



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4497 Name Roland Roseworthy with

Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Roland Roseworthy</u>        |
| 2. What is your full Address? .....  | 2. <u>Panack Cove</u>              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</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 .....<br>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, Roland 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 obligations of a Soldier.

a-19-18

Roland Roseworthy  
Jesse Pittman

SIGNATURE OF RECRUIT.  
Signature of Witness.

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

I, Roland 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 19th day of April 1918.

Signature of Attesting Officer J. James

### †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 Lieut. ....

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

Date ..... 1918  
Place .....  
Approving Officer J. James

† 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 Roland Rozewsky  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of Kin Mathaniel Rozewsky  
Beach Cove | 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 _____									Discharged July 1911 919
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____									



Roseworthy

C.R.

4497

~~PRC~~

C.R. 4497

extract from daily orders part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 1st 1919.

The discharge of whom the undernoted on demobilisation has  
been CONFIRMED by Officer i/c Records from noted date  
25/7/19.

4497, Pte. R. Noseworthy.

C.R. 4497

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by U.C. Discharge Dept with effect  
from following date  
15-7-19.

4497, Pte. R. Noseworthy.

C.R. 4497

Extract from Daily Orders Detachment The Royal Field.  
Regt. St. John's, July 22nd, 1919.

4497 Pte. R. Noseworthy.

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

C.R. 4497

Extract from Daily Orders By Major M.S. Sullivan,  
Commanding Newfoundland Forestry Companies 6-12-18.

The undermentioned having reported for  
duty from the 2nd Bn. Royal Nfld. Regt. is attached  
to the strength for rations from this date, and posted  
to "G" Company.

4497 Pte. R. Noseworthy.



C.R. 4497

Extract from Nominal Roll Entained St. John's for Overseas.

Sept. 22, 1918. "M"

4497 Pts. Noseworthy, Ronald.

C.R. 4497

Extract from Daily Orders part 11, from Unit The Wfld.  
Regiment, St. John's, dated April 20, 1918.

#4497 Pte. R. Noseworthy.

Attested for General Service with the Royal Wfld.  
Regiment, from 12/4/18. ~~to 20/4/18~~

No. 6234/908

M.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

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

23rd April 1919

4497 Pte Noseworthy R.

With reference to the following  
telegram from the Minister of  
Militia / / ( 148 )

"Pay to- 4497 Noseworthy  
£4. 0. 0.

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

*J. H. Marshall*  
Chief Paymaster & Q. 1/c Records.

April 28<sup>th</sup> 1919

Receipt hereunder.

*J. Seymour* for  
LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of £4.0.0

Four pounds in respect of  
telegraphic remittance from the  
Minister of Militia.

*Poseworthy R.*

No. 4497 Rank Pte

Witness *Geo. Perry*

R.D. 099193  
2/4/19

4931/715

2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

28th March

9

4497 Pte Roseworthy R.

102

4497 Roseworthy

£4. 0. 0.

4. 0. 0. ✓

#6805/1103

L.I.L.A.R.

From:

NEWFOUNDLAND CONTINGENT

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

To:

Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Winchester

15 MAY 1919

6th May 1919

Subject: 4497 Pte. R. Noseworthy

With reference to the following telegram ( 165 ) from the Hon. Minister of Militia, received

4497 R. Noseworthy  
£7. 0. 0.

Draft £ 7. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

May 13<sup>th</sup> 1919

Receipt hereunder.

*J. Seymour* for **LIEUT. COLONEL,**  
**COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.**  
Royal Newfoundland Regiment.

Received the sum of £7. 0. 0

Seven pounds on account of cable remittance from Newfoundland.

*R. Noseworthy*  
No. 4497 Rank Plt

*Geo. Perry*

Copy

N.F.P./11.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 4497 (Rank) Pte (Name) Roland Roseworthy  
hereby agree, until further notification by me, and in required form,  
to make an Allotment of \_\_\_\_\_ dollars and Sixty cents  
per diem, from my pay, to and for the benefit of the undermentioned  
Person and/or Persons. Such payments to be made on proof of identity  
of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	c
Father	Nathaniel Roseworthy (of Adam)	Pouch Cove		60
				60

This Allotment to take effect from and including June 1st 1918

NOTE:- This Form must be completed and signed by the Soldier, counter-  
signed by the Officer Commanding his Company, and forwarded to the  
Chief Paymaster in accordance with P.&R.O. O.L. 10, 9/12/16.

(Sig.) (Sgd) C. S. James H.  
Officer Commanding,  
"A" Company.

Dated at St Johns  
May 16 1918

(Sig.) (Sgd) Roland Roseworthy  
Allotter.  
Pte

Roseworthy, R

4497

Ray Sept.





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4497 Rank Plt Name Roseworthy R  
 Intended place of residence Pouch Cove St John's

2. Occupation Fisherman  
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 15 1919

*R. Roseworthy*  
 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 15 1919

*R. Roseworthy*  
 Signature of soldier

*James O'Sheena*  
 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 15 1919

*R. Roseworthy*  
 Signature of soldier

*James O'Sheena*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 19-4-18 No. of days on Military  
 Discharged from service JUL 15 1919 Plus 14 days Service 467

### 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 15 1919

*R. Roseworthy*  
 Officer in Charge  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 29/1919

*R. Roseworthy*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*CRB 207 91 3247*

# The Royal Newfoundland Regiment

Class for Demobilization: *6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 11/19*

Regimental No. *11497*

Name *Roseworthy, Roland*

Address *Pouch Cove*

Present Medical Category *47*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

*J. Peterson*  
Senior Medical Officer

*T. W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 11199 Rank Plt Name Roseworthy, Robert  
 Date of Enlistment 19-11-18 Address Pouch Cove District St. John's  
 Occupation Fisherman Classification for Discharge E Medical Category A  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	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 1-2-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

R Roseworthy

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 15-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4908 to his home at Pouch Cove and Release Certificate No. 3623 issued.

Date 15-7-19

AMB [Signature]  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-7-19

Date 15-7-19

[Signature]  
Depot Paymaster

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot:

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	2 Form B
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 15-7-19

AMB [Signature]  
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 15 1919

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

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*R Roseworthy*

Signature of Man.

*Milton*

Signature of the Vocational Officer or his Representative.

Reg. No. 21497

ST. JOHN'S.

Place

Date

15-7-19

191

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

## MEDICAL HISTORY

Surname Wacworth OF Christian Name Roland

Table I.—GENERAL TABLE.

Birthplace:—Parish Paradise Cove County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined .....	9 <sup>th</sup> day of Apr 1918	St. Johns	day of	191
Declared Age .....	15 years	days	years	days
Trade or Occupation .....	Fisherman			
Height .....	5 feet 9 inches		feet	inches
Weight .....	139 lbs.			lbs.
Chest Measurement {	35 inches			inches
	3 inches			inches
	3 inches			inches
Physical Development .....	Right	Left	Right	Left
Vaccination Marks {	/			
	Arms .....			
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>James Paterson</u>			
(Rank)	Major			
Enlisted .....	at	at		
on	9 <sup>th</sup> day of Apr 1918	on	day of	191
Joined on Enlistment .....	The Royal Nfld Regt	Regt. No. 4497	Corps.	Regt. No.
Transferred to .....				
Became non-effective by .....	on	day of	191	on
(Signature)			day of	191
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
23.4.18	Vac. <i>HP</i>
7-5-18	T.A.B. <i>LP</i>
17-5-18	do <i>LP</i>
13-6-18	do <i>LP</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as E for Discharge on Demobilisation. Medical category 11  
 Date of T.M.B. July 11/19  
*[Signature]*  
Medical Officer in Charge

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



## 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 *Roseworthy Roland*

Regiment from which discharged *Royal Newfoundland*

Regimental number *497*

Intended address *Pouch Cove, St. John's, E.*

Height on discharge *5* Feet *10.*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *Nathaniel*

Christian name of Mother *Dead*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Pouch Cove, Dec. 5, 1900*

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)

*Roland Roseworthy*

(Rank) *Rte*

Station *ST. JOHN'S.*

Date *Dec 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* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *497* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *James Arthur Roland* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *19*.....
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | ✓                   |                   |
| (ii.) Previous active service .. .. .                      |                     |                   |
| (iii.) Climate in pre-war service .. .. .                  |                     |                   |
| (iv.) Ordinary military service before the war .. .. .     | ✓                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } | ✓                   |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)*

*No Complaint of no disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W. E. Proctor* *Capt Ram*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *9/4/69*

\* 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

July 30th 1919.

Mr. R. Noseworthy,  
Pouch Cove.

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 ser-  
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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 *Roland* 2. Surname *Roseworthy*  
3. Rank *Pte.* 4. Regtl. No. *4497*  
5. Address in full to which future payments of gratuity are to be forwarded. *Pouch Cove, Nfld.*  
6. Date of enlistment in the Regiment. *Apr. 1918*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....  
8. Relationship of such dependents. ....  
9. Address in full of such dependents. ....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....  
11. Were you on active service only in Nfld. If so give dates and particulars of such service. .... *Overseas.*  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. .... *From Apr. 1918 to July 15/19.*

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

*No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*No.*

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

*No.*

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

*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 R.F.C. If not give: (a) Date of discharge. (b) Reason for discharge.

*July 1919  
Sept 1919*

*No. Re-embodiment*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of place, 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.

*Roland Rosemorty*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*18<sup>th</sup>*

day of

*Bunch Cove St John's East,  
St. John's, Nfld.,  
July 1917...  
John McCarthy*

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

BOLT DISCHARGE PAY.					
Date Paid	Amount	Balance	Net Service Liability.	Net amount due	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.				Paymaster	







No. 4931/715

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,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

20th March 1919

March 31<sup>st</sup> 1919

4497 Pte Noseworthy R.

With reference to the following telegram from the Minister of Militia / / (102)

Receipt hereunder.

"Pay to- 4497 Noseworthy  
£4. 0. 0.

*[Signature]* LIEUT. COLONEL,  
COMMANDING 2<sup>ND</sup> BN. ROYAL NEWFOUNDLAND REGT.

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

Received the sum of £4.0.0  
Four pounds in respect of telegraphic remittance from the Minister of Militia.

*[Signature]*  
Chief Paymaster & O. i/c Records.

R. Noseworthy *[initials]*  
No. 4497 Rank Pte  
Witness Geo. Perry *[initials]*

*[Handwritten checkmark]*

THE ROYAL Nfld. REGIMENT DR

To #4497, Pte. Noseworthy, R.

To transportation from Pouch Cove to St. John's.....

*J. C. [Signature]*

\$4.00

*l* As per voucher attached..

*Pte Roland Noseworthy*

ACCOUNT	<i>Travel</i>
CHK NO	<i>2548</i>
IND LEDGER	INITIALS
PAID LEDGER	INITIALS
GEN LEDGER	INITIALS

CERTIFIED CORRECT.

*N. Cooper Capt & Adjt.*

No. R 22

TRAVELLING WARRANT

Date 2-7-19

The Royal Newfoundland Regiment

4<sup>00</sup>

Please issue 1st Class Passage and Meals for

No. 47

Rank Private

Name W. G. [unclear] CR

To - ST. JOHN'S -

From [unclear]

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

R. H. [unclear]

MAJ.

SIGNATURE OF ISSUING OFFICER.

ST. JOHN'S, JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Lt. R. Roseworthy

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> 19 to July 15<sup>th</sup> 19

4497 Lt. R. Roseworthy 15 50

J.C.S.  
Bvn

ACCOUNT	
CH. NO. <u>3082</u>	INITIALS <u>CS</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER <u>50</u>	INITIALS

Certified correct for \$ 15

R.J.

M. Blouch

Billeting Officer.

R. Roseworthy

May 6th 1920

Major Howley  
O. I. C. Records

Please pay to R. Noseworthy, 4487  
the sum of sixty dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

*A.C.S.*

ACCT NO.	36918
DATE	<i>Jan</i>
PAY LEADER	<i>[Signature]</i>
GEN. LEDGER	INITIALS

*W. H. McCall*  
Vocational Officer

*R. Noseworthy*

Nov 22nd 1919

Major Howley  
O. I. C. Records

Please pay to R. Noseworthy, 4487  
the sum of eight dollars  
in payment of allowance for four days to date  
and charge same to Civil Re-establishment Committee

\$8.00

Pension

Nil

*R Noseworthy*

ACCOUNT	
NO. <i>21070</i>	<i>See</i>
INSTRUMENT	
PAY TO ORDER OF	
FOR DEPOSIT ONLY	

*J. Butler*  
Vocational Officer

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheets 2

Regiment of

Royal Newfoundland

Signature of O. C. Company

J. J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1117</u>	Age on	<u>18</u> years <u>—</u> months	<u>Fisherman</u>	
Joined	<u>12/10/18</u>	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined			<u>19.11.18</u>	<u>Meth.</u>	
Joined		Period of	with Colours <u>102</u> years.	Place of Birth	
Joined			with Reserve <u>136.5</u> years.	<u>St. John's</u>	

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Princes Rink	12/10/18	Pte		Absent from Quarters after being warned	H. C. Houston	2 Days L. P.	13/10/18	Lieut L. G. Murphy	75/18
Princes Rink	18-9-18	Pte		Overstaying leave from St. John's by Reg. Police Sept 18th	C. H. Houston, R. P.	Forfeits 24 Days Pay.	19-9-18	Capt Tait M.C.	18/18
Demobilized St. John's 29/19									

To be carried over

Army Form B. 121.

**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 Rifles* Former Trade or Occupation } *Fisherman*  
2. Regt. No. *4497* 3. Rank. *PR* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Roseworthy* *Rosland* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)  
5. Age last birthday *19*  
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 a (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."  
*ni*  
11. Date of origin of disability.  
*ni*  
12. Place of origin of disability.  
*ni*  
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.  
*ni*



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.)

*The complainant has 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.

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. Proctor*  
*C. R. R. R.*  
 Medical Officer in charge of case.

Station *Mazley Barr*

Date *9/14/19*

\* 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

14497

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 14497 Rank Plat. Name Roseworthy Island  
 Date of Enlistment 19-11-18 Address Pouch Cove District St. John's  
 Occupation Fisherman Classification for Discharge Fy Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 14-7-19 O. C. Discharge Depot Must

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 14-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing~~ Supplied all clothing

Date 15-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 4908 to his home  
 at Pouch base and Release Certificate No. 3623 issued.

Date

15-7-19

Amel Conster  
 Demobilization Officer

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 19-7-19

Date

15-7-19

Depot Paymaster

Discharge approved for

15-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date

15-7-19

Amel Conster  
 Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

JUL 15 1919

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

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

Date

July 28 1919

[Signature]

Reg. No. 4497 Rank Pl Name Roseworthy, R  
Attested ..... Address Leach Cove  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas JUL 1 1919  
Returned on S S. Cassandra Cause Discharge

~~DISPASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILIZATION