



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5298 Name Arthur Oake Corps Cof. E.

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Arthur Oake</u>           |
| 2. What is your full Address? .....  | 2. <u>Fogo.</u>                 |
| 3. Are you a British Subject? .....  | 3. <u>Yes.</u>                  |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Sailor</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, Arthur Oake 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.

22/5/18 Arthur Oake SIGNATURE OF RECRUIT.  
Pte R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur Oake 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. John's on this 22 day of May 1918.

Signature of Attesting Officer C. A. Richards 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 May 22 1918 } Approving Officer.  
Place St. John's }

† 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.

5298

Name Arthur Oake  
 Apparent age 20 years      months. Height 5 feet 6 1/4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
                                 { Range of expansion 3 inches  
 Distinctive marks     

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Harriet Oake  
Fogo. | 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 Coy	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for reckon- ing the rate of pension		Service in Reserve not allowed to reckon to- wards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <b>total</b> engagement reckons from <u>22-5-18</u>									
Joined at <u>St John's</u> on <u>NOV 22-1918</u>									
<u>Discharged August 8-1919</u>									
Embarked <u>St John's S.I. Coastguard L. Station</u> 22-5-18 Embarked for <u>13th Coy.</u> 23-11-18. Reason leave home 25-11-18. Joined <u>Battalion</u> 5-1-19. Admitted <u>14th Hosp. Convalescent Coy.</u> 22-1-19 Discharged to duty 14-3-19 Returned unit 15-3-19. Transport from home 22-4-19. Arrived <u>Wimbledon</u> 23-4-19 Left for demobilization 24-6-19. Arrived <u>St. John's</u> 1-7-19 <u>Demobilization</u> <u>St John's</u> 8-8-1919									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 (date of discharge) 1 years 79 days  
 Pensions " " " " " " " " " " " "

*A Date*

C.R. 5298

*11/10*

WOUNDED AND SICK N.C.O.S. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C O R K - RECORD OFFICE.

2285 Pte. Kelsall R.

1/R. Irish Regt.  
att. 2/ Sty. Hosp.

Bronchitis Mild... Adm. 2 Sty. H. Abbeville 2 Feb. 19.

LIST NO. H. A. 34644.

C.R. 5298

D U B L I N - RECORD OFFICE.

30396 L/c. Johnson C.

5/R. Irish Fus.

Influenza Mild... Adm. 40 Sty. H. Harfleur 2 Feb. 19.

LIST NO. H. A. 34644.

NO. 1. RECORD OFFICE - Y O R K.

471786 Sgt. Groney G.

36/ North'd Fus.

VDG. & VDS. ... Adm. 1 Sty. H. Rouen 2 Feb. 19.

363179 Pte. Carey J.H.

180/L. Coy.

Scabies Mild... Adm. 5 Sty. H. Dieppe 2 Feb. 19.

17847 Pte. Sliam H.

2/ Yorks. R.

-do- ... Adm. 5 Sty. H. Dieppe 2 Feb. 19.

276636 Pte. Devonshire T.

8/ North'd Fus.

-do- ... Adm. 5 Sty. H. Dieppe 2 Feb. 19.

76194 Pte. Smith A.

2/6 D.L.I.

Bronchitis Mild... Adm. 5 Sty. H. Dieppe 2 Feb. 19.

2/6 D.L.I.

LIST NO. H. A. 34644.

NO. TWO RECORD OFFICE - Y O R K.

305635 Pte. Ward T.

3/D. of Well.

Scabies Mild... Adm. 5 Sty. H. Dieppe 2 Feb. 19.

LIST NO. H. A. 34644.

53RD ( R O Y A L N A V A L ) DIVISION.

6557 A.B. Lindley G.

RND. Hood. Bn.

V.D.S. .... Dis. to Camp Adj. ex 1 Sty. H. Rouen 2 Feb. 19.

TZ/2328 ABCH. Stamp Y.T.

Anson Bn. RND.

Scabies .... Dis. ex Nat. Lab. Gen. H. Dieppe 2 Feb. 19.

PO/2199 Pte. Shute S.H.

1/R. H.L.I.

Scabies .... Dis. ex 1 Nat. Lab. Gen. H. Dieppe 2 Feb. 19.

LIST NO. H. A. 34644.

NEWFOUNDLAND EXPEDITIONARY FORCE.

5298 Pte. Oake A.

1/R. Newfoundland  
Regt.

VDG. Mild... Adm. 1 Sty. H. Rouen 2 Feb. 19.

LIST NO. H. A. 34644.

180A



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..... *Regal Army General Land Regt.* Former Trade or Occupation } *Sailor*
2. Regtl. No. *5028* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *J. H. M. A.* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on *20/5/18* at... *Loggish.* 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*nil*

**OPINION OF THE MEDICAL BOARD.**

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

*no*  
*no*  
*na*  
*no*  
*no*

*No Complaint 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 ?

*na*  
*na*  
*na*  
*na*

20. Do you recommend—  
(a) Discharge as permanently unfit ?  
(b) Change to United Kingdom ?  
Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

*Repatriation*

Station *Hagley Sarr Camp*  
Date *28/1/19*

*Capt Rame*  
Medical Officer in charge of case.

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

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of :—  
(a) Any disability claimed or discovered.  
(b) The present condition thereof.

22. 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 part of the soldier .. .. .
- Give details :

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last ?
  - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

*21/1/19*  
*1/2/19*

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

*No Complaint of no Disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

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

*na*  
*na*  
*na*  
*na*

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.

*Repatration*

Station *Hagley Down Camp*  
Date *20/4/19*

*Capt Rame*  
Medical Officer in charge of case.

22. 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 part of the soldier .. .. .
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
  - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

\* 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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Opinion of Military Member in case of disagreement.

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Only to be answered when the soldier is placed in other than Grade IV.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hughley Extra Camp* ..... { President or Chairman.  
 Date *24/1/19* ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... } Officer in charge, Central Hospital.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



Receipt for Army Book 64

No. *5298* Name *A. Oak*

To Certify that I have received the AB 64 of the above  
named Soldier.

Name *Arthur Oak*

Date *July 21<sup>st</sup>*

Place *Logo*

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet *one*

*W. Dicks*

Regimental Number and Name	
No.	<i>5298 Oake Arthur</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>28</i> years <i>0</i> months
Place and Date of Enlistment	<i>St John's 22.5.18</i>
Period of	with Colours <i>179</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Sailor</i>
Religion	<i>C of E</i>
Place of Birth	<i>St John's</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<i>Hazley Dumbarton</i>	<i>17/5/19</i>	<i>Pte.</i>	<i>1</i>	<i>I Drunk in Budget &amp; Documentary about 21.55 II Possessing Accart.</i>	<i>Documentary</i>	<i>14 days Detention</i>	<i>19/5/19</i>	<i>Lt Col A. B. Bernard</i>	<i>C of E.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>8/19</i>			

To be carried over.

C.R. 5298

Extract from Daily Orders Part II Royal Newfoundland Regiment  
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.

5298, Pte. A. Oake.

RECEIPT  
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

C.R. 5298

NAME. *Arthur Coke* .....

DATE. *Nov 15* .....

PLACE. *Fogo* .....

C.R. 5298

Extract from Daily Orders Part 11 Unit The Royal Rifles.

Regt. St. John's, July 15-~~7~~-19.

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

5298 Pte. A.Oake.

C.R. 5298

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rover Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 26/4/19 and reached  
Hazeley Down Camp 28/4/19.

#5298 Pte. A. Oake.

C.R. 5298

Extract from Nominal Roll of Draft No. 56, from the  
2nd., Battalion of the Newfoundland Regiment to the  
1st., Battalion B. E. F. Embarked Southampton 23/11/18.

#5298 Pte. A. Oake.

C.R. 5298

Extract from Daily Orders Part II, from Unit The Royal  
Mild. Reg't. St. John's, July 25, 1918.

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

#5298 Pte. Arthur Oake.



Extract fr m Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 23, 1918.

#5298 Pte<sup>2</sup> Arthur Oake.

Attested for General Service with the Royal Hfld. Regt.  
from 22.5.18

C.R. 5298

Extract from War Office List. <sup>n</sup>No. 35434

Dis. to Duty ex I Sty. Hospital Rouen 14th. March 1919.

5298 Pte. A. Oake.

V.G.D..

C.R. 5298

Extract from Daily Orders Part 11 "In The Field" Unit  
the Royal Rif. Regt. 31-3-19.

Ad. Hosp. Venereal 3-2-19 Dis. 14-3-19

5298 Pte. A.Oke.

C.R. 5298

Extract from Daily Orders Part III Unit The Royal Field Artillery  
St. John's, July 3rd 1919.

5298 Pte. A. Oake.

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

# The Royal Newfoundland Regiment

A 5298

## DEMOBILIZATION OF

Reg. No. 5298 Rank Plt. Name Walker R  
 Date of Enlistment 22-5-18 Address 7080 District St. John's  
 Occupation Painter Classification for Discharge 1/1 Medical Category HLI  
 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 10-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

of Oake

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 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 72337 to his home at Fogo and Release Certificate No. 3490 issued.

Date 11-7-19

J.A. Snowcraft  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 6-1-19

Date 11-7-19

R. M. H.  
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	/
F 178	W 3494	B 122		Board 1st	" 2	/
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	to Form B
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. Snowcraft  
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 25 1919

A.R. Lodge Capt.  
O. C. Discharge Depot.

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

Date Aug 7/19

R. M. H.

Reg. No. 5298 Rank. Y6 Name. Oak Ct.

Attested ..... Address. LogD

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

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

Returned on S S Cassandra Cause Discharge

10719  
25719

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILIZATION

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 Regt.* 7. Former Trade or Occupation } *Sailor*
2. Regtl. No. *5298* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Oke, A.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *20.5.18* at *St. John's* 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 *5* (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 man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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.)*

*The Complaints of no Disability*

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? na.
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? na.

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. Prosser Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Hayley Down*

Date *26/4/19*

\* 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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Oake, Regl. No. 5298

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and 75 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> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4476	Father	Mr Herbert Oake	Fogo	50
			Total Allotment, \$	50

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

(Sig.) Watson Lieut

Officer Commanding 6 Company

(Sig.) Arthur Oake

(Rank) PA

A. John  
July 2<sup>nd</sup> 1918



## THE ROYAL NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Arthur Oake, Regl. No. 5298  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
— Dollars and 75 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> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4476	Father	Mr Herbert Oake	7090	50
Total Allotment, \$				50

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

(Sig.) Watson Lieut  
 Officer Commanding  
B Company  
St John  
July 25 1918

(Sig.) Arthur Oake  
 (Rank) PA

No. 5298 Name Oake. A.

Sqn., Batty.,  
or Company

D.

Corps

P. Newfoundland

Date of  
enlistment

18/5/18

G.C.  
Badges

Service or  
Proficiency Pay

Date of last entry in  
Company Conduct Sheet

No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

W. H. G. [Signature]

Character

Good

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

No. 17852/1940

*049950*  
*KB*



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

4th November 1918

Nov 6 1918

Subject: 5298, Pte. A. Oake,

Receipt hereunder:

With reference to the following telegram (9443) from the Hon Minister of Militia, received

*Chant* LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

pay to 5298 Oake £10:0:0

Officer Commdg. *2<sup>nd</sup>* Batt'n,  
Royal Newfoundland Regiment.

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

Received the sum of Ten pounds on account of cable remittance from Newfoundland.

*A. A. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

*Arthur Oake*  
No. 5298 Rank Private

Witness *A. L. Carter, Pte.*

No. 507/22

From: NEWFOUNDLAND CONTINGENT

N.F.P./80.

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

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

B

31st March 1919

5298 Pte Oake A.

With reference to the following telegram from the Minister of Militia, / / (104)

"Pay to- 5298 Oake

£12. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A. B. Stewart*  
Chief Paymaster & O. i/c Records.

11-4-1919

5298 Pte Oake A

This man wishes this amount retained to credit of his account please.

Deposited

29/3/19 *HW*

Case, A

5298

May & Sept.

August 8th 1919.

#5298, Pte. A. Gake,

Pogo.

Dear Sir:

Enclosed please find Discharge Certificate

# 3636.

Yours truly,

Capt. "

Officer i/c Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5298 Rank PL Name Oake A  
 Intended place of residence 7090

2. Occupation Sailor  
 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 11 1919 .....  
 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 of soldier Arthur Oake  
 Signature of witness J.P. Howland opt.

### 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 of soldier A. Oake  
 Signature of witness James Newman SPT.

### STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No. of days on Military Service 444  
 Discharged from service JUL 25 1919 Plus 14 days

### 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 25 1919 .....  
 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 8/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Handwritten:* CWB 2071913636

*Handwritten:* 10  
30  
31  
8  
79

# The Royal Newfoundland Regiment

Class for Demobilization

*7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10.7.19* .....

Regimental No. .... *5298* .....

Name ..... *W. Ke. Arthur* .....

Address ..... *Logo* .....

Present Medical Category ..... *A;* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

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

*J. Paterson*  
.....  
Senior Medical Officer

*W. E. Borden*  
.....  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 298 Rank Plt Name Walker A  
 Date of Enlistment 22.5.18 Address 7080 District 7950  
 Occupation Painter Classification for Discharge F Medical Category S.F.I.  
 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.
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 10.7.49

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*A. Oabe*

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 11.7.49

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112337 to his home at Fargo and Release Certificate No. 3490 issued.

Date 11-7-19

*J.A. Howlett*  
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

Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

*J.A. Howlett*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 25 1919**

Date .....

*L.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.

*at Oake*

Signature of Man.

Reg. No. 5278

*J. A. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Place

*at Oake*

Date

*11-7-17*

191

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

# MEDICAL HISTORY

Surname Ake OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>Fogo</u> County <u>Nfld</u>	
<u>SPECIAL RESERVE</u>	
Examined .....	on <u>22</u> day of <u>May</u> 191 <u>8</u> at <u>S. Johns</u>
Declared Age .....	<u>30</u> years days
Trade or Occupation .....	<u>Sailor</u>
Height .....	<u>5</u> feet <u>6 1/4</u> inches
Weight .....	<u>140</u> lbs.
Chest Measurement {	Girth when fully expanded .....
	Range of Expansion .....
Physical Development .....	<u>36</u> inches <u>3</u> inches
Vaccination Marks {	Right
	Left
When Vaccinated .....	<u>6/6</u>
Vision .....	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>
(a) Marks indicating congenital peculiarities or previous disease	(a)
(b) Slight defects but not sufficient to cause rejection	(b)
Approved by (Signature)	
(Rank)	
Medical Officer.	
Enlisted .....	at <u>S. Johns</u> on <u>20</u> day of <u>May</u> 191 <u>8</u>
Joined on Enlistment .....	Corps. <u>Regiment 1298</u> <u>Nfld Regt</u>
Transferred to .....	
Became non-effective by .....	on _____ day of _____ 191 <u>1</u>
(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 Oke.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5298*

Intended address *7090*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Herbert*

Christian name of Mother *Levine*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *7090, 19<sup>th</sup> Feb, 1888*

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) *Pte Arthur Oke*

*Oke*  
(Rank)

Station **ST. JOHN'S.**

Date *7. 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* 7. Former Trade or Occupation } *Sailor*
2. Regtl. No. *5298* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Chen* *A.*  
 (Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *29/5/18* at *St John's*  
 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 man's part. | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *no*

*Medical Report*

*He complains 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? *no*
17. If not, was an operation advised and declined? *no*
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? *no*
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? *no*

*Repatriation*

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.

*Sup. W. E. Proveny*  
*J. Tom*  
*Coffey*  
*Ridgway*

Station *Baselby Stan*  
 Date *30.11.19*

Medical Officer in charge of case.

\* 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

**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Oaks Christian Name A

Religion 6 of 6 Age on Enlistment 20 years — months

Enlisted (a) 2/5/18 Terms of Service (a) DURATION. Service reckons from (a) 2/5/18

Date of promotion to present rank — Date of appointment to lance rank —

Extended { } Re-engaged { } Qualification (b) —

Occupation Sailor or Corps Trade and Rate 1st Lt Coy Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	5 JAN 1919		
	10th. Coy.	Adv. 109 miles	Trues	2/2/19	K. Zyber
		Discharged 10th		15/2/19	B 213
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signer, Shoeing-Smith, &c. (17991), W 1887-P 1124, 1,000,000-6/18, D & S Form B/103, (E, 1256.)

Next of kin: Barbara Oaks - Father - 1st Lt - N. F. L. D.

August 16, 1919

Mr. Arthur Oake,  
FOGO.

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..... *Osage* .....  
3. Rank..... *Pte* ..... 4. Regtl. No..... *5298* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Tolo* .....  
6. Date of enlistment in the Regiment..... *Mar. 1918* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no* .....  
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..... *Oversas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months* .....  
..... 1. <sup>2</sup> .....

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?.....

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... *no* If not give? - (a) Date of discharge... *July 20/19* (b) Reason for discharge... *Demob* .....

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...  
..... *Emp. Lines* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Arthur Duke*

Place of Residence: *Fols*

Declared before me at: *St Johns*

This *11* day of *July* 19*11*...

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John McCarroll J.P.*

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

A. L. M. Newbury

5298 - Oake.

Debit balance of £6-2-8: brought  
forward draft pay Books, is credit  
balance of £4-14-9.

Debit £ 10-17-2.

July 14<sup>th</sup> 19<sup>00</sup>

Cancel other debit of \$5<sup>00</sup>  
and credit of \$2<sup>00</sup> as per other.





## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Arthur Oake, Regl. No. 5298

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ————— Dollars and 75 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> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4476	Father	Mr. Herbert Oake	7090	50
Total Allotment, \$				50

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

(Sig.) Watson LieutOfficer Commanding  
E Company(Sig.) Arthur Oake(Rank) Pvt

A. John  
July 2<sup>nd</sup> 1918