



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5037

Name Timothy O'Connor Corps RC.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Timothy O'Connor</u> |
| 2. What is your full Address? | 2. <u>Lickle Plains Bonaville Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>29</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Joiner</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Timothy O'Connor 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.

Timothy O'Connor SIGNATURE OF RECRUIT.

15/5/18

J. Baymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Timothy O'Connor do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me John on this 15 day of May 1918.

Signature of Attesting Officer P. P. Smith Lieut

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the

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

Date May 15 1918

Place John } Approving Officer.

The signature of the Approving Officer is to be affixed in the presence of the Recruit. Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name)

DESCRIPTIVE REPORT ON ENLISTMENT

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

5037

Name Timothy O'Connor
 Apparent age _____ years _____ months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Mary O'Connor
Little Cove Bonaville, B. | Relationship Mother

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 L'epat	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 United Kingdom reckons from <u>15-5-18</u>									
Joined at <u>St John's</u> on <u>Nov 15-1918</u>									
<u>Discharged August 5 1919</u>									
<u>while on Home leave reported by Dr L'Esperance Small Dec 15 1918</u>									
<u>Returns from leave 23. 8. 1918</u>									
<u>Remobilization St John's 8 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8. 8. 19 (date of discharge) 1 years 86 days
 Pensions _____

~~T. O'Connor~~

C.R.

5037

~~110~~

C.R. 5037

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 18th 1919.

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

5037, Pte. T. O'Connor

C.R. 5037

Extract from Daily Orders part II, Unit the Royal Newfoundland
Regiment dated July 21st. 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C. C. Discharge Depot on noted date.

5037 Pte. T. O'Connor.

25-7-19.

C.R. 5037

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 3rd 1919.

5037 Pte. P.O'Connor.

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

C.R. 5037

Extract from Daily orders by Major E.S. Sullivan, Commanding
Mfld.,
The Forestry Companies 26-11-18.

The undemoted having arrived from the 2nd Bn. Royal
Mfld. Regt. is attached to the strength from this date for
rations and posted to "B" Company

5037
5037 Pte. J.O'Connor.
5037

C.R. 5037

Extract from Nominal Roll Entrained St. John's for Overseas,
2nd Sept. 22, 1918. "M".

5037 Pte. O'connor Timothy.

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 16th, 1918.

#5037 Pte. T.O'Conner.

To report 1.6.18.

A

ie

O'Connor, L

5037

Hay & Seph.

August 8th 1913

#5037, Pto. T. O'Wenhor,
Tickle Cove. Bonavista.

Dear sir:

Enclosed please find Discharge Certificate
3621.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 57037 Rank PL Name O'Connor
 Intended place of residence Tickle Cove Bonaville

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date 6/6/1919

M. St.
 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 1 1919

J. P. Connor
 Signature of soldier

Amelouch
 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 1 1919

J. P. Connor
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-5-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 451

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

R. P. Cooper Capt.
 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

M. Howley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

2223 20791 2521

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. 5037

Name (1) Corporal Lim

Address Little Cove

Present Medical Category A.1

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

Members of Board {

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

J. Paterson
Senior Medical Officer

B. W. B. Dawson
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3037 Rank Plt. Name W. Leonard J.
 Date of Enlistment 5-5-18 Address St. John's District St. John's
 Occupation Postman Classification for Discharge F Medical Category H
 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 10-7-19

O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00
 (b) Clothing Supplied Ambleton Lt

Date 11-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 72-4629932 to his home at Hickel Cove and Release Certificate No. 3708 issued.

Date 18-7-19

Ambleton
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 18-7-19

J. 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	/
E 178	W 3494	B 122		Board 1st	" 2	/
B 178a	/ D 400A	/ B 1915		do 2nd	" 3	B. 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		<u>181</u> /	" 6	
B 179c	B 120	M 93				

Date 18-7-19

Ambleton
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 25 1919

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.
To resume former Occupation.

J. C. Connor

Signature of Man.

A. M. Cloninger

Reg. No. 3037

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **11-7-18**

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

MEDICAL HISTORY

OF

Surname *O'Connor*Christian Name *Timothy*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Pickles Cove* County *Nfld*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>10th</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>S. Johns</i>	at		
Declared Age	<i>29</i> years		years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>4</i> inches		feet	inches
Weight	<i>116</i> lbs.			lbs
Chest Measurement	Girth when fully expanded... <i>34</i> inches			inches
	Range of Expansion... <i>3</i> inches			inches

Physical Development... Right Left Right Left

Vaccination Marks { Arm Number *10/20*When Vaccinated *6/1/1910*Vision R.E.—V=*6/6* L.E.—V=*6/6*

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *James P. Atkinson*

(Rank)

Medical Officer.

Medical Officer.

Enlisted at *S. Johns* on *15th* day of *May* 191*8*

Corps. Regtl. No. Corps Regtl. No.

Joined on Enlistment... *The Royal 1037*

Transferred to..

Became non-effective by on day of 191 on day of 191

(Signature)

(Rank)

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	10	3	19	28	MAR	1919	Pleurisy	18	Impured - Sputum examined for TB but found to be negative.	<i>F. H. Kaye</i> MAJOR, R.A.M.C. OFFICER IN CHARGE MILITARY HOSPITAL.
Nagasaki Camp Hospital	28	3	19	29	4	19	Dysentery	33	Consulted with Surgeon's Colonel and Inspector - Recovered	<i>R. A. Hays</i> Capt. R.A.M.C.



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 *Jemathy McConno*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6037*

Intended address *Beckle Cove B.B.*

Height on discharge *5* feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Mary*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Beckle Cove, 8th May, 1891*

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) *J. O. Conno*

S/Lt
(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 of 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 West*..... 7. Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *537* 3. Rank. *46*..... 7a. If the soldier claims previous service in
Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name
(Surname) (Christian Names)
5. Age last birthday. *30*.....
6. Posted for duty on *May 22/18* 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
(b) Where (if any)
(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*
nil

14. State whether the disabilities are
- | | | | |
|--|-----|---------------------|-------------------|
| (i.) Service during the present war | na. | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | na. | | |
| (iii.) Climate in pre-war service | na. | | |
| (iv.) Ordinary military service before the war | na. | | |
| (v.) Serious negligence or misconduct on the man's part. | na. | | |
- 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.)

no complaint 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.

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.

W.S. Procuier *Capt Rame*
 Medical Officer in charge of case.

Station *H. D. Camp*

Date *26/6/19*

* 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

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.

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 :—

- (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 :

(a) Attributable to	(b) Aggravated by
.....
.....
.....
.....
.....

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.

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?

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

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

Opinion of Military Member in case of disagreement.

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 invalided at a foreign station)?

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

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

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 Hoveley D Camp } President or Chairman.
 Date 24/8/19 } 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
 G.C. Discharge Centre.

TO

RECEIVED
19 MAR 1919
COUNTY

Outfit Number...5001

Result of the examination of the specimen of...*Sputum*...taken from

Reg. No...*2037*...Rank...*Pvt*...Name...*Connor, J.*...

Corps...*P. K. S. & P.*...

Result...*Tubercle bacilli not found a few pneumococci & diplococci present*...

19 MAR 1919

.....191.....

A. A. Hyatt

Specialist Sanitary Officer.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____
No. _____

Rank and Name O. Connor

Military Hospital _____
Age _____ Service _____

Disease _____ Date of admission 10-3-19 Date of discharge 29-4-19 Result _____

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9								
Days of Disease																																																
Temperature Fahrenheit																																																
Pulse per Minute	120	88	94	83	100	86	93	87	96	96	98	92	94	92	106	93	88	84	86	86	102	80	92	81	96	83	96	88	76	86		92		92	85	85												
Respirations per Minute	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
Motions per 24 hours	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

Signature _____ In charge of case.

August 18, 1919

Mr. T. O'Ganher,
Tickle Cove, B.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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..... *J* 2. Surname..... *O'Connor*

3. Rank..... *Pte* 4. Regtl. No..... *4037*

5. Address in full to which future payments of gratuity are to be forwarded..... *Dunree Cove. B.B.*

6. Date of enlistment in the Regiment..... *Nov. 16/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *mother*

9. Address in full of such dependents..... *bed Haven*

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 Hfld. If so, give dates and particulars of such service..... *overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *fourteen months*

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 Post? If not give - (a) Date of discharge (b) Reason for discharge.

July 27/19

no

Remoh

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.

England?

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

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

Signature of Applicant: *J. O. Cornea*

Place of Residence: *Durham Co., N.C.*

Declared before me at: *St. Johns*

This *18* day of *July* 19..*19*...

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

POST DISCHARGE PAY.					Net amount
Date paid	Sold	Sold	War Service		due
	Soldier.	Dependent.	Benefit.		
.....
.....
.....
Certified correct.					Register

Tickle Cove
Nov 24.
4. 1918.

To Department of
Militia
St John's Nfld.

I now send back
Statutory Declaration
Completed before Justice
of the Peace Owing to
being so sick I could
not send them back
before now. Date received
Sept 24. 25. 1918.

Yours Truly.

Mrs Michael O'Connor
Tickle Cove
Dona Bay Nfld.

ROYAL HENRI DUIN AND DISTRICT
(Separation Allowance Branch)

NOTICE

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier, Rank, Reg't. or Unit, Regt. No.
Timothy J. Cormor *Sgt. Mtd.* *3087*

2. Age of soldier, 33- *60* Married or single, *Single*

3. Name in full of mother, Age, Occupation, Permanent address.
Mary J. Cormor *Housewife* *Tickle Cove, N.B.*

4. Give name of your husband, Age, Occupation, Where employed.
Husband dead

5. If your husband is not supporting you, state the reason. *Dead.*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue. _____)

7. If you are a widow, state date and place of death of your husband. *March 28 1915. Tickle Cove N.B.*

8. Have you married again since death of above mentioned husband. *No*

9. Names of your other children, Address in full, Age, Occupation, Married or single.

<i>Jos. J. Cormor</i>	<i>Tickle Cove</i>	<i>31</i>	<i>Married</i>
<i>Sarah Thelma Cormor</i>	<i>"</i>	<i>32</i>	<i>Single</i>
<i>Edith Apperwood</i>	<i>Knights Cove</i>	<i>36</i>	<i>Married</i>
<i>Mary Anne McCormick</i>	<i>"</i>	<i>34</i>	<i>Married</i>
<i>Eliza Bennett</i>	<i>"</i>	<i>24</i>	<i>Married</i>
<i>Mabel Cormor</i>	<i>(This family is in the hunting ground from time about 10 years)</i>	<i>44</i>	<i>Don't know</i>

- 3-
10. State amount earned by (a) Yourself *Nothing*
(b) Your husband
11. State amount and source of any other income. *None*
12. State value of real property belonging to you and your husband. *\$ 60.00*
13. State value of personal property belonging to you and your husband. *None*
14. If husband is dead, state value of real and personal property left by him. *None*
15. Actual amount contributed by soldier during the year prior to enlistment *\$ 300.00/100*
16. Was this amount contributed weekly or monthly. *Annually that was his savings at fishing*
17. Did this amount include payment of son's board, etc. *Included everything*
18. State your son's trade or occupation prior to enlistment *Steward*
19. State amount of his wages per week. *\$ 9.00*
20. State name and address of his last employer. *River Hotel Ct*
21. State amount of monthly support from son since enlistment. *Nothing monthly but since submitted in May last contributed \$80 only*
22. State amount of allotment received by you from son monthly. *Nothing*
23. State from what date did you receive allotment.
24. Actual amount contributed by other children. *None* Weekly. Monthly.
25. Are any of these children in the employ of you or husband. *No*
Daughter Sarah monthly depending on her savings
also

- 3-
26. If not receiving support from other children, state cause. Explain *one son out of the country fully. Haven't heard from him for 10 years after married*
27. With whom are you residing at present? *With my married son*
-
28. Have you made a previous claim for Separation Allowance? If not, why? *left it to my son (financially)*
Give particulars. *to arrange for me*
-
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*
-
30. Are you in receipt of payment from any Patriotic Fund? If so, how much. *No*
-
31. Was the soldier at the time of his enlistment an employee of the Rfld. Newfoundland. *employed by Reid Rfld Co*
-
32. In what capacity and in what place. *Steward on SS Inceagh*
-
33. Is he in receipt of a Salary as such while serving in the Royal Rfld. Regt? *No*

34. I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant. *Mary Connors*

Place of residence. *Trickle Corn Bk.*

Declared and subscribed before me at. *Trickle Corn*

this. *Twenty Sixth* day of. *October* 1918

Signature of Barrister of Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace) *Charles Bellocato J.P.*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first mentioned is the sole support of the applicant.

Signature of Clergyman. *J. Scully P.P.*

Signature of Member of Patriotic Fund Committee. *Charles Bellocato*

Approved

[Handwritten signatures]

~~Mrs. Michael O'Connor.~~

Mrs. Michael O'Connor,
Tickle Cove,
B.B.

Dear Madam:-

Application has been made by your
son Timothy O'Connor, Pte. #5087 to have Separation
Allowance granted to you.

I enclose Statutory Declaration in
connection with same, which kindly have completed in
the presence of a Magistrate or Justice of the Peace
and return to me at your earliest convenience.

Yours faithfully,

Capt. A. Paymaster.

ACCOUNT		
CH. NO. 4979	INITIALS	
IND. LEDGER	INITIALS	
PAY LEDGER	INITIALS	
GEN. LEDGER	INITIALS	

Summerville

8/8/19.

Paymaster and officer
 of Records
 Department of Militia
 St. Johns

Dear Sir

Enclosed, you
 will please find
 a warrant No. 952, for
 which I supplied
 Pte. Y O'Connor No 5037
 passage from
 Summerville King to
 Tickle Cone for
 the same & am
 charging the amount

of Five dollars \$ 5.00,
Please send me
Cheque or remain

Yours Truly
Patrick Hedison

Address
Mr Patrick Hedison
Summerville
Bonarista Bay

The Department of Militia

The sum of *five Dollars* $\$5 \frac{00}{100}$ Dollars is due

Mr *Patrick Hedison* For *Driving*

Reg No *5037* Rank *Plt* Name *O'Connor* 1

From *Sumnerville Cutting* To *Tickle Cove*

Voucher attached

Account for $\$5 \frac{00}{100}$

J. A. [Signature]

DISTRICT OF NEW JERSEY
A. S. [Signature]
MAY 15 1919
COMMANDING
Mobilisation Officers

14-8-19

No. 932

TRAVELLING WARRANT

Date 18 7 15 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 3037 Rank TC Name Counsell O.S.

From ST. JOHN'S - To Little Cove

Summerville Xing

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

A. M. Blouin
SIGNATURE OF ISSUING OFFICER.

Discharge Depot - Newfoundland

Patrick Hedison

Aug. 21 ,1919

Mr. Patk. Hedison,
Summerville,
S. C.

Dear Sir:

With reference to your
letter of 8, Aug. I enclose herewith cheque
for \$5.00, amount due you for drinking Pte.
P. O' Connor from Summerville Crossing to
Tickle Cove.

Yours truly,



Capt.
Paymaster

LM/

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To P/1 Y 6 Connor

Billeting Soldiers as undermentioned

from July 12/19 to July 17/19

5037 P/1 Y 6 Connor 5.50

B. M. C.

ACCOUNT	3340
DN. NO.	INITIALS
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 5.50

A. M. Blonson

Billeting Officer.

C. C. J. C. Connor

S. }
A. }SEPARATION ALLOWANCE.
1st NEWFOUNDLAND REGIMENT.

A.

1. Name of Soldier in Full (Surname first) *O'Connor Timothy*
2. Rank and Regimental Number *Pte # 6037*
3. Date of Enlistment *May 15th 1918*
4. Full Name of Wife or
Widowed Mother *Mrs Michael (Mary) O'Connor* or
Children's Guardian
5. Address *Tickle Cove Bonavista Bay*
6. State ages of Children: Girls under 17 Boys under 16
7. With whom do your Children reside?
8. Amount of Allotment *60^y* 9. Name of Allottee *Mrs Michael (Mary) O'Connor*
10. Address *Tickle Cove Bonavista Bay*

11. From what date is Allotment effective? 1st October 1918.
12. Date of Marriage
13. Date Marriage Certificate examined by Paymaster
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars. no
-
17. Is Separation Allowance being paid on your account to any person? no
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place? no
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month? —
20. Name of Corps prior to enlistment in the Nfld. Regt. —

I hereby certify that the above is a true statement.

Timothy P. Gorman

Name of Soldier.

Signature of Officer forwarding this application.

W. H. Kelly Ass't Adjutant

Unit The Royal Nfld Regiment Depot The Royal Newfoundland Regiment

Date September 21st, 1918 St. John's, Nfld.

1507

1918

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

RECEIVED
NOV 10 1918

Fold Here



OCT 20 1921 1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

Timothy O'Connor

In respect of his service as No. 5037 Rank Pte.

Name T. O'Connor Royal Nfld. Regt.
~~Medal~~

Receipt of the same should be acknowledged hereon.

Received Victory Medal

Signature J. O. Connor

Date Oct. 26

Address Tickle - Bone

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
29.Number of Sheet oneRegiment of Royal New ForestSignature of O. C. Company C. D. Dicko Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	months		
<u>5037</u>	<u>O. C. Compton</u>	<u>29</u>			<u>Justice man</u>	
Joined	Date	Place and Date	of Enlistment		Religion	
		<u>18th</u>	<u>15.5.14</u>		<u>R.C.</u>	
Joined	Date	Period of	with Colours	<u>56</u> years.	Place of Birth	
Joined	Date		with Reserve	<u>325</u> years.	<u>Tickle Cove BB</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<u>Demobilized 4 Jan's 8/19</u>

To be carried over

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

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

- 1. Unit and Corps. *Royal Newfoundland*.....
- 2. Regt. No. *5735* 3. Rank. *Che*.....
- 4. Name *D. Connor T*.....
(Surname) (Christian Names)
- 5. Age last birthday *32*.....
- 6. Posted for duty on *May 16 / 18* at *St. John's*.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 F (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 (n). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as head injuries, eyes, ears, nose and throat, chestwounds, 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.)

He complains 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?

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.

Repatriation
W.E. Procuier *Capt. R.M.C.*
Medical Officer in charge of case.

Station *H.D. Camp*
Date *2/8/19*

* 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

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.

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 24d.

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?

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

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

Opinion of Military Member in case of disagreement.

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 invalided at a foreign station)?

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

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

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 *Hoveley A. Camps* } President or
 Date *26/6/19* } Chairman.
 } Members.

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

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

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.

The Royal Newfoundland Regiment

25037

DEMOBILIZATION OF

Reg. No. 2037 Rank Plt Name W. O. Connor
 Date of Enlistment 15.5.18 Address Table Bay District Benamato
 Occupation Postman Classification for Discharge A 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	181-1	" 6
B 179c	B 120	M 93		

Date 10.7.19

W. O. Connor
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. O. Connor

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

W. O. Connor

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P24629932 to his home at Fickle Lane and Release Certificate No. 3708 issued.

Date 18-7-19 [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 8-5-19

Date 18-7-19 [Signature]
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	✓	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	1
B 178a	✓ D 400A	✓ B 1915		do 2nd	" 3	2 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		<u>181</u> ✓	" 6	
B 179c	B 120	M 93				

Date 18-7-19 [Signature]
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 L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 9/19 [Signature]

Reg. No. *5037* Rank *Pvt* Name *O'Connor, J.*
Attested Address *Teakle Lane*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

10 7 19
22 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION