns, Nfld
 Date January 11 1919 July 14 1919

W. Bowley ^{Capt}
 Officer in Charge Records
 The Royal Newfoundland Regiment

202079 / 3030

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *5.12.18*

Regimental No. *6207*

Name *Leaving Francis A.*

Address *Sandwich Bay Lab.*

Present Medical Category *E*

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

Members of Board

R. H. Tait Capt.

O.C. Discharge Depot.

W. Peterson

Senior Medical Officer

Archie

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1217 Rank Pl Name Larmann P. A.
 Date of Enlistment 20th Nov 1914 Address St. John's, Nfld. District Labrador
 Occupation Postman Classification for Discharge B Medical Category 1
 Recommendation S. M. B. Permanently unfit Disability Rating has been 100%
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14.6.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in in a position to resume civilian occupation. Learning
mechanics
in Newmen.

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 Wool Coat

Date 14-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B: 1796 to his home at Cantonville, Canada and Release Certificate No. 284 issued.

Date 14-6-19

J. A. Snow 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

Date 11-1-19
J. H. Worsley
Depot Paymaster.

Discharged approved for 16-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	2
B 178a	1 D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	2 D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93	2			

Form B

Date 14-6-19
J. A. Snow Capt.
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

JUN 16 1919

Date 16-6-19
R. H. Jait Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee.



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

To work at Fishing

his

Frank X Learning

Signature of Man.

William P. Keegan

mark

W.D. Dickerson

Reg. No. *6257*

Signature of the Vocational Officer or his Representative.

Place *St John's*

Date *11/12/18*

191



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 *Bearing, Francis Albert*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6257*
 Intended address *Sandwich Bay, Labrador*
 Height on discharge *5* Feet *9"*
 Color of hair on discharge *Black*
 Complexion *Ruddy*
 Color of eye: *Grey*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *William*
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Paradise, Labrador - Oct 1, 1895*
 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) *Francis ^{his} X Bearing*
mark

(Rank) *PLT*

Station *St. John's, Nfld.* Date *Dec. 6 /18*

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.

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

Station *St. John's, Nfld.* Date *Dec 6/18.*



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 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 **G. A. Learning**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6257**
 Intended address **Sandwich Bay**

Height on discharge **5** Feet **8½**
 Color of hair on discharge **Black**
 Complexion **Fair**
 Color of eyes **Grey**

Descriptive Marks

Figure on discharge

Christian name of Father **Andrew**

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth.

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

(Rank)

Station

Date

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

Station



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

Date

DEC 12 1918



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station .. **ST. JOHN'S**

Date **DECEMBER 6th 1918.**

- | | |
|-------------------------------------|--|
| 1. Unit Royal Newfoundland | 5. Age last birthday
23 years |
| 2. Regimental No. 6257 | 6. Enlisted on
OCTOBER 14th 1918. |
| 3. Rank
PRIVATE | at
ST. JOHN'S |
| 4. Name
LEARNING, FRANCIS | 7. Former trade or occupation
FISHER MAN |
| 8. Disability | |

INFLUENZA

9. History **Admitted M.I.D. Hp. 21/10/18.
Discharged to Escasoni 25/11/18.
Discharged from there 5/12/18.**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition poor.
T. Normal. Pulse 140. Shortness
of breath on exertion. Coarse rales
over both bases.

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as
permanently unfit?

YES

Signature **ARCH TAIT**.....
for M.O. Depot.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **may** be considered as aggravated by:—
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Less than 20%

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of $\frac{\text{operation}}{\text{sanatorium}}$ is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to $\left\{ \begin{array}{l} \text{General Hospital,} \\ \text{Naval and Military Con-} \\ \text{valescent Hospital,} \\ \text{Jensen Tuberculosis Camp.} \end{array} \right.$ **NO**

20. We recommend $\frac{\text{discharge from}}{\text{retention in}}$ the Army **PERMANENTLY UNFIT**

Remarks if any:—

..... **N. S. FRASER**
President

Signatures..... **J. S. TAIT**

..... **L. PATERSON, Major**

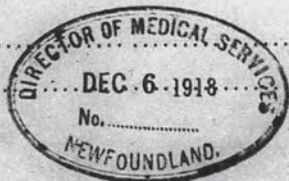
Place **ST. JOHN'S**

Date **DECEMBER 6th 1918**

APPROVED

Station

Date



(SGD) **CLUNY MACPHERSON**,
Administrative Medical Officer

G



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 *Leaning, Francis Albert.*

Regiment from which discharged *4th. Newfoundland*

Regimental number *6257.*

Intended address *Sandwich Bay, Eastwight, Labrador*

Height on discharge Feet

Color of hair on discharge *Dark brown.*

Complexion *Fair.*

Color of eye: *Brown.*

Descriptive Marks *Vaccination left arm, 2 marks.*

Figure on discharge *Normal.*

Christian name of Father *William*

Christian name of Mother *Diana.*

Wife's maiden name in full

Date and place of marriage } *not married.*

Christian names of children }

Place and date of soldier's birth. *Paradise River, Lab. Oct. 1st 1895*

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)

Francis Albert Leaning
Witness: Robert Patton (Rank) Lt.

Station *Prince's Link* Date *11/12/18.*

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.

J. R. Steele / Lt
 Medical Officer i/c Hospital
 Unit, or Command Depot.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Francis Albert Learning, Regl. No. 6057

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} 8 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} 8 Persons concerned, viz.:

Allotment begins Nov 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
533	Father	M Wm Learning	Paradise Sandwich Bay Bayborough Labrador	60
Total Allotment, \$				60

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

(Sig.) [Signature] Capt
 Officer Commanding
5 Company
Se John
Oct 18 1918

(Sig.) Francis Learning
 (Rank) Private



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Francis Albert Learning*, Regl. No. *6257*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *Sixty* Dollars and *Sixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person *and* *or* *8* Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person *and* *or* *8* Persons concerned, viz.:

Allotment begins *Nov 1918*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>533</i>	<i>Father</i>	<i>Mr Wm Learning</i>	<i>Paradise Sandwich Bay Caylnight Labrador</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

(Sig.) *J. C. [Signature]*
 Officer Commanding
S. Company
Se John
 Oct 1 + 1918

(Sig.) *Francis Learning*
 (Rank) *Private*

ROYAL NEWFOUNDLAND REGIMENT.

Copy.

Medical Examination held at Cartwright, Lab.
 Date..... 191.....

1. Name Francis A. Learning Age (a) Declared 22
 (b) Apparent ..

2. Do you know of anything wrong with you? No.

What severe illnesses have you had?

Scarlet fever and measles. 6257

3. Height 5' 8" Weight 137 1/2
 4. Eyesight (a) Left 20/20 (b) Right 20/20
 5. Physical Defects (Examine after strenuous exercise)

None.

6. Examination of Lungs Normal.
 Measurement 35.50 (a) Expiration 33 (b) Inspiration 36.50

7. Examination of Heart Normal.

8. Examination of Urine S.G. 1028. Reaction acid.

9. Examination of Mouth—(Defective Speech) No alb. No Sugar.
Clear

Teeth Poor. Caries, three molars gone.

Throat Tonsils removed, otherwise normal.

Nose Normal

Ears—(Deafness, Otorrhea) Hearing good.

10. Have you been successfully vaccinated, and when?

11. Name and address of next of kin

No, never.

Wm. Learning
Paradise River

REMARKS—

We consider this man { Fit
~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B. 10 A, should be filled and attached).

A II
 CM

W.T. Grenfell Medical Examiners.

Report for Service 3944

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Walter on Oct 10 1918

1. Name Frederic A Leaning Age (a) Declared 24
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

*eyes
comp
marked*

*long
fair*

6257

3. Height 5 ft 8 1/2 Weight 139

4. Eyesight (a) Left 4/9 (b) Right 4/9

5. Physical Defects (Examine after strenuous exercise) —

6. Examination of Lungs —

Measurement (a) Expiration 32 (b) Inspiration 32

7. Examination of Heart —

8. Examination of Urine —

9. Examination of Mouth—(Defective Speech)
Teeth Attention extracted
Throat enlarged tonsils
Nose —
Ears—(Otorrhea) —
(Deafness) —

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father William ^{sr} Sandwicks Bay
Lab.

12. Category

REMARKS—

Att

*Richard J. G. ...
W. Burden*

Medical Examiners.

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pension's Board

Please receive documents as indicated below

No. 1257 Pte RANK AND NAME Learning, J.

N.F.P. 36	Non-effective account	Medical history sheet	Mfd. medical history sheet	Medical report on an invalid	Proceedings on discharge	Civil life qualifications	Descriptive return	Active service casualty form	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certificate	Allotment papers	Kit issue on payment	Headquarters Travelling Board
B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	3. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	Form I		
																				A.P.D. 1912 N. 1

Received above noted documents,

Date 19



Signature of officer forwarding documents:

Date 14-12-18 19



Packs W. Va.
Aug. 18, 1919.

Capt. Hurley, Pay-Master
U.S.L.W. Regt, St Johns.

Dear Sir:- Inclosed you will find five allotment-checks to the amount of ninety dollars and sixty cents, (\$90⁶⁰). These checks are drawn out in my father's name, my father died last november. These checks now are no good to me because they are not indorred. Please send check in my name for full amount.

Pte. 6257 Francis Learning

Takeper made payable
to 6257 Learning
& returned
to above
address

ROYAL NEWFOUNDLAND REGT.

DR.

To 6257 Pte. F. Learning

ACCOUNT	<i>Trav</i>
CH. NO	<i>25697</i> INITIALS <i>EW</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

To Board and Lodging at Bay of Islands from
Dec. 17th/18 to Dec. 28th/18

Train fare from Bay of Islands to St John's

17.

12.10

\$ 29.00

Act

DISTRICT OFFICER
NEWFOUNDLAND
JUL 2 1919
COMMANDING

CERTIFIED CORRECT

L.R. Cooper *12.10*
Trav
Btm *17*
F. Learning
mark with EW



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. Johns*
 Date *6th Dec 1918*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6257*
- 3. Rank *Serjeant*
- 4. Name *Learns James A.* Former trade or occupation *Fisherman*
- 5. Age last birthday *23 yrs.*
- 6. Enlisted on *Oct. 14, 1918*
- at *St. Johns*

8. Disability

Influenza.

9. History

*Admitted M.I.D. 17. 21/10/18. Discharged to Escaron 26/11/18
 Discharged from there 5/12/18.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition poor.
T. Normal Pulse. 140. Shortness of
breath on exertion. Coarse Rales over
both bases.

11. Was sanatorium advised and refused? no
operation

12. Do you recommend discharge as permanently unfit? yes.

Signature

Archibald
MD Surgeon

Rank or Qualification

Remarks if any by Officer in Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to

(a) Service during ~~this war~~. (b) ~~Climate~~. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

less than 20%

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital,
Naval and Military Con-
valescent Hospital, *les*
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

Signatures..... *H. H. [unclear]* President
J. Sinclair [unclear]
L. [unclear]

Place *S. [unclear]*

Date *Dec 6/18*

APPROVED

Station

Date



Cluny Macpherson,
Administrative Medical Officer *Major.*

COPY

Form B.
16-10-18-300.

Civil Re-establishment Committee.



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

.....
TO WORK AT FISHING
.....

.....
his
FRANK X LEARNING
mark
.....

Signature of Man.

WIT: P. KEEHAN

Reg. No. 6257

C.B. DICKS, A/CAPT

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 11-12-18

.....
191
.....

COPY

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **6257** Rank **Pte** Name **F.A. Learning**
 Intended place of residence **Sandwich Bay**

2. Occupation **Fisherman**
 Classification of soldier **B** Medical Category **E**

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

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

Place **G.C. DULEY CAPT**
 Date **DEC 11 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** **DEC 11 1918**
F.S. LEARNING X WJEATON A/RQMS
 Signature of soldier
G.B. DICKS, A/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** **DEC 11 1918**
F.A. LEARNING X W.J. DAYMOND SGT
 Signature of soldier
J. DAYMOND SGT
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **10-10-18** No of days on Military
 Discharged from service **DEC 14th, 1918 plus 28 days** Service **94 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** **DEC 14 1918**
R.H. TAIT CAPT
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place **ST. JOHN'S**
 Date **DEC 14 1918**
 Officer i/c Records
 The Royal Newfoundland Regiment

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One
Signature of O. C. Company D. B. Dickson

Regiment of Royal Newfoundland Regt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>Thomas A. Learning</u>	Age on	<u>24</u> years	months	<u>Fisherman</u> <u>C of C</u> <u>Sanctwich Bay, Labrador</u>		
Joined		Place and Date of Enlistment		Religion			
Joined		Date		Place of Birth			
Joined		Date		Period of			
Joined		Date					
		with Colours <u>7 1/2</u> years.					
		with Reserve <u>3 1/2</u> years.					

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
				<u>Demobilized</u>	<u>St. John's 14</u>	<u>7</u>			<u>19</u>

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 62 17 Rank Plt Name Leaming, P. A.
 Date of Enlistment 24th March Address St. John's, B.C. District Labrador
 Occupation Plt Classification for Discharge B Medical Category 8
 Recommendation S. M. B. Permanently unfit Disability Rating Perman 100%
 Passed to Demobilization Officer with following documents:—

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

Date 14.6.19 O. C. Discharge Depot. H. M. Swift

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. Plt Leaming
with newsman

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 Man Coat

Date 14-6-19 O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R. 1746* to his home at *1284* and Release Certificate No. *1284* issued.

Date *14-6-19* *J. H. Newell*
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 *11-1-19*

Date *11-1-19* *J. H. Newell*
Depot Paymaster.

Discharge approved for *16-6-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	1
B 178a	1 D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	2 D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93	2			

Form B

Date *14-6-19* *J. H. Newell*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

JUN 16 1919

Date *JUN 16 1919* *R. H. Sait Capt.*
O. C. Discharge Depot.

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

Date *June 24/19* *[Signature]*

3-179. Admitted to Barracks atasp. & Paraf
went to H. S. A.

16.6.19. DISCHARGE APPROVED ON DEMOBILISATION.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND,

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

April 14, 1919

From: The Paymaster & O i/c Records
Militia Dept.

To: The Officer Commanding,
Discharge Depot.

Re 6275, Pte. F. Learning

The above noted man's allotment of 60¢ per day, has
been cancelled from and including April 1/19.

H. H. H. H.
Lieut.
For Paymaster & O i/c Records

W. H. H.
B.

96275
157



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

This is to certify that I have been discharged NOW at my own request and after assuring the Demobilization Officer that I will be able to reach my home at Sandwich Bay, Labrador, when I leave the Steamer at Battle Harbour. I agree not to hold the Regiment responsible after landing me at Battle Harbour.

J. A. Learning ^{His} Mark
 Wt. W. Eaton ^{APD/M.}

DEC 19 1918

April 11th 1919.

From Officer Commanding
Discharge Depot.

To Paymaster and Officer i/c Records
Militia Department.

6275 Pte F. Learning

The above noted man has made application
to have his allotment of 60¢ per day cancelled from and
including April 1st 1919.
Please carry out and advise.

*Noted
Co*

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To *Medical Dept*

Please receive documents as indicated below

No.	RANK AND NAME	Non-effective account	Medical history sheet	Nfld. medical history sheet	Medical report on an invalid	Proceedings on discharge	Civil life qualifications	Descriptive return	Active service casualty form	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards				Attestation paper	Identity certificate	Allotment papers	Kit issue on payment	Headquarters Travelling Board	
		N. F. P. 36	B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	3. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	Form I	
<i>6257</i>	<i>Plt Learning. H.</i>			<i>1.</i>																		

Received above noted documents,

Date *7 Dec* 191*9*

A. Bishop
Rgt.

Signature of officer forwarding documents:

Date *19*