



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5544 Name Pierce Roseworthy ~~Corps~~ Mtch

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>Pierce Roseworthy</u> |
| 2. What is your full Address? | 2. <u>Rippers Mt</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>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, Pierce Roseworthy 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.

Pierce Roseworthy SIGNATURE OF RECRUIT.
J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Pierce Roseworthy 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. Johns

on this 31 day of May 1918

Signature of Attesting Officer C. S. Dicks 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

5544

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

Name Pierce Roseworthy

Apparent age 20 years months. Height 5 feet 8 1/4 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Nathaniel Roseworthy
Upper St NW 13. | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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>31-5-18</u>									Signature of Officers certifying correctness of entries
Joined at <u>St John's</u> on <u>1004 31-1918</u>									
<u>Discharged August 8/1919</u>									
<u>Embarked St John's train to Halifax NS. 22. 9. 18</u>									
<u>1. Title for demobilization 24-6-19.</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge] <u>1</u> years <u>70</u> days									
" " Pensions " " " " " "									

C.R. 5544

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 8-8-19.

5544, Pte. P. Noseworthy.

C.R. 55'44

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

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 25-7-19.

5544 Pte. P. Noseworthy

C.R. 5544.

Extract from Daily Orders Royal Artillery The Royal Field.
Regt. St. John's, July 2nd, 1919.

5544 Pte. E. Noseworthy,

Reported at Headquarters 157-119 of "Glasgow" which
sailed Glasgow June 24th, 1919.

C.R. 5544

Extract from Daily Orders part 11, from Unit The Royal
Field Regiment, St. John's, dated July 5th, 1918.

#5544 Pte. J. Noseworthy.

Dis charged from Barracks Hospital 4-7-18

C.R. 5544

Extract from Daily Orders Hqs Major M.S. Sullivan, Commanding Nfld. Forestry Companies, 25-11-18.

The undernoted having arrived back from 2nd Bn. Royal Nfld. Regt. is attached to the strength from this date and posted to "B" Co. for rations.

5544 Pte. P.N₀seworthy

C.R. 5544

Extract from Hospital Roll Untrained St. John's for Overseas,
Sept. 22, 1918. M"

5544 Pte. Noseworthy Pierce.

Form No. ...

C.R. 5544



NEWFOUNDLAND POSTAL TELEGRAPHS.

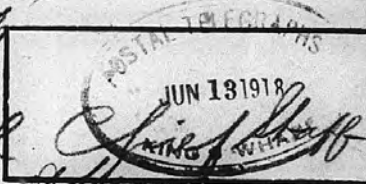
CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by _____ Rec'd by _____ Check _____ No. _____

Place from _____

To W F Kendall

Leant Col



Any progress in no 5544
Condition and what
is his ailment Reply
Quickly

Mrs Nathaniel Roseworthy

C.R. 5544
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated June 14th, 1918

To Nathaniel Noseworthy, Hipper's Hr. N.D.B.

~~Request~~ to inform you No. 5544 Private Edgar Noseworthy
at General Hospital condition improved, suffering from broncho
pneumonia.

W.F. Rendall, Lieut. Col.

Chief Staff Officer.

FOR TYPEWRITER

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent by	Check

Dated June 18th., 1918

To Nathan Noseworthy, Nipper's Hr., N.D.B.

No. 5544, Pte. Pierce Noseworthy still improving

W.F. Rendell Lieut. Col

Chief Staff Officer.

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Cheek

Dated June 15th, 1918

To Nathaniel Noseworthy, Nipper's Hr.

Req to inform you No. 5544, Private Pierce Noseworthy doing well.

M. W. Rendell, Lieut. Col
Chief Staff Officer.

C.R. 5544
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **Militia Dept.**

Line Number	Rcd	By	Sent	by	Check

Dated **June 20th 1918.**

To **Mr. Nathan Noseworthy, Nippers Hr. N.D.B.**

5544 Pte Pierce Noseworthy out of danger.

W.F. Rendell,
Lieut. Col., C.S.O.
for Minister of Militia.

C.R. 5544

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated ~~May~~ 1st, 1918

#5544 Pte. P. Noseworthy

Attested for General Service with the Royal Nfld. Regt.
from 31.5.18

C.R. 5344
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated June 15th, 1918

To Nathaniel Noseworthy, Hipper's ^Hr., N.D.B.

Regret to inform you No. 5544, Private Edgar Noseworthy's condition serious, at General Hospital

W.F. Rendell Lieut. Col
Chief Staff Officer

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated June 17th 1918.

To Mr. Nath Noseworthy, Nippers Harbour.

Beg to inform you that 5544 Pte Pierce Noseworthy is now doing well.

W.F. Rendell,

Lieut. Col., C.S.O.

for Minister of Militia.

C.R.

5544

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 30, 1918.

#5544 Pte. P. Noseworthy.

Discharged from Donovans Hospital 26-7-18

S Roseworthy

C.R.

5544

~~*S 190*~~

FORM K

No 7117



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Pease Roseworthy, Regl. No. 55144
 hereby agree, until further notification by me and in similar official form to make an Allotment of
Dixty Dollars and Dixty 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 October 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7115	Father	Mr Nathiel Roseworthy	Nippers Harbor	60
ENTERED PAY LEDGER <u>RS 10/18</u> NUM. ROLL ALLOT. INDEX " REGISTRY <u>RS 10/18</u> EXAMINED				
Total Allotment, \$				60

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.) [Signature]
 Officer Commanding
St. John's E. Company
Sept 20 1918

(Sig.) Pease Roseworthy
 (Rank) Private

Roseworthy, A

5544

Ray sept.

August 8th 1919.

#5544, Pte. P. Roseworthy,
Nipper's ⁴⁴r. Will.

Dear Sir:

Enclosed please find Discharge Certificate
3631.

Yours truly,

Capt &

Officer i/w Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5544 Rank. Plg Name. Roseworthy P
 Intended place of residence. Supper H⁴ - Tullagale
 2. Occupation Fisherman
 Classification of soldier. E Medical Category. A L

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 11 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 11 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 11 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 31-5-18 No. of days on Military
 Discharged from service. JUL 25 1919 Plus 14 days Service. 435

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 8 1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

1
20
31
8
70

CR 13 20791 2671

The Royal Newfoundland Regiment

Class for Demobilization:—

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5544*

Name *Roseworthy Pierce*

Address *Hippers St.*

Present Medical Category..... *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

H. Paterson
.....
Senior Medical Officer

Geo. Berdree
.....
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 50441 Rank Plat Name M. McManus
 Date of Enlistment 3.1.58 Address Thompson St. District 29th
 Occupation Postman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	1
B 178	W 3494	B 122		Board 1st	" 2		
B 178a	D 400A	B 1915		do 2nd	" 3	3	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93					

Date 10.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #6000

(b) Clothing Supplied

Date 11.7.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2343 to his home at Hippers Hill and Release Certificate No. 3492 issued.

Date 11-7-19

J.A. Knowlton
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

Hippers Hill
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1 N.F. Med.	D.F. 1	1 <u>H230-1</u>
B 178	W 3494	B 122	Board 1st.	" 2	2 <u>Form B</u>
B 178a	D 400A	2 B 1915	do 2nd.	" 3	
B 179	D 400B	Form L.	do 3rd.	" 4	
B 179a	D 400C	Form K.	do 4th.	" 5	
B 179b	B 103	ME 2.		" 6	
B 179c	B 120	M 93.			

Date 11-7-19

J.A. Knowlton
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 25 1919

D.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.

Signature of Man.

Reg. No. 6544

P. Prosewostky

Signature of the Vocational Officer or his Representative.

Place

W. Johns

Date

11 7 19

191

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

MEDICAL HISTORY

Surname Noseworthy OF Christian Name Pierce

Table I.—GENERAL TABLE.

Birthplace:—Parish Upper St. John's County New

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31 st	May		191
	at <u>St. John's.</u>		at	
Declared Age...	20	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet 8 $\frac{1}{2}$ inches		
Weight		152 lbs.		
Chest Measurement	Girth when fully expanded... 38 inches			
	Range of Expansion... 4 inches			
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	/		-	
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St. John's.</u>		at	
	on 21 st	day of <u>May</u>	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment...	<u>Royal Nfld. Regiment.</u>			
Transferred to..				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick li

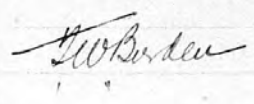
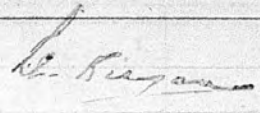
Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treat
	Day	Month	Year	Day	Month	Year			
General Hospital.									
St Johns.	9	6	18	27	6	18.	Influenza with Bron. Pneumonia.	18	
<i>Donovan's Lepr. Hospital.</i>	<i>4</i>	<i>7</i>	<i>18</i>	<i>25</i>	<i>7</i>	<i>18</i>		<i>21</i>	

st 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

Temp. normal since June 14th.



[P.T.O.]



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 *Pierce Roseworthy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5544*

Intended address *Nippers A/c*

Height on discharge *5 Feet 9*

Color of hair on discharge *Sand*

Complexion *Dark*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Nat*

Christian name of Mother *deed*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Nippers A/c 15-5 age 20 - 1898*

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) *Pierce Roseworthy*

(Rank) *Plt*

Station

ST. JOHN'S.

Date *July 7th 1919*

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



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

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* }
 7. Former Trade or Occupation } *Zealotman*
2. Regtl. No. *1544* 3. Rank... *pt* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Roseworthy Pierce*
 (Surname) (Christian Names)
5. Age last birthday... *20*
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. *mb*
12. Place of origin of disability. *mb*
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. *mb*

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 Complaints 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. Procuier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Mazley Down*

Date *9/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

St John's N.F.
July 30/18

1. Unit *1st. Newfoundland*
2. Regimental No. *5522*
3. Rank. *Pvt*
4. Name. *Wesworthy Pearce*
5. Age last birthday. *20 years*
6. Enlisted on *31st*
May at *St John's*
7. Former trade or occupation *Fisherman*
8. Disability

*Influenza with
Broncho pneumonia.*

9. History *Developed Influenza at Bonrocks was sent to St John's General Hosp. with was under treatment here for 18 days. Then transferred to Donovan's Convalescent Hosp. for 21 days.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Heart & lungs normal.
Does not complain of anything wrong with him.
At present time -
His temperature is normal.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit? ✓

Signature

W. Burden

Rank or Qualification

Adj. MCO

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x be considered as aggravated by:—
due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes.

weight 156.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation is:— (a) Reasonable.
sanatorium (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend ~~discharge from~~ retention in the Army

2 months light duty.

Remarks if any:—

Signatures.

Clem Macpherson, Major
John D. O'Connell President
Archibald

Place

Date *Aug 3 1918*

APPROVED

AUG 3 1918

No.

Station

Date *Aug 3 1918*

Clem Macpherson
Administrative Medical Officer. *Major*

D. M. S. NEWFOUNDLAND.

To be Noted

Regt. H. Orders
Card Index *W. J. G.*
Nominal Roll



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *July* 19*18*

Regimental No.

Name *W. J. G. P.*

Address

Disease or Disability *Influenza with Bronch. Pneumonia*

Finding of last Standing Medical Board,
held on 19.....

Present Condition

Recommendation *Standing medical Board*

Category

Members
of
Board

R. H. Gair Capt. O. C. Depot
W. B. de D. D. M. S.
Archibald M. O. Depot



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 *was worthy Pease*

Regiment from which discharged *1st. Newfoundland*

Regimental number *5544*

Intended address *Wipers. Str. W. D. B.*

Height on discharge *5* Feet *8 1/4*

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eye *Blue.*

Descriptive Marks *—*

Figure on discharge *medium.*

Christian name of Father *Mathewial.*

Christian name of Mother *Fanny.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Wipers Str. 17th March 1898.*

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) *Lease Wasworth*

(Rank) *Pte*

Station *St Johns*

Date *30th July 1918.*

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.

D. W. Burden

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

Station *St Johns W.D.B.*

Date *July. 30/18*

August 16, 1919

Mr. Pearce Noseworthy,
Nippen's Harbor, N.D.B.

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 26th. 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 *Pare*..... 2. Surname *Roseworthy*

3. Rank *Plt.*..... 4. Regtl. No. *5544*

6. Address in full to which future payments of gratuity are to be forwarded..... *Wappers St. N.D.B.*

6. Date of enlistment in the Regiment..... *June 30/18*

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?..... *Y*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *From June 30/18*

to July 11/19..... *13*

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 R.A.F.?

No.

If not give - (a) date of discharge

July 11/19

(b) Reason for discharge

Neurotic

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: *J. Macaworth*
 Place of Residence: *Nippers Str. N.D.B.*
 Declared before me at: *St. Johns, Nfld.*
 This *11th* day of *July* 19*19*.

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

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

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

Asst. Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5544</i>	Age on	<i>20</i> years <i>0</i> months	<i>Fisherman</i>		
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion		
Joined	Date	Period of } with Colours <i>170</i> years. with Reserve <i>135</i> years.	<i>St John's</i>	<i>Methodist</i>		
Joined	Date					Place of Birth
Joined	Date					<i>Nepes for N.S.B.</i>

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

To be carried over.

Army Form B. 121.

C.P. 5344

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 Artillery*
- 2. Regtl. No. *5544*
- 3. Rank. *Pvt*
- 4. Name *Noseworthy* (Surname) *James* (Christian Names)
- 5. Age last birthday. *30*
- 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? }

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability

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.

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
Name

Station *Mozeley town*

Medical Officer in charge of case.

Date *9.14.18*

* 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

15544

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5544 Rank Ctr. Name Moseworth P
 Date of Enlistment 31-5-18 Address Peppers St District St. John's
 Occupation Postman Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. Disability Rating

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	2	1
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	3	1
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	4	1
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	5	1
B 179b.....	B 103.....	ME 2.....		" 6.....	6	1
B 179c.....	B 120.....	M 93.....				1

Date 10-7-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment. P Moseworth
 I am.....in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied None

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 2343 to his home at Happers Hill and Release Certificate No. 3492 issued

Date 11-7-19

J.A. Snowcroft
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

J.A. Snowcroft
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	403B-1 2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 11-7-19

J.A. Snowcroft
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 20 1919

N.P. Cooper Capt.
O. C. Discharge Depot.

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

Date Aug 7/19

Reg. No. *8544* Rank *Pl* Name *Roseworthy*¹⁰
Attested Address *Suppers Hr.*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S. *Cassandra* Cause *Discharge*

117 09
217 09

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.