



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5673 Name Edward Keill Corps Meth.

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>Edward Keill</u> |
| 2. What is your full Address? | 2. <u>Frenchmans Cove, Burgeo</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Year <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? | 10. Name
Corps <u>Yes</u> |
| 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, Edward Keill 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.

Edward Keill SIGNATURE OF RECRUIT.
W. K. Power Signature of Witness.

Edward Keill OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's, on this June day of 1915

Signature of Attesting Officer Edwards Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5673.

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

Name Edward Neill
 Apparent age 19 years months. Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Neill
Frenchman's Cove | Relationship Father
Burgoyne LaBile Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-6-18</u>									
Joined at <u>St. John's</u> on <u>June 10-1918</u>									
<u>Transferred August 14-1919</u>									
<u>Lawrence St. John's St. Columella to Halifax N.S. 22-7-18.</u>									
<u>to Hqs for demobilization 24-6-1919.</u>									
<u>Active before 1-7-1919</u>									
<u>Demobilization St. John's 7-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 (date of discharge) 1 years 59 days
 " " Pensions " " " " " " " " " " " "

E. Heil.

C.R. 5673

~~ARC~~

STRATHMORE QUALITY
C.R. 5673

Extract from Daily Orders Part II Royal Newfoundland Regiment

Depot St. John's

dated August 18th 1919.

The discharge of the undernoted on demobilization has been

CONFIRMED by Officer i/c Records from noted date

7-8-19.

5673, Pte. Ed. Neal.

C.R. 5673

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.

St. John's, July 15th, 1919.

The discharge of the undernated ondemobilization has been
APPROVED by O.C. Discharge Depot with effect from 24-7-19.

5673 Pte. E. Neal.

C.R. 5673

Extract from Daily Orders Dayroll Unit 1tho Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5673 Pte. E. Neal.

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

C.R. 5673

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

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

#5673 Pte. Edward Neil

C.R. 5673

Extract from Daily Orders Part 11, from Unit, The Royal Nfld.,
Regiment, St. John's, dated June 11th 1918.

5673, Pte. Edward Neill.

Attested for General Service with The Royal Nfld. Regt.,
10-6-18.

No. *5573* Name *Bungay A.J.* Sqn., Batty., } *D* Corps *R. Newfoundland* Date of enlistment } *1/4/18* G.C. }
 or Company } } } } } Badges } Service or Proficiency Pay }
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } Signature O.C. } Character }
 Company Conduct Sheet } of last drunk } freedom from extra fine } } } Company, etc. } *M. L. Long* } *Good*

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>Filly</i>	<i>8.3.19.</i>	<i>Priv</i>		<i>Def. Punishment 1/2</i>	<i>C2nd class. Admon. By No. 1000</i>	<i>5</i>	<i>8.3.19.</i>	<i>Pt Col Mathias</i>	
<i>"</i>	<i>8/4/19</i>	<i>"</i>		<i>Def. Table knife, Razor, Newspaper</i> <i>Pull through</i>	<i>do</i>	<i>do</i>	<i>8/4/19</i>	<i>Major Bernard</i>	

Army Form B. 129.



ENTERED.
PAY LEDGER?
NUM. ROLL
ALLOT. INDEX
REGISTERED
EXAMINED

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Edward Neil*, Regl. No. *5673*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *Fifty* 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 *August 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4815</i>	<i>Factor</i>	<i>Peter Neil</i>	<i>Portside Frenchman's Cove</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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

(Sig.) *H C James & Hunt*
 Officer Commanding
F Company

(Sig.) *Edward Neil*
 (Rank) *pvt.*

July 5th
 1918

Leah. E

5673

Ray sept.

August 5th 1919.

#5673, Pte. Ed. Neal,

La Polle.

Dear Sir:

Enclosed please find Discharge Certificate
3591.

Yours truly,

Capt. &

Officer i/c records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5673 Rank Pvt Name Neal Robt
 Intended place of residence La Pale

2. Occupation Fisherman
 Classification of soldier E 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 10 1919

[Signature]
 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 10 1919

Robt Neal
 Signature of soldier

[Signature]
 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 10-7-19

Robt Neal
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 424

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 JUL 24 1919

[Signature]
 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 August 7/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

Ad B 2079/3591

21
31

The Royal Newfoundland Regiment

Class for Demobilization:

70

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

8.7.19

Regimental No. *5673*

Name

Neal Edward

Address

La Poile

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

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

Shannon
Senior Medical Officer

Swoboden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5693 Rank Plt Name Neal Ed
 Date of Enlistment 10-6-18 Address La Poile District B-Hapsal
 Occupation Postman Classification for Discharge A1 Medical Category A1
 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 9-7-19 W. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Ed Neal
with wife

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..... Ambleton

Date 10-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2300 to his home
Papail and Release Certificate No. 3393 issued.

Date 10-7-19

J.A. Snowcraft
 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

Date 10-7-19

H. M. W. H.
 Depot Paymaster.

Discharge approved for 24-7-19

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 10-7-19

J.A. Snowcraft
 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

JUL 24 1919

Date

N.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.

Neal Ed

Signature of Man.

Reg. No. *0673*

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

10-7-19

191

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

MEDICAL HISTORY

OF

Surname

Neal
Neal

Christian Name

Edward

Table I.—GENERAL TABLE

Birthplace:—Parish

Frenchman's Cove County *Newfoundland.*

SPECIAL RESERVE

REGULAR ARMY

Examined	on	day of	191	on	day of	191
	at	<i>St. John's</i>		at		
Declared Age		<i>19</i>	years		years	days
Trade or Occupation		<i>Fisherman</i>				
Height		<i>5</i>	feet	<i>6 1/2</i>	inches	
Weight		<i>125</i>	lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>34</i>	inches			inches
		<i>4</i>	inches			inches

Vaccination Marks	Arm	Right	Left	Right	Left
		/		/	

Vision	R.E.—V=	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>4/6</i>	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) _____ (Rank) _____

Medical Officer. _____ Medical Officer. _____

Enlisted at *St. John's* on _____ day of _____ 191

Corps.	Regtl. No.	Corps.	Regtl. No.
<i>Royal Nfld</i>	<i>Regiment</i>		<i>5673.</i>

Transferred to.. _____

Became non-effective by _____ on _____ day of _____ 191

(Signature) _____ (Rank) _____

at in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Do duty

CS Mivian

CAPT., R.A.M.C.

[P.T.O.]

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. <i>Royal Rifles</i> | 7. Former Trade or Occupation } <i>Shipman</i> |
| 2. Regtl. No. <i>37.73</i> | 7a. If the soldier claims previous service in Army, he should state— |
| 3. Rank <i>Pte.</i> | (a) Former Regts. or Corps ; with Regtl. Nos. |
| 4. Name <i>Maal</i> (Surname) <i>Edward</i> (Christian Names) | (b) Date of Discharge ; |
| 5. Age last birthday <i>20</i> | (c) Cause of Discharge. |
| 6. Posted for duty on..... at..... in category (or grade)..... | (d) Particulars of Pension or Gratuity (if any) |
| 8. If the disability is an injury was it caused | |
| (a) in action (b) on field service | |
| (c) on duty (d) off duty? | |
| 9. If a Court of Inquiry was held on an injury state :— | |
| (a) When | |
| (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.
12. Place of origin of disability.
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
nil
nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|-------------------------------------|--------------------------|
| (i.) Service during the present war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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 complaints of no sensibility

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.*

Re-attestation

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

Station *Hazeley Down*

Date *2/4/19*

* 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



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 *Edward Neal*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5673*

Intended address *La Poile*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Peter*

Christian name of Mother *Hannah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *La Poile, 24 January 1899*

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) *Edward X Neal*

Lt
(Rank)

Station *ST. JOHN'S* Date *5-1-19*

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

August 16, 1919

Mr. Edward Neil,
Frenchman's Cove,
LAPOILE DIST.

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 Edward 2. Surname Neil
3. Rank Pte 4. Regtl. No. 5673
5. Address in full to which future payments of gratuity are to be forwarded Frenchman's Cove
La Poile
6. Date of enlistment in the Regiment June 9/18
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
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..... from June 9/18
to July 11/19..... 1. 2

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?.....
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?.....
(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*

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.....
..... *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.

his
Edward X Neil
Wark

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11th

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. Carthy
J.P.

POST DISCHARGE PAY.

Date paid

Paid

Paid

Soldier. Dependent.

War Service
Gratuity.

Net amount
due

.....
.....
.....

Certified correct.

Registrar



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward Neil, Regl. No. 5673

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and Fifty 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 August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4865	Father	Peter Neil	Lapside Frenchmans Cove	50
Total Allotment, \$				50

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.) H.C. James / Lieut.
 Officer Commanding
F Company

(Sig.) Edward Neil
 (Rank) pvt.

July 15th 1918

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

P. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5673 Edward Heill</i>	Age on	19 years	months	<i>Cookman</i>	
Joined	Date	Place and Date of Enlistment	<i>10/6/19</i>	Religion	<i>meth</i>	
Joined	Date	Period of	with Colours	years.	Place of Birth	
Joined	Date		with Reserve	<i>36 1/2</i> years.	<i>Bungay</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St John's	7 8/19			

To be carried over.

Army Form B. 121.

Reg. No. 5673 Rank Pte Name Neill Edward J. Coy
Attested 10-6-18 Address Frenchman's Cove Burger
Allotment 50 Allottee Peter Neill (Father)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas 11/22/18 Cause

11/8 Acc.

15th Dec 20-7-18

15/8 Admitted Barracks No

23/8 Discharged

Returned from leave 5-7-18

The Royal Newfoundland Regiment

15673

DEMOBILIZATION OF

Reg. No. 3673 Rank Pvt Name Neal, Ed.

Date of Enlistment 10-6-18 Address La Poile District B. Hospital

Occupation Fisherman Classification for Discharge F1 Medical Category A1

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 9-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Ed. Neal
mark
wt wt

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 10-7-19 O. i/c. Re-clothing.

JUL 24 1919

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5673 Rank Plt Name Neal, Ed.
 Date of Enlistment 10-6-18 Address La Poile District B. Hospital
 Occupation Fisherman Classification for Discharge F.1 Medical Category A.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 9-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Ed. Neal
with wife

Particulars passed to Vocational Officer for information and action.

ENTRICK FOR WAT. SERVICE CENTER

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
- (b) Clothing Supplied

Date 10-7-19

O. i/c. Re-clothing.

JUL 24 1919

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{R2300}.....to his home

at London..... and Release Certificate No. ³³⁹³..... issued.

Date 10-7-19.....

J.A. Snowball
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 10-7-19

Date 10-7-19.....

H.M. West
Depot Paymaster.

Discharge approved for.....

24-7-19

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.....		

1/2 Form B

Date 10-7-19.....

J.A. Snowball
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 24 1919

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

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

Date 10/7/19.....

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. *5673* 3. Rank... *plc*
- 4. Name *Neal* *E*
(Surname) (Christian Names)
- 5. Age last birthday... *20*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(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? }

No complaint of no disability

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.)

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. Proenier. Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley Barron*

Date *2/4/19*

* 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