



FIRST NEWFOUNDLAND REGIMENT

4245

ATTESTATION OF

No. 4245 Name Robt. A Newman Corps R/C

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Robt. A Newman</u> |
| 2. What is your full Address? | 2. <u>Rose Blanche</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Clark</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Robt. A Newman 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.

H. 14-12-17. Robt. A Newman SIGNATURE OF RECRUIT.
R. Bennett Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robt. A Newman 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.....
 on this 14 day of Dec 1917.
 Signature of Attesting Officer W. H. [Signature]

†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

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

Name John Munn
 Apparent age 20 years 5 months. Height 6 feet — inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Munn
Rose Blanch | 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.	
(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>14-12-17</u>									Lt Col 22-4-18 Capt 15-7-18 Conf Capt 22-4-19
Joined at <u>St John's</u> on <u>December 14</u> - 1917									
<u>Discharged July 3 1919</u>									
<u>Embarked St John's St. Catharines to Halifax 22-7-18.</u>									
<u>to be employed as a land for demob. train 27-5-19</u>									
<u>Arrived New Brunswick 1-6-1919</u>									
<u>Re-mobilized at St John's 3-7-1919</u>									
<u>No Active Service</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-7-1919 (date of discharge) _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "

Reg. No. 11245 Rank Pte Name F. Newman

Attested 14-12-17 Address Rose Blanche

Allotment _____ Allotee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas **JUL 22 1914** Cause _____

granted leave from 18/12/17 to 27/12/17

Dsr. Inve. 17/12/17 Vacc 16-1-18, 2-09 Nov 12-3-18

Rel'd 7/1/18

22.4.18 Promoted S/C

Admitted to General Hospital from 6-5-18

A.L. 30⁵/₈ to 30⁶/₈ R.L. 28⁶/₁₅

15-7-18 To Be Acting Corporal

C.R. 4245

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. Johns July 7th, 1919

The discharge of the unde noted on demobilization has been
CONFIRMED by Officer i/c Records with effect from 5-7-19.

4245 Cpl. Robt. Newman.

R 4245

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.
Depot St. John's with effect from ⁹⁻⁶⁻¹⁹ 19-6-19.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. discharge Depot with effect from 19-6-19.

4245 Cpl. Robt. Newman.

C.R. 4245

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 7th, 1919

4245 Cpl. Robt. Newman

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

C.R. 4245

Extract from Orders by Lt. Col. B.J. Barton, D.S.O.

COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.

22/4/19.

The undermentioned N.C.O. is confirmed in Rank as from

22/4/19.

4245, L/C. (A/Cpl) R.A. Newman as Corporal.

C.R. 4245

Extract from Orders by Lt. Col., B. J. BARTON, D. S. O.
COMMANDING 2nd., BATTALION OF THE ROYAL NEWFOUNDLAND
REGIMENT.

The following N. C. O. is detailed to attend the course
of Instruction at the Command School of P. & B. T.
Gosport assembling Sept, 24th., 1918..

4245 Cpl. R. Newman.

C.R. 4245

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

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

#4245 a/Corpl. Robert Newman.

C.R. 4245

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated July 15, 1918.

#4245 L/Cpl. R.A. Newman.

To be Acting Corporal from 15-7-18

C.R. 4245

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 22, 1918.

#4245 Pte. Newman

To be Lance Corporal from 22/4/18.

C.R. 4245'

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, Dec.15th, 1917.

4245 Pte. R. Newman.

Attested for General Service with the 1st Wfld. Regt. with
effect from Dec.15th, 1917..

R. B. Newman

4245.

P. T. P. O.

No. 2017/302.

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt
Winchester.

5th February 1919

4245. A/Cpl Newman. R.A.

With reference to the following telegram from the Minister of Militia / / (4)

"Pay to- 4245. Newmans R.A.

£10.0.0.

Cheque £ 10.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. J. ...
Chief Paymaster & O. i/c Records.

B

February 6th 1919

Receipt hereunder. *Sty*
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT

Officer Commdg. 2nd Batt'n.

Received the sum of Ten pounds

in respect of
telegraphic remittance from the
Minister of Militia.

Newman R.A.

No. 4245 Rank Corporal

Witness W. Rocketts

20181/2292/P&A

2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

9th. December, 8.

4245. a/Cpl. R.A. Newman.

✓ 10560

Pay to 4245 Newman - £10:0:0

10:0:0

P&A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert A Newman, Regl. No. 4245

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 April 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3762	mother	Mrs H and J (single)	Newman		
			Dose Blanche		50¢
Total Allotment, \$					

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. J. B.*
 Officer Commanding
 Company
St John's
March 12th 1918

(Sig.) *R. A. Newman*
 (Rank) Plt

No. 6446/934

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

~~XXXX~~ 29th April 1919

4245 a/Cpl. Newman R.A.

With reference to the following telegram from the Minister of Militia / / (155.)

"Pay to- 4245 Newman R.A.
£10-0-0

Cheque £10-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

May 2nd 1919

Receipt hereunder.
of Payment
for LIEUT. COLONEL,
Officer Commandg. Batt'n
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Ten
Pounds in respect of
telegraphic remittance from the
Minister of Militia.

Newman R.A.
No. 4245 Rank Cpl
Witness W. Barnes



P.D. 30/11/19 H.K.G.W.

A.C. Mansell Pay.

ps

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 of 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 H. Regt.* 7. Former Trade or Occupation } *Cook*
2. Regtl. No. *42451* 3. Rank..... *Spl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Newman Robert* (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. *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? }

The claims re Disability

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.)

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?

Refractives

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.

H. Camp
W. J. Groomer Esq Rame

Station

Medical Officer in charge of case.

Date

* 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

No 8508/993

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

30th April 1919

4245 a/Cpl. R.A. Newman

With reference to the following telegram from the Minister of Militia / 16/1 (158)

"Pay to 4245 R.A. Newman

P.D. 099 30/4/1919
£20-0-0

Cheque 20-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minshall Pay.
Chief Paymaster & O. i/c Records.

B

Key 210 1919

Receipt hereunder.

J. Seymour
LIEUT. COLONEL,
COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REGT.

Received the sum of Twenty

Pounds in respect of telegraphic remittance from the Minister of Militia.

R.A. Newman
No 4245 Rank Corporal
Witness W. Barnes

Lewman, R

4245

Hay Sept.

July 3, 1919

#4245 Cpl. Robert A. Newman,

Rose Blanche.

Dear sir:-

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

Yours truly

Captain
Paymaster & Officer i-c Records.

570

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name. *Robert Allan Newman* 2. Surname. *Newman*

3. Rank. *Corporal* 4. Regtl. No. *4245*

5. Address in full to which future payments of gratuity are to be forwarded. *Rue Blanche*

6. Date of enlistment in the Regiment. *Dec 15 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Not applicable*

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. *Eighteen months*
four days 1. *3/4*

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

Not applicable

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.

73.89. Clothing, Ration allowances

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.? *no* If not give - (a) date of discharge *June 19/15* (b) Reason for discharge

Demobilization

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.

France, ~~Paris~~ 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: *Robert Allan Newman*

Place of Residence: *Ros. Manche*

Declared before me at: *St John nfd*

This *6th* day of *June* 19*.18*....

John M. Carthy
Signature of Barrister of the
Supreme Court, Subordinate Justice,
Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

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

July 3, 1919

#4245 Cpl. Robert Newman,

Rose Blanche.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2342.

Yours truly

Captain,
Quartermaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4245 Rank Corpl Name Newman Robt.
 Intended place of residence Rose Blanche.
 2. Occupation clerk.
 Classification of soldier A Medical Category AI

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

 **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 JUN 5 1919
 H.H. Lewis Capt.
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 5 1919
 R.A. Newman
 Signature of soldier
 W. J. Leatoy
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
 5-6-19
 R.A. Newman
 Signature of soldier
 W. J. Leatoy
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-12-17 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 567

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
JUN 19 1919
 R.H. [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, Nfld
 Date July 3/1919
 [Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

2079/2342

19
34
28
31
20
21
30
3
7

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *4245*...

Name *Redman Robert A*

Address *Rm 13 Lanch*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

L. Stinson
.....
Senior Medical Officer

H.W. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. H 245 Rank Serge Name Newman Rolt
 Date of Enlistment 14.17.17 Address Rosa Blanche District Burgess
 Occupation Plum Classification for Discharge 6 Medical Category AI
 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.....	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 4.6.19

H. Newman
 in O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

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

R Newman

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~~ new cap

Date 5.6.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1443' g. 5-68* to his home at *Rose Blanche* and Release Certificate No. *2312* issued.

Date *5-6-19*

J.A. Law Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *3-7-19* SUBJECT TO ADJUSTMENT OF QUERIES AND PAY ASSET

Date *5-6-19*

H. H. H.
Depot Paymaster.

Discharge approved for *19-6-19*

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 *5-6-19*

J.A. Law Capt.
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 *JUN 19 1919*

R.H. Sait 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

Signature of Man.

Reg. No.

R. Newman

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

5-6-19

191

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

MEDICAL HISTORY

OF

Surname Thurman Christian Name Robert A.

Table I.—GENERAL TABLE.

Birthplace:—Parish Rose Blanche County —

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	21	Dec		191
Declared Age	20	years		years
Trade or Occupation	clerk			
Height	6	feet		feet
Weight	136	lbs.		lbs.
Chest Measurement	32	inches		inches
	4	inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R. E.—V=	4/6	R. E.—V=	
	L. E.—V=	4/6	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>L. M. St. John</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at		at	
	on	day of	on	day of
		191		191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment				
Transferred to	12th Regt.	42nd		
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	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
	Day	Month	Year	Day	Month	Year				
General Hospital										
St Johns.	16	5	18	30	5	18	Exostosis Big Toe.	25	Growth and part of terminal phalanx including nail of great toe removed. Wound healed by first intention.	<i>H. Krugger</i> M.D.

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* } Former Trade or Occupation } *Clear*
2. Regtl. No. *4345* 3. Rank... *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Neuman* } *Robert A* } (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. *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 ?

The Complaint of his 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 invalidated at Foreign Stations.

Repatriation

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

Station *Hazelton*

Date *4/4/19*

* 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 *Robert Allan Newman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4245*

Intended address *Rose Blanche*

Height on discharge *6* Feet

Color of hair on discharge *brunet*

Complexion *fair*

Color of eyes *Blue*

Descriptive Marks *Big toe, Right foot, missing*

Figure on discharge *Sall*

Christian name of Father *Henry*

Christian name of Mother *Caroline*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Rose Blanche, July 19th 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) *R. A. Newman*

Opt
(Rank)

Station *St Johns*

Date *4-6-19*

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

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

Station

Date

N^o 3883



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert A Newman, Regl. No. 4243

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 April 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
12	mother	Henry Newman	Dee Blanche		50 [¢]
			Total Allotment, \$		

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.) Robert A Newman

Officer Commanding
Company

(S) R. A. Newman
(Rank) Pte

St John's
1918

NON-SI-EAST-1921
17 OCT 27
12 11

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Robert A. Newman

in respect of his service as No. 4245 Rank A/Cpl.

Name R. A. Newman Royal Nfld. Regt.
~~Company~~ Corns.

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

R. A. Newman,

Date

Oct. 24 / 21.

Address

Rose Blanche

[P.T.O.]

4245

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name *4245 Capt RA Newman*

Date *20/11/19*

Place *Rose Blanche*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of 1st Newfoundland

Signature of O. C. Company W. H. G. /

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay 22-4-18 Promoted lance corporal. 15-7-18 Promoted to acting corporal. 22-4-19 " " Corporal.
No.	4205 <u>Wheeler R.A.</u>	Age on	20 years 5 months	Clerk	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	14-12-17	R/c.	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours 202 years.	with Reserve 365 years.	Rose Blanche	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized Pt John's, 3 rd 1919					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4245 Rank Corpl Name Newman Robt
 Date of Enlistment 14.12.17 Address Rose Blanche District Burgeo
 Occupation Merch Classification for Discharge 6 Medical Category AI
 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.	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 4.6.19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

R Akermanian

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~~ new cap

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1143 8 5 68* to his home
 at *Rose Blanche* and Release Certificate No. *2312* issued.

Date *5-6-19*

J.A. Snow Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to *3-1-19*

Date *5-6-19*

H. News P.
 Depot Paymaster.

Discharge approved for..... *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
R 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 *5-6-19*

J.A. Snow Capt.
 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 *JUN 19 1919*

R.H. Sait Capt.
 O. C. Discharge Depot.

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

Date *[Signature]*

June 12 1919

Reg. No. *4215* Rank *Cpl.* Name *Newman, R.*

Attested *[initials]* Address *Rose Blanche*

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

Date of Allotment..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

4-4-19
19-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION