



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4456 Name Otto Moore Corps Inf

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Otto Moore</u> |
| 2. What is your full Address? | 2. <u>539 Andrew St</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>clerk</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> |

Report 20-5-18

I, Otto Moore 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.

Otto Moore SIGNATURE OF RECRUIT.
J. Daymond Signature of Witness.

Otto Moore I 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 on this 16 day of April 1918
Geo. E. Hart, Magist
 Signature of Attesting Officer

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date April 16 1918
 Place St John } 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.

Name Otto Morn
 Apparent age 20 years months. Height feet inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Morn
53 Goodwin St | 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>16-4-18</u>					Lauer Capt. 14 ⁸ / ₁₅				
Joined at <u>St. John's</u> on <u>April 16, 1918</u>									
<u>Discharged July 30, 1919</u>									
<u>Report for duty 20-5-1918</u>									
<u>Embarked St. John's train for Halifax N.S. 22.9.1918.</u>									
<u>Arrived Newfoundland for demobilization 24-6-1919.</u>									
<u>Arrived Newfoundland 31-7-1919</u>									
<u>Demobilization St. John's 30-7-19</u>									
<u>to Active Service!</u>									

Total Service towards Engagement to 30-7-1919 (date of discharge) years 106 days
 " " Pensions " " " " " " " " " " " "

C.R. 4456

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 30-7-19.

4456, L/C.OO. Moore.

C.R. 4456

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge Dept from 16-7-19

4456 L/Cpl. O. Moore.

C.R. 4456

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 24th 1919.

4456 L/Cpl. O. Moore.

Reported at Headquarters 1-7-19 ex "Cassanite" which sailed
Glasgow 24th June, 1919.

C.R. 4456

Extract from Daily Orders By Major M.S. Sullivan, Commanding
Newfoundland Forestry Companies 26-11-18.

The undermentioned having arrived from 2nd Bn. Royal Nfld.
Regt. is attached to the Strength from this date and posted to
A.Co. for rations.

4456 L/C O. Moore.

C.R. 7456

Extract from Nominal Roll for Overseas Entrained at St.
John's Sept. 22, 1918.

4456 Moore Otto.

C.R. 4456

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Sept.24/18/

THE UNDERNOTED NON-COMMISSIONED OFFICER RETURNED FROM SPECIAL
DUTY AT MOUNT PEARL. 19-9-18.

4456 L/C/ O. Moore.

C.R. 4456

Extract from Daily Orders Part 11 Unit The Royal Nfld.Rgt.
St.John's, dated Sept.9-18.

The undernoted Non-Com.Officer,proceeded on Special Duty to
Mount Pearl.9-9-18.

4456 L/C.O.Moore.

C.R. 4406

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, dated August. 14, 1918.

4456 Pte. O. Moore.

To be L/Cpl. from 14-8-18.

C.R. 4456

Extract from Daily Orders part 11, from Unit The
Royal Newfoundland Regiment, St. John's, dated
April 18, 1918.

#4456 Pte. O. Moore.

Attested for General Service, with the Royal Nfld.
Regiment, from 16/4/18 To report 20/5/18.

D. Moore

C.R.

4456

~~PRD~~

FORM K

Nº 4717



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Letto Moore, Regl. No. 4457.

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

Allotment begins 1-7-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4420	Father	Mr John Moore	53 Goodwin St St Johns	60
			Total Allotment, \$	60

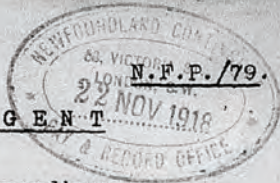
ENTERED
 BY: [Signature] 27/12/18
 NUM. ROLL
 ALLOT. INDEX
 " RECEIVED
 EXAMINED

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
 B. Company
St Johns Field
 12-6-1918

(S) O. Moore
 (Rank) Pte.

No. 18311/2008



From: NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & O. i/c Records
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2/Bn Royal Wfld. Regt.
Winchester.

13th November 1918

15/11 1918.

Subject: 4456, L/Cpl. C. Moore

With reference to the following telegram (9723) from the Hon. Minister of Militia, received

Pay to 4456 Moore £1:0:0

Draft £ 1:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. W. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Cham.

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of 1.0.0.

one pound on account of cable remittance from Newfoundland.

C. Moore
No. 4456 Rank L/CPL

Witness E. Ireland

No. 495/90/P&A.

066630

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record-Office,
58, Victoria Street,
London, S.W. 1.

To:

J.R.
~~Officer Commanding,~~
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

10th January, 1919

Jan 18 1918

Subject: 4456, L/C. O. Moore,

Receipt hereunder.

With reference to the following telegram (254) from the Hon. Minister of Militia, received

W. A. Ross Capt. i/c Adv. Co.
Officer Comdg. ~~2/Bn. Royal Nfld. Regt.~~
Royal Newfoundland Regiment

"Pay to 4456, Moore, £5.10.0.

Received the sum of Five
Pounds 10/- on account of

Draft £ 5:10:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

A. A. Bennett Maj.
Chief Paymaster & O. i/c Records.

C. Moore
No. 4456 Rank Lee Corp

No. 4467 / 655

N.F.P./79.

From: NEW FOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

20th March 1919

March 1919

4456 L/Cpl. Moore O.

With reference to the following telegram from the Minister of Militia / / (84)

"Pay to- 4456 Moore.,
£3. 0. 0.

Cheque £ 3. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minard Maj
Chief Paymaster & O. i/c Records.

Receipt hereunder.

P. Skunt Capt
LIEUT. COLONEL,
Officer Commanding ~~2nd Bn.~~ 2nd Bn. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds in respect of telegraphic remittance from the Minister of Militia.

O. Moore
No. 4456 Rank R/c.

Witness S/c. J. J. Walsh

No. 8216/1558

From: NEWFOUNDLAND

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
~~2nd~~ Batt. Ryl Nfld. Regiment
Winchester. Hants.



N.F.P. 770.

2nd June 1919

4456 L/Cpl. O. Moore

With reference to the following telegram from the Minister of Militia / / 19 (244

"Pay to- 4456 O. Moore
£4. 0. 0.

Cheque £ 4. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. O. Minnard
Chief Paymaster & O. i/c records.

Receipt hereunder.

J. J. Berlin LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2 Batt n.

Received the sum of £4. 0. 0.

Tom Jones in respect of telegraphic remittance from the Minister of Militia.

O. Moore
No 4456 Rank: L/Cpl.

Witness: *Geo Kemp*

100/10

Moore, C.

4456

Ray Sept,

July 30th 1919.

#4456, L/C.O. Moore,
St. John's.

Dear Sir:

Enclosed please find Discharge Certificate
3283.

Yours truly,

Capt., Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4456 Rank 2/cpl Name Moore O
 Intended place of residence ST John's
 2. Occupation clerk
 Classification of soldier E Medical Category A¹

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 16 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 16 1919
 Signature of soldier
 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, ST. JOHN'S
 Date JUL 16 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-4-18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 471

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, 14 days from date.
 Place, ST. JOHN'S
 Date JUL 16 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 30/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

AR JB 20 29/2283

15
31
20
20
106

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

July 15/19

Regimental No. *4456*

Name

Moore, O.

Address

St. Johns

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

J. R. Cooper Capt.
O. C. Discharge Depot.

H. Peterson
Senior Medical Officer

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4456 Rank L/Corporal Name Moore
 Date of Enlistment 16-4-18 Address St Johns District St Johns
 Occupation Clerk Classification for Discharge F Medical Category H1
 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 15-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. [Signature]

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 [Signature]

Date 16-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 639 Judson St and Release Certificate No. 36519 issued.

Date 16-7-19

Alfred Bowdler
 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 30-7-19

Date 16-7-19

Alfred Bowdler
 Depot Paymaster.

Discharge approved for 16-7-19

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 17-7-19

Alfred Bowdler
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 16 1919

A. R. Cooper 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 resume former Occupation.

O. Moore

Signature of Man.

M. J. McDonald

Signature of the Vocational Officer or his Representative.

Reg. No. 4456

ST. JOHN'S.

Place

Date

16-7-19

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 *Otto Moore*

Regiment from which discharged *Royal Newfoundland*

Regimental number *St Johns 4456*

Intended address *St Johns*

Height on discharge *5 Feet 7 1/2*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *U.S.A 20-11-age 21- 1897*

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) *Otto Moore*

(Rank) *L/C*

Station *St Johns*

Date *July 14th 1919*

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

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

MEDICAL HISTORY

Surname Moore OF Christian Name Otto

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16 th day of April 1918	St John's	day of	191
Declared Age	26 years	days	years	days
Trade or Occupation	Clerk			
Height	5 feet 7 1/4 inches		feet	inches
Weight	121 lbs.			lbs.
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	5 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arms	14 yrs ago		
	Number	18 cas		
When Vaccinated	6/6			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	<i>Lambert Peterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St John's		at	
	on 16 th day of April 1918		on	day of 191
Joined on Enlistment	Corps. The Royal Nfld Regt	Regtl. No. 4156	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Almost healed THe attended by R.M.O complete cure

H. H. H. H. H.

MAJOR. R.A.M.C.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vii.) or (viii.), 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 Regt.* 7. Former Trade or Occupation } *Clerk*
2. Regtl. No. *4456* 3. Rank. *P. Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Moore* *Otto* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
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.)

No Complaint 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.

Reparation

W. S. Rocumier. Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hoxley Down*

Date *12/27/19*

* 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.

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 Regt.* 7. Former Trade or Occupation } *Clerk*
2. Regtl. No. *1456* 3. Rank. *R/Capt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Maone* *Otto* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *21*
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
(b) Where (if any)
(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. *W*
12. Place of origin of disability. *W*
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. *W*

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.)

The Complaints 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.

Reproduction

W. E. Proctor, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hogarty Down*

Date *13/4/19*

* 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.

✓

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..... *John* 2. Surname..... *Moore*

3. Rank..... *2nd Lt* 4. Regtl. No..... *4456*

5. Address in full to which future payments of gratuity are to be forwarded..... *53 Goodview St St. John's*

6. Date of enlistment in the Regiment..... *April 16/18*

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.....
Overseas

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....
Fifteen months

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.

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

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

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.

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

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

19. Are you now serving in the Regt.? *no* If not give - (a) date of discharge *July 31/19* (b) Reason for discharge *Remob*

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.

England

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.

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: — *O. Moore*
 Place of Residence: *53 Goodview St. City*
 Declared before me at: *D. John's*
 This *17* day of *July* 19..*22*.....

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

POST DISCHARGE PAY.				
Date paid	paid Soldier.	paid Dependents.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.				Registrar

FORM K

Nº 4717



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Etta Moore, Regl. No. 4457, hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 1-7-15.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4420	Father	Mr John Moore	53 Goodwin St St Johns	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.) W. Summers R.
Officer Commanding
B. Company
St Johns Nfld
13-6-1915

(Sig.) O. Moore
(Rank) Pte.

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Lt Col Moore

Billeting Soldiers as undermentioned

from

July 1/19 to July 16/19

4456 Lt Col Moore 16. 60

ACCOUNT	<u>3140</u>	INITIALS	<u>W.S. [unclear]</u>
CH NO		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for \$ 16. 60

W. S. [unclear]

Billeting Officer.

D. J. Moore

E. L. O. S.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39Number of Sheets oneRegiment of Royal NewfoundlandSignature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>14-7-18. Promoted to 4/pt.</u>
No.		Age on	20 years — months	<u>Clerk.</u>	
<u>1156</u>	<u>Moore Otto</u>	Place and Date of Enlistment	<u>St. Johns. 16.4.18.</u>	Religion <u>Meth.</u>	
Joined	Date	Period of } with Colours <u>106</u> years. with Reserve <u>365</u> years.	Place of Birth	<u>St. Johns.</u>	
Joined	Date				
Joined	Date				

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, 30 7/9</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment.

DEMOBILIZATION OF

Reg. No. 4456 Rank L. Sergeant Name James O. [unclear]
 Date of Enlistment 16-7-18 Address [unclear] District [unclear]
 Occupation [unclear] Classification for Discharge [unclear] Medical Category [unclear]
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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		
B 179c	B 120	M 93				

Date 15-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation. [Signature]

Particulars passed to Vocational Officer for information and action.

Date 15-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied [Signature]

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home at 539 [unclear] and Release Certificate No. 36519 issued.

Date 16-7-19

[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 30-7-19.

Date 16-7-19

[Signature]
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
E 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 7-7-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 16 1919

[Signature]
O. C. Discharge Depot.

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

Date July 28/19

[Signature]

Reg. No. 4456 Rank PC- Name Moore O.

Attested Address. 53 Goodview St.

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas. JUL 1 1919

Returned on SS Cassandra Cause. purchase

1919
1919

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.