



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5640 Name Arthur Nicholas Corps Co B

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Arthur Nicholas</u>                   |
| 2. What is your full Address? .....  | 2. <u>Havelock St</u><br><u>French Cove</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                               |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>0</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 .....                                 |
| 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, Arthur Nicholas 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.

Arthur Nicholas SIGNATURE OF RECRUIT.

Francis J. Gurney Signature of Witness.

8.6.18

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

I, Arthur Nicholas 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's on this 8 day of June 1918.

Signature of Attesting Officer Robt. Dickes, 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 compiled with. I accordingly approve, and appoint him to the St. John's 8 June 1918.

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

Date 8 June 1918 Place St. John's } 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

5640

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

Name Arthur Nicholas  
 Apparent age 20 years 1 months. Height 5 feet 8 3/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Caroline Nicholas  
Haverly Deep | Relationship Mother  
Joselyn Stone 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>8-6-18</u>									
Joined at <u>St. Albans</u> on <u>June 8-1918</u>									
<u>Transferred August 7-1918</u>									
<u>Embarked St. Albans to Haverly B.C. 22-7-18</u>									
<u>to H.C. for demobilization 24-6-19</u>									
<u>Arrived Haverly about 1-7-1919</u>									
<u>Demobilization St. Albans 7-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 (date of discharge) 1 years 6 days  
 " " Pensions " " " " " " " " " " " "

August 15, 1919

Mr. Arthur Nicholas,  
Harbor Deep,  
White Bay.

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..... *Arthur* ..... 2. Surname..... *Nichols* .....  
3. Rank..... *Pvt* ..... 4. Regtl. No..... *5640* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Beech White Bay* .....  
6. Date of enlistment in the Regiment..... *June 7/18* .....  
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..... *Person June 7/18 to July 7/19* ..... 1.

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?

*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?

19. Are you now serving in the Res? If not give? - (a) Date of discharge

*July 14/19*  
*Temporary*

(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.

*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.

Signature of Applicant:

*his*  
*Arthur Nicholas*  
*White Bay,*

Place of Residence:

Declared before me at:

This

*11th* day of *July* 19*19*....

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

*John McCarthy*

POST DISCHARGE PAY.

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

Certified correct.

By: \_\_\_\_\_

A. Nicholas

C.R. 5640

~~PRN~~



### 1ST NEWFOUNDLAND REGIMENT

#### ALLOTMENTS

I, Arthur Nicholas, Regl. No 5640.

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

Allotment begins August 1<sup>st</sup> /18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4592	Mother	Caroline Nicholas	H <sup>is</sup> Deep. White Bay	60
Total Allotment, \$				60 <sup>00</sup>

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.) James H.H.  
Officer Commanding  
F Company  
St John's  
July 5<sup>th</sup> 1918

(Sig.) Arthur Nicholas  
his mark  
(Rank) Pte



Reg. No. 5640 Rank. *Pvt* Name. *Nicholas, A. Hoy*

Attested. *8-6-18* Address. *No Deep Trench Shop*

Allotment. *60* Allottee *Carolina Nicholas Mother*

Date of Allotment. *1-8* Returned from Overseas.

Embarked for Overseas. *JUL 22 1918* Cause.

*7-7-18 Vacc 1<sup>st</sup> Nov 20-7-18*  
*H.L. 15/19 - 24 6/8 R.L. 4-7-18*

C.R. 5640

Extract from Daily Orders part 11, from Unit The Royal  
Hd. Reg. St. John's, dated July 25, 1919.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1919.

#5640 Pte. Arthur Nicholas.

C.R. 5640

Extract from ~~Tablets~~ Daily Orders part 11, from Unit  
The Royal Nfld. Regt. St. John's, dated June 10, 1918.

#5640 Pte. Arthur Nicholas.

Attested for General Service with the Royal Nfld. Regt.  
from 8.6.18

C.R. 5640

Extract from Daily Orders Battalion Unit: The Royal Wfld.  
Regt. St. John's, July 3rd, 1919.

5640 Pte. A. Nichols.

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

C.R. 5640

Extract from Daily Orders Part II Royal Newfoundland Regt.

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.

5640, Pte. A. Nicholas.

C.R. 5640

Extract from Daily Orders Part II Unit The Royal Welch Regt.

St. John's, July 18th, 1919.

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

5640 Pte. A. Nicholas.

Nicholas, A

5640

Ray Sept.

August 7th 1919.

#5640, Pte. A. Nicholas,  
Hr. Deep. French Shore.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3554.

Yours truly,

Capt. &

Officer i/s Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3640 Rank Pvt Name Nichols A  
 Intended place of residence He Deep  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, 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

*[Signature]*  
 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 JUL 10 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness 587-

### STATEMENT OF SERVICE

7. Enlisted for service 8-6-18 No. of days on Military  
 Discharged from service 24-7-19 Plus 14 days Service 426

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 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 in Charge  
 The Royal Newfoundland Regiment

*[Handwritten file number]* 2079/2554

23  
31  
7  
61

# 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 ..... *8.7.19* .....

Regimental No. .... *5640* .....

Name ..... *Nicholas Arthur* .....

Address ..... *St. Deep* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

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

*H. A. Person*  
.....  
Senior Medical Officer

*Geo. Burden*  
.....  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5649 Rank Plt Name Nicholas A  
 Date of Enlistment 86 '8 Address St. Johns District St. John's  
 Occupation Instrument Classification for Discharge K Medical Category A I  
 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 9-7-19O. C. Discharge Depot. [Signature]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

but Strawman Arthur + Nicholas mark

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied

[Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192359 to his home  
 at Hr Dep and Release Certificate No. 3406 issued

Date 10-7-19

*J.A. Lawrence*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 1-8-19

Date 10-7-19

*H. M. ...*  
 Depot Paymaster.

Discharge approved for 24-7-19 ~~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
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		

*Form B*

Date 10-7-19

*J.A. Lawrence*  
 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 24 1919

*H.R. Cooper Cabot*  
 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,

*Nicholas A.*

Signature of Man.

*J. A. Howlett*

Signature of the Vocational Officer or his Representative.

Reg. No. 5640

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

Surname Nicholas OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>St. John's</u>	at	
Declared Age	<u>30</u>	years		
Trade or Occupation	<u>Yachtsman</u>			
Height	<u>5</u>	feet <u>8 3/4</u> inches		
Weight		<u>138</u> lbs.		
Chest Measurement	Girth when fully expanded... <u>38</u> inches			
	Range of Expansion... <u>4</u> inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	<u>8/6</u>	R.E.—V=	
	L.E.—V=	<u>8/9</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Paterson</u>			
(Rank)	<u>Surgeon</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	<u>June</u> day of <u>1918</u>	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Nfld Regiment</u>	Corps	
	Regtl. No.	<u>5640</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

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

Name in full *Arthur Nicholas*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5640*

Intended address *St. Deep, French Shore*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *David*

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 *St. John's 26-9. Age. 21-1895*

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) *Arthur Nicholas*

(Rank) *Plt*

Station **ST. JOHN'S.**

Date *July 5-7-19*

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



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

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland Coy* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5640* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Nicholas* *Mitkus* (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 }<br>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.)

*Is complaint 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.

*Preparative*

*W.E. Procuier* *Capt. Rance*  
Medical Officer in charge of case.

Station *Hazley Barracks*

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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Nicholas, Regl. No. 5640

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

Allotment begins August 1st/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4592	Mother	<sup>wife</sup> Caroline Nicholas	H- Deep. White Bay	60
			Total Allotment, \$	60 <sup>c</sup>

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.G. James 2/18.  
Officer Commanding  
F Company  
St John's  
July 5th 1918.

(Sig.) <sup>his</sup> Arthur Nicholas  
<sub>mark.</sub>  
(Rank) Pte

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	20 years 1 months	Siskerman			
5040 Nicholas Arthur		Place and Date of Enlistment	St John's 8-6-18	Religion			
Joined	Date	Period of	with Colours 16 1/2 years. with Reserve 30 1/2 years.	Conf.			
Joined	Date			Place of Birth			
Joined	Date			Hauls Deep, French Shore			

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
Hazelton Det	29-6-19	pte		Improperly dressed out of camp.	Cpl McHurt	3 days CB.	30/6-19	Capt M. H. G. 9	M.H.G.
				Demobilized St John's			8		19

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5640 Rank. Plt Name Nicholas A  
 Date of Enlistment 8.6.18 Address St. Johns District St. John's  
 Occupation Instructor Classification for Discharge 16 Medical Category A.I.  
 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 9.7.19 ..... O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation Arthur & Nicholas  
W. Stawman mark

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable: \$60.00 .....
- (b) ~~Clothing~~ Supplied .....

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112359 to his home at H2 Deep and Release Certificate No. 3406 issued.

Date 10-7-19

*J.A. Linneloff*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-8-19

Date 10-7-19

*J.A. Linneloff*  
Depot Paymaster.

Discharge approved for 24-7-19 ~~24-7-19~~

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
F 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. Linneloff*  
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 24 1919

*N.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date July 30/19

*BHX*

Reg. No. 5640 Rank Pvt Name Nicholas A.

Attested ..... Address Mr Deep

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

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

Returned on S.S. Cassandra Cause Discharge

10 7 19  
24 7 19

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED BY DEMOBILIZATION.**

C.R. 5640

Army Form B. 179A

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. *5640* 3. Rank. *plc.*
- 4. Name *Nicholas Arthur*  
(Surname) (Christian Names)
- 5. Age last birthday. *21*
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Federman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
- 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  
(d) Particulars of Pension or Gratuity (if any)

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? } *He complains of no 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?

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. Proemier. Capt Rame*  
 Medical Officer in charge of case.

Station *Mozley Power*

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