



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6249 Name Henry Martin Corps 6th E

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Henry Martin</u>                |
| 2. What is your full Address? .....  | 2. <u>117 West<br/>St. John's Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                         |
| 4. What is your age? .....   | 4. <u>26</u> Years ..... Months       |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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 .....<br>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, Henry Martin 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.

Henry Martin SIGNATURE OF RECRUIT.  
W. G. C. King Signature of Witness.

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

I, Henry Martin 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 on this 21st day of May, 1918.

W. G. C. King Signature of Attesting Officer

### CERTIFICATE OF APPROVING OFFICER.

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

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

Date May 21st, 1918 .....

Place St. John's .....

W. G. C. King } 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) .....



C.R. 5249

extract from daily orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c records from noted date 9-8-19.

5249, Pte. Henry Martin.

C.R. 5249

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

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

#5249 Pte. Henry Martin.

C.R. 5249

Extract from Daily Orders for Unit, 1st The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5249 Pte. H. Martin.

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

C.R. 5249

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depots with effect from 26-7-19.

5249 Pte. H. Martin.

C.R. 5249

Extract from Daily Orders By Major M.S. Sullivan,  
Commanding Newfoundland Forestry Companies, 6-22-18.

The undermentioned having reported for duty  
from the 2nd Bn. Royal Nfld. Regt. is attached to the  
Strength for rations, from this date, and posted to "B"  
Company.

5249 Pte. H. Martin.

C.R. 5249

Extract from Daily Orders part 11, from Unit The Royal  
Hid. Regt. St. John's, dated May 22, 1918.

#5249 Pte. Henry Martin.

Attested for General Service with the Royal Hid. Regt.  
from RR. 5.18



H. Martin

C.R.

5249

1880





Martin, A

5249

Ray Sept.

August 14, 1919

#5249 Pte. Henry Martin.  
New Perlican, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3664.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5249 Rank Pte Name Martin H.  
Intended place of residence New Peruvian

2. Occupation Insherman  
Classification of soldier B Medical Category AI

3. The above named man is discharged in consequence of  
**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
Place, ST. JOHN'S  
Date JUL 12 1919  
Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
Place, ST. JOHN'S  
Date JUL 12 1919  
Signature of soldier H. Martin  
Signature of witness A. M. Houston

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
Place, ST. JOHN'S  
Date JUL 12 1919  
Signature of soldier H. Martin  
Signature of witness W. Featon Quis

### STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military  
Discharged from service JUL 26 1919 Plus 14 days Service 446

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
Place, ST. JOHN'S  
Date JUL 26 1919  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
Place, ST. JOHN'S  
Date July 9/1919  
Officer in Charge  
The Royal Newfoundland Regiment

207912664

11  
30  
31  
9  
21

# The Royal Newfoundland Regiment

Class for Demobilization:—

*B7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 11/19*

Regimental No. *5749*

Name

*Martin Henry*

Address

*St. John's*

Present Medical Category

*A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O.C. Discharge Depot.

*J. Peterson*  
Senior Medical Officer

*W. Burdea*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2144 Rank Private Name Markus A  
 Date of Enlistment 21.5.18 Address New Brunswick District Leamy  
 Occupation Interpreter Classification for Discharge 16 Medical Category 1E  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	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		do 2nd	" 3	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 11 July 19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied

Date 12-9-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2445 to his home at New Orleans and Release Certificate No. 3572 issued.

Date 12-7-19 *[Signature]*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-8-19

Date 12-7-19 *[Signature]*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.	B 268.	B 121.	N.F. Med.	D.F. 1.
B 178.	W 3494.	B 122.	Board 1st.	" 2.
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.
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 12-7-19 *[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 26 1919**

Date *[Signature]*  
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.

H. Martin

Signature of Man.

Reg. No. 52491

J. A. Schaefer

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 22-7-19

191

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

# MEDICAL HISTORY

Surname Martin OF Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish New Berlin P.A. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21	May	1918	191
	at	St Johns	at	
Declared Age	24	years		days
Trade or Occupation	Fisherman			
Height	5	feet	3	inches
Weight	130 lbs.			lbs.
Chest Measure-ment	Girth when fully expanded		35	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/ 10 ears			
When Vaccinated	7 mos ago			
Vision	R. E.—V=	6/5	R. E.—V=	
	L. E.—V=	6/5	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>Lament Palmer</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	21 day of May	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	The Royal 12th			
	Nfld Regt			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				





## 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

*Pte Henry Martin*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5249*

Intended address *New Peltican*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Dark*

Descriptive Marks *no*

Figure on discharge *med.*

Christian name of Father \_\_\_\_\_

Christian name of Mother *Elizabeth*

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

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

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *New Peltican 15<sup>th</sup> Jan 1894*

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) *Pte Henry Martin*

(Rank) *Pte*

Station **ST. JOHN'S**

Date *7/7/19*

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.

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

Station

Date

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

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

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

1. Unit and Corps. Royal Newfoundland Coy Former Trade or Occupation } Fisherman
2. Regtl. No. 249 3. Rank. Pl 7a. If the soldier claims previous service in Army, he should state—
4. Name Martin Henry (Surname) (Christian Names) (a) Former Regts. or Corps with Regtl. Nos.
5. Age last birthday 25
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

*The Complaints of 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. Pocnis. CapRanc*  
 Medical Officer in charge of case.

Station *Muzley Barr*

Date *8/11/19*

\* 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.

Anten.

Defect. Viri. - Curant

Wen. pure.

Defect

Older. Rec. long E

For. Pen.

1111



NO. & RANK 5249 Pte.					DATE OF EXAM: 4-10-18	
NAME Martin H.					DATE OF ISSUE: 11-10-18	
CORPS R. Regd. Inf.					OPHTH. CENTRE: 71	
VISION WITHOUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	FRAME NO. (OR MEASUREMENTS)	
68	+1.50	-	-	69	7	
624	+2.50	-	-	618		
SIGNATURE OF M.O. R. Lockhart Capt. M.C.S.A.					OFFICER'S INITIALS R.L.	

" OPHTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

4-10-18

To :-

Medical Officer i/c.

R. F. W. L. D.

5249 Pte Martin H

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

Pres for Pay  
Book Please

R. Lockhart  
Capt. M.C.S.A.  
Ophthalmic Surgeon.

August 16, 1919

Mr. Henry Martin,  
New Perlican.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Henry* ..... 2. Surname..... *Martin* .....
3. Rank..... *T. G.* ..... 4. Regt. No..... *5249* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *New Republic* .....  
..... *T. B.* .....
6. Date of enlistment in the Regiment..... *May 20/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No* .....
8. Relationship of such dependents..... *No* .....
9. Address in full of such dependents..... *No* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *England only* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr 1 mo* .....
- ..... 12 .....

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*  
*July 17/19*

*Demot*

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*  
*England only*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

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

H. Martin

Signature of Applicant:

Place of Residence:

New Britain TB

Declared before me at:

St Johns

This

12<sup>th</sup> day of July, 1919....

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

John M. Caithy  
J.P.

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct.

Raymaster



7930

New Pelican

Dec 13<sup>th</sup> 1919

Department of Militia  
St Johns

Dear Sirs

I am writing you in  
regard to my gratuity money.  
I have received 3 months pay  
while all the other fellows here who  
enlisted the same time & after I  
did have received their 4 months

Would be glad to hear from you  
regarding this as I feel I am  
entitled to the same money as the  
other fellows.

Trusting to hear from you  
soon

Yours respectfully

Henry Martin No 5249.

The other fellows that received 4 months pay  
are James Lege 5362. Eli Warden 5879.  
So you can see I enlisted before any of these  
Yours  
5249.

Mailed Dec 19/19

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# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company R. S. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5249 Martin Henry</u>	Age on	24 years months	Fisherman			
Joined	Date	Place and Date of Enlistment	<u>St Johns 21.5.18</u>	Religion			
Joined	Date	Period of	with Colours <sup>181</sup> years. with Reserve <sup>136</sup> years.	Place of Birth			
Joined	Date			<u>New Berlin TB</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
				<u>Demobilized St Johns 9<sup>5</sup>/19</u>					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5249 Rank Plt Name Marion A  
 Date of Enlistment 24.5.18 Address New Bedford District Trinity  
 Occupation Federman Classification for Discharge E Medical Category 1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
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 11 July 19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

H. Martin

Particulars passed to Vocational Officer for information and action.

Date ..... Eligible for War Service Gratuity

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied [Signature]

Date 12-9-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2445 to his home at 9 New Perleian and Release Certificate No. 3512 issued.

Date 12-7-19 ..... Alfred Lush  
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 1-8-19

Date 12-7-19 ..... W. J. M. H.  
Depot Paymaster

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 178	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 12-7-19 ..... J. H. Knowlton  
Demobilization Officer

APPROVED.

Documents above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919 ..... A. R. Cooper Capt.  
O. C. Discharge Depot.

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

Date Aug 7/19 .....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2445 to his home at Newark, N.J. and Release Certificate No. 3512 issued.

Date 12-7-19 *[Signature]*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-25-19

Date 12-7-19 *[Signature]*  
Depot Paymaster

Discharge approved for 26-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 265	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		

*[Signature]*  
Demobilization Officer

Date 12-7-19 *[Signature]*  
Demobilization Officer

APPROVED.

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

**Eligible for War Service Gratuity**

Date JUL 28 1919 *[Signature]*  
O. C. Discharge Depot.

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

Date Aug 7 1919 *[Signature]*

Reg. No.

5249

16

Martin H.

Atteste<sup>r</sup>

Perleau

A

A

Da

versus

Cassandre

discharge

19 PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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 Land } Former Trade or Occupation } Fisherman

2. Regtl. No. 5249 3. Rank... Mr 7a. If the soldier claims previous service in Army, he should state—

4. Name Martin Henry (a) Former Regts. or Corps ; with Regtl. Nos.  
(Surname) (Christian Names)

5. Age last birthday... 25.....

6. Posted for duty on..... at.....  
in category (or grade).....

8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.

9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. nil

12. Place of origin of disability. nil

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

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

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

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

*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?

*Repetition*

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

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

Station *Hoyleton*  
 Date *8/4/19*

\* 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.