

**ROYAL NEWFOUNDLAND REGT.**

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*Deceased 25-12-52*

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**1914-1918**



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5125

Name Robert Lintorne Corps Arth

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

- 1. What is your name? ..... 1. Robert Lintorne
- 2. What is your full Address? ..... 2. Burgin Bay
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 23 Years 0 Months
- 5. What is your Trade or Calling? ..... 5. Farmer
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... Yes

I, Robert Lintorne do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Robert Lintorne SIGNATURE OF RECRUIT.  
P. J. Raymond SIGNATURE OF WITNESS.

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

I, Robert Lintorne 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 Arth on this 17 day of May 1918

Signature of Attesting Officer C. B. Dicks 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 May 17 1918 .....  
Place Arth ..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

5125

Name Robert Lintorne  
 Apparent age 23 years      months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 { Range of expansion 5 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Robert Lintorne  
Brigun Bay | Relationship Father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>17-5-18</u>										
Joined <u>1st Bn's</u> on <u>May 17-1918</u>										
Discharged <u>July 19/19</u>										
to report for duty <u>1-6-1918</u>										
Embarked for <u>St John's St. Columella to Halifax N.S.</u> <u>22-7-18</u>										
Embarked for <u>P.C.F.</u> <u>23-11-18</u>										
Embarked <u>France</u> <u>28-11-18</u> <u>1st Bn's</u> <u>5-1-1919</u>										
Transfers from <u>line</u> <u>22</u> to <u>Arrived Winchester</u> <u>23-7-19</u>										
to <u>embarkment for demobilization</u> <u>22-5-1919</u>										
Arrived <u>embarkment</u> <u>1-6-1919</u>										
Demobilization <u>1st Bn's</u> <u>9-7-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>9-7-1919</u> (date of discharge)										
Pensions										

No. 5125 Name *Linthorne, R* Sqn., Batty., or Company *D* Corp. *N. Newfoundland* Date of enlistment *7/5/18* G.C. *(initials)* Service or Efficiency Pay *(initials)*  
 Date of last entry in Company, Conduct Sheet No. and date of last drink Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. Character

Army Form B, 122

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>1st Lt</i>	<i>11/1/19</i>	<i>Plt</i>		<i>Drunk - 2/0</i>	<i>Sgt Carter</i>	<i>Adm Pay for same</i>	<i>10/1/19</i>	<i>Wagon Room</i>	<i>ML</i>

6  
C.R.

5725

Extract from Daily Orders Part II Unit Royal  
Newfoundland, dated 12-7-19. Depot St. John's.

The ~~XX~~ discharge of the undernoted on demobilisation  
has been CONFIRMED by Officer i/c Records from noted  
date 9-7-19.

5125, Pte. R. Linthorne.

C.R. 5725

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, June 27th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 2566-19.

5125 Pte. R. Linthorne.

C.R. ~~4125~~

5125

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 18th 1919.

4125, Pte. R. Linthorne.

June 16th 1919.

Reported at Headquarters 1/6/19. RE "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5725

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5125 Pte. R. Linthorne.



C.R. 5-125

Extract from Nominal Roll of draft No. 56, of the 2nd., Battalion  
of the Royal Newfoundland Regiment, Winchester to the 1st.  
Battalion of the Royal Newfoundland Regiment, B. S. F.,  
Embarked Southampton 23/11/18.

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#5125 Pte. R. Linthorne.

C.R.

5125

Extract from Daily Orders part 11, from Unit The Royal  
Field Regt, St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Glumbella" July 22, 1918

#5125 Pte. Robert Linthorne.

C.R. 5125

Attested for General Service with the Royal Nfld.Regt.  
St.John's, dated May 18,1918

#5125 Pte. R. Lintherne

Attested for General Service with the Royal Nfld.Regt.  
from 17.5.18 to report 1.6.18

R. Linthorne.

C.R. 5125

*[Handwritten signature]*

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland* Former Trade or Occupation } *Boilermaker*
2. Regt. No. *5128* 3. Rank *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Linthorne R.* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *24*
6. Posted for duty on *17.5.18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
- (ii.) Previous active service .. .. .
- (iii.) Climate in pre-war service .. .. .
- (iv.) Ordinary military service before the war .. .. .
- (v.) Serious negligence or misconduct on the man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } .. .. .

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature? .. .. .
17. If not, was an operation advised and declined? .. .. .
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? .. .. .
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? .. .. .

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*  
*W. E. ...*  
*Capt. ...*  
 Medical Officer in charge of case.

Station *Hagley Camp*  
 Date *29.4.19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



THE ROYAL NEWFOUNDLAND REGIMENT

I, Robert Linstone ALLOTMENTS

Regl. No. 5725

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and \_\_\_\_\_ 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative, or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>475</u> <u>464</u>	✓	<u>Mrs Robert Magge Linstone</u>	<u>Pringu's Georgetown</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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]  
 Officer Commanding  
[Signature] Company  
[Signature]  
 1918

(Sig.) Robert Linstone  
 (Rank) Ct. Robert Linstone

FORM K

No. 6242



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, *Robert Linthorne*, Regl. No. *5125*

hereby agree, until further notification by me, and in similar official form to make an Allotment of *5* Dollars and *50* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins *July 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4644	<i>Mother</i>	<i>Mrs Robert Linthorne</i>	<i>Prague</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.

<p>(Sig.) <i>[Signature]</i></p> <p><b>Officer Commanding Company</b></p> <p><i>[Signature]</i></p> <p>1918</p>	<p>(Sig.) <i>Robert Linthorne</i></p> <p>(Rank) <i>Private</i></p>
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Linthorne, R

5125

Hay Sept.

July 11, 1919

#5125 Pte. Robert Linthorne,  
Georgetown,  
Brigus.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars '\$70.00', being amount of first payment due  
you on account of the War Service 'Gratuity.

Yours truly

Paymaster & O.i/c Records.      Captain.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name, *Robert*..... 2. Surname. *Linthorn*.....

3. Rank, *Private*..... 4. Reg't. No. *5125*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Brigus G. Gargers Town*  
*Newfoundland.*

6. Date of enlistment in the Regiment... *May 17<sup>th</sup> 1918*.....

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

8. Relationship of such dependents..... *mother*

9. Address in full of such dependents... *Brigus Gargers Town*

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

11. Were you on active service only in M.I.D., if so, give dates and particulars of such service... *yes, in France & Germany*  
*Sept. England for France 23 of November*  
*1918*

12. Give total length of time which you served on active service, whether in M.I.D. or Overseas... *13 months*

..... *13*.....

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

*No*

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

*Received \$83  
Don't know the Captain name*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not Applicable*

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge (b) Reason for discharge

*Have temporary Discharge*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *Not Applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Robert Linthorn*  
 Place of Residence: *Brigus Coasters Town*  
 Declared before me at: *Brigus Myles*  
 This *27th* day of *June* 1919.....

Signature of Barrister of the *J. Thompson*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits *John Magee*

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

July 9, 1919

#5125 Pte. Robert Linthorne,

Brigus.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2867.

Yours truly

Captain  
Paymaster & U.I/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5125 Rank Plt Name Linthorn R  
 Intended place of residence Bugus
2. Occupation Boilermaker  
 Classification of soldier E Medical Category A-1

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

### Eligible for War Service Gratuity

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

Place JUN 24 1919  
 Date ST. JOHN'S *A. Newbert*  
 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 JUN 24 1919  
ST. JOHN'S  
*R. Linthorn*  
 Signature of soldier  
*J. Newbert*  
 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 JUN 24 1919  
ST. JOHN'S  
*R. Linthorn*  
 Signature of soldier  
*Jane O'Neuman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No of days on Military  
 Discharged from service 25-6-19 PLUS 14 DAYS Service 419

### 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  
 Date JUN 25 1919  
*R. H. Sait Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place Bugus, Nfld  
 Date July 9/1919  
*M. Howley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*2079/1867*

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

# The Royal Newfoundland Regiment

## DISEMBARKATION TICKET

Group No. 2

No. 5125 Rank

Rank Plt Name

Name Linthorne

Address

B. Regent

**PASS.** You are granted permission to be absent from Depot

until

**JUN 23 1919**

on which date you will report

for demobilization, (see over)

EMPIRE BARRACKS  
ST. JOHN'S, N.F.

R. H. Sait Capt.

COMMANDING DISCHARGE DEPOT



# The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 5125

Name Linthorne, R.

Rank Pte

Address Brigus, C.B.

Present Medical Category A1

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

Members of Board

*R. H. Jait Capt.*  
O.C. Discharge Depot.  
(sgnd) L. Paterson  
Senior Medical Officer

" F. W. Burden  
M. O. Depot

Military Service:

419 days

# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

Co *Division's Board*

*Please receive documents as indicated below*

No.	RANK AND NAME	N. F. P. 866	Non-effective account.	Medical history sheet.	N662 medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards												
			B. 178	B. 178a	B. 179	B. 208	W. 3484	D. 400A	B. 100	B. 120	B. 121	B. 122	1st Board	2nd Board	3rd Board	4th Board	Board	B. 1816	Form L	Form K	A. F. W. 3483	D. P. 2	D. P. 1			
1425	St. Linthorpe, P.																								/	

Received above noted documents, \_\_\_\_\_

Dated \_\_\_\_\_ 19 \_\_\_\_\_

Signature of Officer forwarding documents: \_\_\_\_\_

Date *4.7.* 19*19*

# The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *24.6.19*

Regimental No. *5125*

Name *Lawrence Robert* Rank *Pl*

Address *St. John's*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R.H. East Major*  
O.C. Discharge Depot.

*H. Brown*  
Senior Medical Officer

*Geo. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5125 Rank Plt Name Southern R  
 Date of Enlistment 17-5-18 Address Brixton District PLG  
 Occupation Bookmaker Classification for Discharge PL Medical Category Hi.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 298	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 24-6-19 No. C. Discharge Depot. H.M. 11

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am L in a position to resume civilian occupation R. L. Thompson

W. J. Thompson  
mark

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \_\_\_\_\_

(b) Clothing Supplied \_\_\_\_\_

Date \_\_\_\_\_

O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 194 to his home at Brigns and Release Certificate No. 3000 issued.

Date 24-6-19 *J.A. Newcomb*  
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 24-6-19 *J.A. Newcomb*  
Depot Paymaster.

Discharged approved for 25-6-19  
Forwarded with following documents to O. C. Discharge Depot.

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

*2 Form B*

Date 24-6-19 *J.A. Newcomb*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer file Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*Linton R.*

Signature of Man.

*J. A. Snow*  
Signature of the Vocational Officer or his Representative.

Reg. No. 5125

Place

ST. JOHN'S.

Date

24-6-19

191

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

## MEDICAL HISTORY

Surname Rinthoon OF St Johns Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Briggs C.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	17	St Johns	1	
Declared Age.....	23			
Trade or Occupation.....	Boiler maker			
Height .....	5	64		
Weight .....		141		
Chest Measurement {	Girth when fully expanded....		38	
	Range of Expansion.....		5	
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number .....				
When Vaccinated .....				
Vision .....	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/12	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Parker</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted .....	at	St Johns	at	
	on	17	on	
		day of		
		May, 1918		
	Corps.		Corps	
	Regd. No.		Regtl. No.	
Joined on Enlistment.....	The Royal Nfld Regt			
Transferred to.....	5125			
Became non-effective by .....				
(Signature)	on	day of	191	on
(Rank)				day of
				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 Office Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Robert Lenthorne*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5125*

Intended address *Brigus*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father

Christian name of Mother *Maggie*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Brigus, 22d Sept. 1893*

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) *Robert x Lenthorne*

*Plt*  
(Rank)

Station *St John's Head* Date *24-6-19*

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

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* }  
 2. Regtl. No. *5135* 3. Rank. *Pte* } Former Trade or Occupation } *Boilermaker*  
 4. Name *Linthorn* }  
 (Surname) (Christian Names) } 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.  
 5. Age last birthday. *24*  
 6. Posted for duty on *17/5/18* at *St. Johns* in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war .. .. .
  - (ii) Previous active service .. .. .
  - (iii) Climate in pre-war service .. .. .
  - (iv) Ordinary military service before the war .. .. .
  - (v) Serious negligence or misconduct on the man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*He complains of no disability.*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatiation.*

*W.E. Procter Capt R.A.M.C.*

Station *Stanby D Camp*

Medical Officer in charge of case.

Date *29-4-49*

\* 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

Army Form B. 103.

Regimental Number 5125

**Casualty Form - Active Service.**

Rank Pt Regiment or Corps Newfoundland  
 Surname Linthorne Christian Name Pt.  
 Religion Methodist Age on Enlistment 23 years — months  
 Enlisted (a) 17/5/18 Terms of Service (a) Duration Service reckons from (a) 7/5/18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended (.....) Re-engaged (.....) Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation Boiler-maker Signature of Officer W. Long Capt

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
		Joined Batt.		28 NOV 1918	
		Arrived in UK		5 JAN 1919	
				13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing Smith, &c. (17591) W & W 1887-P 1124, 1,000,000, 2/18, D & S, Form B/103, (H. 1266.)

Next of Kin: Father: Robert Linthorne; Widow: E. Bay; N. F. L. D.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Linstorne, Regl. No. 5725

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

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>5725</del>	Mother	Mrs Robert	Pringu	60
4644		Maggie Linstorne	Georgetown	
Total Allotment, \$				60

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

(Sig.) John Jones

Officer Commanding Company

John Jones 1918

(Sig.) Robert Linstorne

(Rank) Cpl Robert Linstorne



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**DISCHARGE DEPOT**

**ST. JOHN'S, NEWFOUNDLAND.**

.....November 6th. 1919.....

**To Paymaster & Officer i/c Records,  
Militia Department..**

**From Depot..**

**James Linthorne,  
Georgetown, Brigus.**

**The above noted man enlisted for service in The Royal  
Newfoundland Regiment 19-4-18, was rejected on account of  
defective eyesight, and issued with rejection badge No. 1938.**

*R. A. Edwards*  
*S. M.*

SEPARATION ALLOWANCE.

Claimant. *Maggie Linthorne (mother) Widow*

On account of *Robert Linthorne* No. *5125* Rank. *Pvt.*

Decision. *Approved payable from date of  
enlistment of Robert (May 17, 1918).*

*W. F. Russell Lieut. Col.  
M. D. Cowley Major*

Date. *7/11/19*

Instructions.....  
.....  
.....

Allotment of *60<sup>¢</sup>* per day payable to *Mrs Rolt Linthorne*  
his mother from *July 1<sup>st</sup> 1918* to *9-7-19.*

Discontinued on account of *being discharged*

*A. G. L. Pike*

*6242*

*13-24*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

WIDOW.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
Robert Lintorne Private Nfld 5123

2. Age of soldier. Married or Single.  
26 years Single

3. Name in full of mother. Age. Occupation. Permanent Address.  
Maggie Lintorne 48 Domestic Long Pond

4. Give name of your husband. Age. Occupation Where Employed.  
Robert Lintorne 35 Deceased

5. If your husband is not supporting you state the reason.  
Deceased

6. If your husband is a chronic invalid and totally incapacitated, state nature of maledy. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.  
September 2nd 1914 at Long Pond

8. Have you married again since death of above mentioned husband?  
No *RM 1337 married in 1916* *directly in front of Robert*

9. Names of your other children. Address in Age. Occupation Married or Single.  
(M) annie 30<sup>th</sup> Ernest 12<sup>th</sup> all at Long Pond  
(M) Fingie 29 Walter 10<sup>th</sup> James 6<sup>th</sup> is in England  
(M) Joseph 23 + Harry 6<sup>th</sup> is in England  
George Archibald James 20<sup>th</sup> (M) 7<sup>th</sup> 11/19  
Four married  
Five single



10. State amount earned by (a) Yourself *nothing*  
(b) Your husband.
- 
11. State amount and source of any other income.  
*Wages of two boys at ~~Palmer~~ Pub. an Pub*
- 
12. State value of real property belonging to you and your husband.  
*Small field and two roomed house*
- 
13. State value of personal property belonging to you and your husband.  
*Very little*
- 
14. If husband is dead state value of real and personal property left by him.  
*nothing apart from property mentioned*
- 
15. Actual amount contributed by soldier during the year prior to enlistment.  
*amount not known but I came out ~~at~~ beginning of*
- 
16. Was this amount contributed weekly or monthly.  
*Whenever he could*
- 
17. Did this amount include payment of son's Board etc.,  
*no*
- 
18. State your son's trade or occupation prior to enlistment.  
*Fisherman & Laborer*
- 
19. State amount of his wages per week.  
*Do not know*
- 
20. State name and address of his last employer.  
*no idea who he was*
- 
21. State amount of monthly support from son since enlistment.  
*\$18.  $\frac{60}{100}$*
- 
22. State amount of allotment received by you from son since enlistment.  
*Sixty cents a day.*
- 
23. State from what date did you receive allotment?  
*August 1918.*
- 
24. Actual amount contributed by other children Weekly Monthly  
*not known as one came home in debt, the other had other duties*
- 
25. Are any of these children in the employ of you or your husband?  
*no*

If not receiving support from other children, state cause. Explain fully. *married ones have their own responsibilities, others too young.*

27. With whom are you residing at present? *with children*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *no, because was not aware of it until someone came home.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *no*

31. Was the soldier at the time of his enlistment an employee of the H.M. Government. *yes*

32. In what capacity and in what place? *Reid company*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *no*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant. *Maggie D. Brown*  
Place of Residence. *Long Point, George Town, Bay*

Declared and subscribed before me at *Bay* this *10th* day of *July* 1919  
*(Maggie D. Brown over an explanation)*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *J. G. Thompson*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman. *Oliver Jackson*

Signature of member of the Patriotic Fund Committee.

*Oliver Jackson*  
*20th Party*

Sept. 17, 1919

Mrs. Maggie Linthorne,  
Long Pond,

Brigus, C.B.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly state the names of your married sons, and furnish me with their Marriage Certificates, or else, a certified extract from your Parish Register, showing dates of their marriages.

Also kindly inform me if any of your sons, except ROBERT, have offered for enlistment, and if so, on what dates, and what are the numbers of their Rejection Badges, if they have any.

It is also necessary that you have a Certificate furnished me by your Doctor, showing your husband's condition prior to his death, stating to what extent he was incapacitated, and for how long.

Yours truly

MAJOR & PAYMASTER.

Nov. 5, 1919

Officer Commanding,  
Headquarters.

Dear Sir:-

I am informed that a man by the  
name of James Linthorne of Georgestown,  
Brigus, offered for enlistment about  
APRIL or MAY 1918, and was rejected.  
Kindly let me know if you have any record  
to verify this statement.

Yours truly,

Major  
Paymaster & O.i/c Records

Nov. 28, 1919

Mrs. Maggie Linthorne,  
Long Pond,  
Georgetown,  
Brigus.

Dear Madam:-

Referring to  
your claim for Separation Allowance, I beg  
to state that same has been granted, and I  
enclose cheque for Two hundred and seventy  
six dollars (\$276.00) in payment of same.

Yours truly,

Major

Paymaster.

ST. JOHN'S,

JUN 24 1919

# Royal Newfoundland Regiment.

Billeting Account,

To P<sup>t</sup> R Linthorne

Billeting Soldiers as undermentioned

from

June 1/19 to June 25

5125 P<sup>t</sup> R Linthorne 25.00

B.V.M.

ACCOUNT	
CK NO	24843
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 25.00

Letts.  
J. J. Shaw Capt.  
Billeting Officer.  
R. J. Linthorne  
mark with 500

C.R. 5125

Receipt for Army Book 64

No. 5125 Name R. Linthorne

To Certify that I have received the AB 64 of the above  
named soldier:

Name Robert Linthorn

Date 5 May 1924

Place George's Town Brigade

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



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~~ British War Medal

is/are forwarded herewith to

301 Robert Linthorne

in respect of his service as No. 5125 Rank Pte.

Name R. Linthorne Royal Nild. Regt.

Receipt of the same should be acknowledged hereon.

Received November 7

Signature Robert Linthorne

Date \_\_\_\_\_

Address Georgetown Brigus

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheet 6Regiment of Royal NewfoundlandsSignature of O. C. Company R. D. Hicks / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5125 Lanthorn Roll</u>	Age on	<u>23</u> years <u>1</u> months	<u>Boiler Maker</u>		
Joined		Date	Place and Date of Enlistment			
Joined		Date	} with Colours <u>17.5.18</u> years.	<u>Meth.</u>		
Joined		Date				
Joined		Date	with Reserve <u>36</u> years.	<u>Bongue C. B.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized St John's 9 <sup>7</sup>/<sub>19</sub>

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5125 Rank Cpl Name Leithorn R  
 Date of Enlistment 17-5-18 Address Brigus District PSG  
 Occupation Barman Classification for Discharge 14 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

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	5
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 24-6-19 O. C. Discharge Depot H. M. H.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation

L.  
R. Leithorn  
man  
Leithorn

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \_\_\_\_\_

(b) Clothing Supplied \_\_\_\_\_

M. Blomfield

Date \_\_\_\_\_

O. i. c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R-194 to his home at Bairns and Release Certificate No. 3000 issued.

Date 24-6-19 J.A. Lowcock  
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 24-6-19 J.A. Lowcock  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

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

Date 24-6-19 J.A. Lowcock  
O. C. Discharge Depot

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 26 1919 J.A. Lowcock  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 9/19 J.A. Lowcock

Reg. No. 5120 Rank 1st Lt Name Linton R

Attested ..... Address Briegus

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas .....

Returned on S.S. .... Cause Discharge

24-6-19

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILIZATION

25-6-19