

THE ROYAL NEWFOUNDLAND REGIMENT

	Questions to be put 5	o the Recruit before Enlistment.
1. What is your name	hidaosa merd	Piercey Ostorne
2. What is your full A	ddress?	333
3. Are you a British S	ubject?	3 Ves.
4. What is your age?		4
5. What is your Trade	or Calling?	tisherman
6. Are you Married?		6 ND
7. Have you ever serve jesty's Forces, naval	d in any Branch) of His I or military, if so,* whi	Ma h 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	be vaccinated or re-v	
9. Are you willing to be	enlisted for General Serv	ice?・・ 9
10. Did you receive a Not its meaning, and who	ice, and do you underst	and 10, Name
signed by you if you ar	re accepted?	do solemnly deglare that the above enswers
made by me to the above	dangerous are crue, and cr	
7/5/18	Peter K	at I am willing to juilil the engagements made Signature of Witness.
	OATH TO BE TAKEN	BY RECRUIT ON ATTESTATION.
nemies, according to the con	OATH TO BE TAKEN Majesty King George the Arrival His Majesty, His dittors of my service. CERTIFICATE OF MAGIS	Signature of Witness. By RECRUIT ON ATTESTATION. do make oath, that I will be faithful and Fifth, His Heirs and Successors, and that I will, as in duty Heirs and Successors, in Person, Crown and Dignity against all STRATE OR ATTESTING OFFICER.
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Apparent	age	22 years	mont	hs.	He	ight	ゑ	f	eet6	inche
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Chest Me	asurem	ent { Range of expa	nsion	3	inches					
Distinctiv	ve mark	· · · · · · · · · · · · · · · · · · ·							1000	<u>y</u>
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	a) Christia	n and Surname of Woman to	whom marries	d, and whether s) Initials of Offi	pinster or cer verifyi	widow. ing entr	(6) Pl	lace and	date of marris	age.
	(a)		(b) a		(c)).	12%	13	(d)	
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C.R. 5486.

Extract from Daily Orders Part II Royal Newfoundland Regiment Depot st. John's dated 8-7-19.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date \$2-7-19.

5486, Pte. Piercey Usbourne.

C.R. 5486

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. Depot St. John's, June 10th, 1919

The discharge of the undernoted on demobilization has been APPROVED by O.G. Discharge Depot with effect from 20-6-19.

5486 Pte. P.Osbourne.

C.R. 5486

Extract from Pathy Orders Part 11 Depot, St. John's,
Date 9-6-19

5486 Pte. P. Osbourne

Reported at Headquarters 1-6-9. which sailed Liverpool May 22/1919.

BE "Corsican"

Extract from Meminal Roll from 1st. Battalion Royal Mewfoundland Regiment dated 30-1-19.

The undermentioned of the 1st.Battalion left Rouen Carps #2/4/19, embarked at Hayre 22/4/19, disembarked at Southaueton 23/4/19 and reached Hazeley Down Camp 23/4/19.

#5486 Pte. P. Osbourne.

C.R. 5486

Estation of the Royal Forfauntland Regiment, to the let., Datalian of the Royal Forfauntland Regiment, to the let., Datalian of the Royal Forfaundland Regiment, B. S.F. Reberked Southempton 37/11/18.

#5486 Pte. P. Osbourne.

C.R. 5486

Entract from Daily Orders part 11, from Unit The Royal Ifld.Reg .5t.John's dated July 25,1918.

The following non embarked for overseas on H.M.S. .. "Volumbella" July22.1918.

#5486 Pte. Percey Osbourne

Extract from Daily Orders part 11, from Unit The Roayl Wfld. Begt. St. John's, dated May 29,1918

#5486 Pte. P. Osbozne

Attested for General Service with the Royal Nfd. Regt from May 27,1918 A Usbowine C.R. 5486 140

Medical Report on an Invalid.

tageley Down. Date Royal new flot. Former Trade or Occupation 1. Unit \$ 486. Regimental No. 7a. If with previous service in Army, state-. Or Rank (a) Former Unit; Osborne (Name (b) Regimental No.; 5. Age last birthday (c) Date of Discharge; 23-5-18 6. Enlisted $\begin{cases} on \end{cases}$ (d) Cause of Discharge. St Johns

8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

hel

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

n

10. Place of origin of disability.

ne

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

hel

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

he

13. WI	nat is his present condition?	
We	eight should be given in all cases when de it is likely to afford evidence of the progress of the disability.	conflois fro desables
	the disability is an injury, was it	
	ised—	
	a) In action?	
	b) On field service?	
	c) On duty? d) Off duty?	n
15. W	as a Court of Inquiry held on the	
	jury?	n
lf	so—(a) When?	
	(b) Where?	
	(c) Opinion?	
	as an operation performed? If so, hat?	· · · ·
17 Tf	not, was an operation advised and	
	clined?	n
18. In	case of loss or decay of teeth. Is the	
lo	ss of teeth the result of wounds, jury or disease, directly* attributable	in "
to	active service?	
19. G	ive particulars of any other disabilities	
ex	xisting, but not in themselves sufficient o cause invaliding, and state whether	h h
tl	ney are attributable to or have been	
	ggravated by service during the present ar.	
	r ,	
•		
. 6		
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		pepatriation
20. I	o you recommend—	//wholman
	(a) Discharge as permanently unfit, or	
	(b) Change to England?	bore
		- 1. B
		enger e
		Officer in medical charge of case.
	I have satisfied myself of the gene	eral accuracy of this report, and concur therewith,
excep	7	
	IN C. A	
Stati	on atagerey a vum.	
	00 1 10	Officer in charge of Hospital.
Date.	30- 4-14.	

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.

Nº 6166



THE ROYAL NEWFOUNDLAND REGIMENT

Identity Certificate	Whether Wife, Child, other Relative or	August 1	Address	AMOUNT
No.	Friend			(each person)
		Mm Benjamin Sophus Ellen) Knee	13. 13	
			Total Allotment, S	6
S	equired payments	completed by the Officer Commanding r Commanding Company and handed on application.	Company, signed by the Volunt to the Paymaster as authority	eer, counter- to make the

Nº 6166



THE ROYAL NEWFOUNDLAND REGIMENT

A	ed, viz.:	duction of the relative Identity	•	and or Persons
Identity Certificate No.	Whether Wife, Child, other Relative or Friend		Address	AMOUNT (each person)
187	Mother	no Benjamin Soften	Safe Haron	60
		Mrs Benjamin (Sophur Eller) Mrsee	13 13 .	
		·		
		•		
a				
			*	
			•	
	, magaz, s	314		
			Total Allotment, S	60
S 1	igned by the Office required payments	on Lunt	Company, signed by the Volume to the Paymaster as authority	to make the

No. 18599/2066

NEWFOUNDLA

From:

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

18th November 1918

Subject: 5486, Pte. P. Osborne,

With reference to the following telegram (9869) from the Hon. Minister of Militia, received

Pay to 5486 Osborne £4:2:0

Draft £4:2:0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

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

VICNORR.P.

Nov. 20 th 1918

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commander Batt'n,
Royal Newfoundland Regiment.

Received the sum of Lour founds two Shillings on account of

cable remittance from Newfoundland.

J. + Oshorne

No. 5486 Rank

Witness

L. Certer, Re

	Sheet }	~	and the later of the later	nd date Period not reckning towards freedom from extra fine	Sheet No.	Signature O.C. Company, etc.	1/10	Las Char	Trans.
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	Remark
Fuld	8/1/19	Mi		lf of rest, drawes, 1 p sols	Sat Spencer	Pay for sauce	8/1/14	My Benjard	HA
				ph. L		-//		7	
							er er torreger	•	
								78 S. J. J. S. S. S. S.	
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							1		[p.7

Dobourne, A

5486

Hay Loepsh.

July 4, 1919

#5486 Pte. Piercey Osbourne,

SafeHarhor, B.B.

Dear Sir:-

Please find enclosed Discharge

Certificate "c.2393.

Yours truly

captain, captain, raymaster & U. i/c Records.

The Koval Ald. Regiment

No. 340 SRank

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
ī.	No. 3.4. C. Rank Plank Name Orbonne Intended place of residence Safe He Bonnes
2.	Occupation Foldier Foldier Medical Category
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 JUN 6. 1919 Comanding Discharge Depot The Royal Newfoundland Regiment
	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE 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 Debot, Royal Newfoundland Regiment of all financial responsibility in my connection. Place and date . S.T. JOHN'S. Signature of soldier Signature of witness
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and Date . S.T. JOHN'S Signature of soldier Signature of witness
	STATEMENT OF SERVICE
	Enlisted for service 2.7-3-18 No of days on Military Discharged from service 20-6-19 Yele-14 Qay Service 404
	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ic Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place ST. JOHN'S. Officer Commanding Discharge Depot
9.	Date
	te July 4/1949 — Officer ilc Records The Royal New Month and Regiment

ars 2079/2393

The Royal Newfoundland Regiment

Class for Demobil-
ization:-
E

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

Discharge Depot: Headquarters The		
	Date	
Regimental No 64.8.6	pt	
Name O. Shourne	Pucy Pto	
Address Safe &	4 B.B.	
Present Medical Category		
Recom	mended for:— $\begin{cases} \text{(a) Immediate discharge} & \dots \\ \text{(b) Standing Medical Board} & \dots \end{cases}$	
	O.C. Discharge Depot. Senior Medical Officer	••
↓ · · · · Me	mbers of Board Senior Medical Officer	••
	Luburden	
	M. O. Depot	

The Royal Newfoundland Regiment

DEMOBILIZATION OF								
Reg. No. 24 Rank Name Oslovni Jensey								
Date of Enlistment 37-3 18 Address Jah M. District Bonavia								
Occupation								
Recommendation S.M.B								
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 D 1720 D 400A R 1915 do 2nd " 3								
B 1100								
B 179 D 400B Form L do 3rd " 4 B 179a D 400C Form K do 4th " 5								
B 179b								
В 179с В 120 М 93								
Date. 5619 J. O. C. Discharge Depot.								
PARTICULARS FOR DEMOBILIZATION								
r. Civil Re-Establishment.								
r. Civil Re-Establishment. I amin a position to resume civilian occupation.								
r. Civil Re-Establishment.								
r. Civil Re-Establishment. I amin a position to resume civilian occupation.								
r. Civil Re-Establishment. I am								
r. Civil Re-Establishment. I am								
r. Civil Re-Establishment. I am								
r. Civil Re-Establishment. I am								
Particulars passed to Vocational Officer for information and action. Date								
r. Civil Re-Establishment. I am								
Particulars passed to Vocational Officer for information and action. Date								
r. Civil Re-Establishment. I am								

3. Transportation and Release Certificate.	B.15-01
The above named has been provided with Travelling Wa	9274
at . Sale and Release Certificate	issued.
6-6-19	Inow age!
Date	Demobilization Officer
4. Pay and Allowances.	
The herein named soldier's accounts have been correctly	
therewith settled. He has received pay and allowances to	4-1-19
I = I - Ia	1 HIMWS H
Date(g	Depot Paymaster.
21-6-	19
Discharge approved for.	18.53 and 19.53 and 19.53
Forwarded with following documents to O.C Discharge De	epot.
N.F. P 36 B 268 B 121	D.F. 1
E 178 W 3494 B 122 Board 1st B 178a D 400A B 1915 do 2nd	2 Form AS
B 178a D 400A B 1915 do 2nd	
B 179a D 400C Form K do 4th	
B 179b B 103	
В 179с	
6-6-19	Insw bafol-
Date	Demobilitation Officer.
The second secon	
APPROVED. Documents as above forwarded to:—	
Officer* c Records. Board of Pension Commissioners.	
with following additional documents.	Contaits
Eligible for	War Service Gratuity
	D41 6
JUN 20 1919	M.or. am ap.
Date	O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.	diperpenyati Angarah Norta ang Pangarah
and the second s	y, fishings, gudson only
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:

G	o pesu	me z	ormer Gc	cupation
		, , , , , , , , , , , , , , , , , , ,		
			Osbour	ne Tr.
				Signature of Man.
	Da 1	Pare To	Reg. No. 5	es-6.
Signatur	e of the Vocationa	l Officer or his Repre	1-6	
Place Chi-	- Yoh	w		
(0			
Date		191		

Jely 5,1919

#5486 Pte. Piercey Osbourne.

Safe Herber, B.B.

dear Sir:-

Referring to your application 1 enclose chaque for seventy dollars (\$70.00), being amount of first payment due you on account of the Wer pervice Gratuity.

Yours truly

Captain Faymaster & V.i/c Mecords.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

So. John's, Newfoundland.

Decleration required of Officers and men of the Reyal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th.1919.

A complete reply most be given to every mestion in this Declaration There must be no blooks and no dokhes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On equipletica this Declaration is to be returned to THE OFFICER I/C

REMARDS, PAY & RECORD OFFICE, CT. JOHNES.
Christien non Clercey 2. Camzio. Ostorne
3. Renk
S.Address in full to which fixure payments of gratuity are to be
forwarded, Safe AV. B.D.
6. Date of enlistment in the Regiment. Muy 23:1918
7. Name of dependent, if any, to when Separation Allowance is being
issued, or was boing issued irredictely prior to your discharge
\mathcal{U}_{0}
8. Relationship of such dependents
9. Address in full of such dependents
7 * * * * * * * * * * * * * * * * * * *
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 Wild II so give dates and
particulars of such service O Verveas.

12. Give total langth of time which you served on active service,
whether in lifth, or oversees. Thou May 23/18 to
June 6/19

•	
	13. Have you had more than one enlistment? If so, give particulars
	of discharge and re-collistments, and under what regimental numbers.
	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. Clothing allowance trackpay 81.19
	to
	15. Have you been issued with a War Service Badge?
	16. Heve you, during the present wer, served in the Imperial Borces.
	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
	renk held by you on your arrivel in England?
	(b) If so, was such reversion in consequence of Misconduct or
	inefficiency?
	19. Are you now gerving in the Rost.?. Mo If not give ?- (a) date
	of dischargo Malle 6/19. (b) Reason for discharge
	Jacobson from the state of
	20. Did you at any time serve at the front in an actual theatre of
4	War? If so give particulars of places, and dates of such service
10	iv. 23/18 to aft. 23/19
	the Wind Do Betchlichment
	21.(a) Are you receiving treatment from the Wivil Ro-Establishment
	Com.(b) If so are you in receipt of full pay and allowances from
	that Committee
	And I the this solenn decleration, 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: Place of Residence: Declared before me at: This Signature of Barrister of the Supreme Court, Stipendiary Heals trate; Hotory Teblic, Mastice of the Peace, or Commissioner of affidevits. POST DISCHARGE PAY. Net amount t. War Sorvice Date paid Foid Poid due Soldier. Dependent: Faymastor Cortified correct.

[P.T.O.

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

MEDICAL HISTORY

Surname Volon	<u>•</u>	OF Christian No	ame Perey	& 12 12 12 12 12 12 12 12 12 12 12 12 12
Birthplace:—Parish		ENERAL TABI	11.	
	SPECIAL	RESERVE	REGUL	AR ARMY
Examined	at of day	hus 1918	7 on day	7 of 191
Declared Age	QQ. Nes	ars days	yea	rs days
Trade or Occupation	3	isherman.		
Height	22. feet	t tnches	feet	inches
Weight	14	F. lbs.		lbs.
Chest Girth when fully expanded	3.	inches		inches
ment (Range of Expansion	· 3	inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
Number		I dear.		•
When Vaccinated ,	S year	n ago.		
Vision	R R V = L. EV=	6/6 6/6	R.E.—V=	· · · · · · · · · · · · · · · · · · ·
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease	,	·	(4)	
	(6)		 	
(b) Slight defects but not sufficient to	(6)		(b)	
cause rejection				
		0.		
Approved by (Signature)	cammit	Takes		
(Rank)	may.	Medical Officer.		
	at Sohu	Medical Officer.	at	Medical Officer.
Enlisted	on 27 day	of May 1918		
	Corps.	Regtl. No.	on day o	Regtl. No.
Joined on Enlistment	Heronal	1		
	Maken	5486.		
Transferred to	6 /			
		247		
Became non-effective by				
	on day o	of 191	on ø day o	f 191
(Signature)	A Commercial Commercia			
(Rank)		. 9		

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

Date	Brief Details, and Signatures	en de la companya de La companya de la co
28 5/8	Vace. If	
13-6-18	TAB SO	
	THBB	
	TAB. KP	•
	. <u> </u>	
	It is hereby certified that this sole	lier
	nas been before a Travelling M de	(a.17 dba
	Board and has been c'assided	as
	Jor Discharge on Demobile	Sa-
	tion. Medical category MH	41
	Description of TMR	4
	Discharge Lot of Continue	

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
				-	
•					
		•			
					9



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

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 Com-

mand 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 occuring in the description subsequent to the date of admission to pension should be noted in red ink. Name in full Very Oshowne. Regiment from which discharged Royal Dewfoundland Regimental number 5466 Sale H. B. B. Intended address Height on discharge Color of hair on discharge Complexion Color of eves Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full -Date and place of marriage -Christian names of children mly 7, 1895 Nature and locality of civil employment required I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct (Soldier's signature in full) Station 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. and the second second

Medical Officer i|c Hospital. Unit, or Command Depot. Dryg.

Medical Report on an Invalid.

20 4. 9

		1		2.		1. 1
1.	Unit 1	log	eal	Nec	wf	ld
		//				

- 2. Regimental No. 5486
- 3. Rank Sle
- 4. Name
- 5. Age last birthday 23
- 6. Enlisted on 23. S. 18 at Ithron

- 7. Former Trade or Occupation
- 7a. If with previous service in Army, state-
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease,

9. Date of origin of disability.

10. Place of origin of disability.

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

- Give your opinion as to the causation of the disability, stating whether in your opinion it i
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13.	What is his present condition?	Lesability Lesability
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	Dun)
14.	If the disability is an injury, was it caused—	
	(a) In action?	
	(b) On field service?	· na
	(c) On duty?	
	(d) Off duty?	
15.	Was a Court of Inquiry held on the injury?	
	If so—(a) When?	na .
	(b) Where?	
	(c) Opinion?	
16.		
	what?	
		ma .
17.	If not, was an operation advised and declined?	
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?	ma
19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	· mu
	•	
		Repatriation)
		, //
	2 D	
20	0. Do you recommend— (a) Discharge as permanently unfit, or	· W.
	(b) Change to England?	\ /
		Major!
		Officer in medical charge ficast N
	I have satisfied myself of the or	eneral accuracy of this report, and concur therewith,
		177
	except †	
9	Station Nib Carry	
	Date 130. 4. 9	Officer in charge of Hospital.
	The state of the s	
. 0	Loss of teeth on or immediately after, active service, sh	ould be attributed thereto, unless there is evidence that it is due to some

† Delete this word if no exceptions are to be made.

[P.T.O.

Casualty Form-Active Service.

C	Regi	iment or Gorps ROYAL NEWFOUN	DLAND REG	~~	A
Rank	Surname	iment or Gorps RSYAL NEWFOUN B Christian Chris	stian Name.	ノ 	
Religion	Method	ist Age on En	listment 22	- Veare	month
Enlisted (a) 27/5/18 T	erms of Service (a) DURATION.	Service recke	ons from (a) 27/5/18
Date of pro	omotion to present	rank Date of a	pointment to la	nce rank	7
Extended {	Re.	engaged Qualificat	ion (b)		nature of Officer
Occupation	Report	Record of promotions andustings transfer			Remarks
Date	From whom received	&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	Taken from Army Form B.213, Army Form A.36, or other official documents
	- 1	Embarked		5 2 5 2	
		Disembarked	28 NAV 10	10	
,		Joined Batt.	1107 13	IANI	919
		·/ 、)			
		Corwed 14 UM	- 6	23/4/10	The second secon
				2/4/17.	
1					
May /				the temperature	Section 1
1111					<u>.</u> Ventar er en
Y ;					
· Comment	199	,		-	
700	- 				
(a) In the case	of a man who has re-engaged	for, or enlisted in Section D. Army Reserve, particulars of au			

Nº 6166



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS 1. Percy Osbourne , Regl. No. 5486 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Listy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Allotment begins Jugust 1 9 18 Identity Whether Wife, Child. Other Relative or No. Friend NAME (in full) ADDRESS 487 Mother mrs Berigamin (Sopher Safe Harbin Ellen) Moree BB Total Allotment, 5 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.) Evalson Lunt (Sig.) Percy X Oslevin mark Isardin

[P.T.O.]

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



The accompanying Victor Metal and or British War Medal

is/are forwa	arded herewith to		
- 1	Piercey Os	borne	
in respect of	f his service as No. 548	6 Rank_	Pte.
Name	P. Qsborne	Royal Nf	Id. Regt.
Received	of the same should be ackr		
Signature _	By P. Gsb	,	
Date B	et 28th / 31.	- 3	
Address	Sapa Hr	B.	13

Receipt for Army Book 64

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

Home Percie Osbonne.

Date August 22. 19 no
Place Date Harbour, B. Boy.

H.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.

Number of Sheet Regiment of Me Royal New foundand Signature of O. C. Company Mariko B 121. Good Conduct Badges, Service pay or proficiency pay Enlistment Regimental Number and Name Age on . Place and Date Date Toined Date Toined Date Toined Date of award or of order dispensing with trial Name of Date of By whom awarded REMARKS Punishment awarded Place Rank Offence Witnesses To be carried over.

11486.

Demobilization For

The Royal Newfoundland Regiment

Reg No 24 O Rank Oth. Name Usborne Cereen.
Date of Enlistinger 37 3 10 Address Laft M. District Bonowish
Occupation
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36.
PARTICULARS FOR DEMOBILIZATION
I amin a position to resume civilian occupation. And Attorney Particulars passed to Vocational Officer for information and action.
Date
2. Clothing. Certified that Clothing Regulations have been complied with: (a) Clothing Allowance payable. So the complied with: (b) Glothing Supplied O i c. Re-clothing.

3. Transportation and Release Certificate.						
The above named has been provided with Travelling Warrant No. 1.15.7.1 to his home						
at Age : Hand Release Certificate No. 2.3. 70. issued.						
11-10 10 10 11						
Date 0-6-19 Kl June of						
Demobilization Officer						
A. Pay and Allowances.						
The herein named soldier's accounts have been correctly balanced and all matters in connection						
therewith settled. He has received pay and allowances to						
- 1-1-10 HM3/1+						
Date						
Discharge approved for.						
Forwarded with following documents to O.C Discharge Depot.						
Totalida intil folioning documento to olo phoninge peper						
N.F. P 36 B 268 B 121 N.F. Med D.F. 1						
Б 178 W 3494 В 122 Воагd 1st						
B 178a D 400A B 1915						
B 179 D 400B Form L do 3rd " 4						
B 179a D 400C Form K do 4th " 5						
B 179b B 103						
B 179c						
Date Date						
Demobilization Officer.						
APPROVED.						
Documents as above forwarded to:—						
Officer ile Records. Board of Pension Commissioners.						
with following additional documents.						
Eligible for War Service Gratuity						
Phytoto tor trai our two distant						
JUN 20 1919						
M. OI. Star Call.						
Date						
Received the above noted documents from O. C. Discharge Depot.						

Date June 11/1.919.

Allotment	486 Rank 9th Name Osbourne 9. Address Borovirta Allottee	
Date of Allo Returned on	tment Returned from Overseas !- k-!	9
	PASSED TO DEMOBILIZATION OFFICER DIRGUARGE APPROVED ON DESIGNATION.	