



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5738. Name Alban Osborne Corp Edge

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

1. What is your name? ..... 1. Alban Stephen
2. What is your full Address? ..... 2. Blaketown N.S.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Yes 11 Months
5. What is your Trade or Calling? ..... 5. Miner
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
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. Yes

I, Alban Osborne 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.

..... Alban Osborne ..... SIGNATURE OF RECRUIT.

..... John Brown ..... Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Edge on this 8th day of July 1915.

Signature of Attesting Officer Asst. Dickson

### † 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 9-7-17 1915 .....  
Place ..... } Approving Officer. W. H. L.

† 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**

5738

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

Name Leayon Osborne  
 Apparent age 21 years          months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks         

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin James Osborne  
Blountown, N.C. | Relationship Father

**Particulars as to Marriage**

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

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

**Particulars as to Children**

Christian Names	Date and Place of Birth

**STATEMENT OF THE SERVICES**

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>8-7-18</u>									
Joined at <u>M. Johns</u> on <u>July 8-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked M. Johns train to Halifax N.S. 22-9-18.</u>									
<u>To Newfoundland for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization M. Johns 8-8-1919</u>									
Total Service forfeited as above <u>Demobilization M. Johns 8-8-1919</u>									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> years <u>32</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5738

Dec. 31st, 1918

Mr. James Osbourne (of John)

Blaketown, T.B.

Dear Sir:-

With reference to your letter 24th inst. per Charles Jeffery, requesting the repatriation of your son, No. 5738, Private Eleazer Osbourne, I beg to say that your request will be forwarded to the Chief Paymaster, London with instructions to ascertain whether it is possible to have Pte. Osbourne returned with an early draft to this country. Owing to such a great number of men awaiting repatriation and the difficulty of obtaining transportation for any great number at one time, the developments of our request are uncertain. However, when reply comes to hand, same will be notified to you

Yours faithfully

Lieut. Col.,

Chief Staff Officer.

C.R. 5738

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

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

5738 Pte. A.Osbourne.

C.R. 5738

Extract from Daily Orders by Major H.S. Sullivan, Commanding  
Mfld. Forestry Companies 26-11-18.

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

m5738 Pte. E. Osborne



C.R. 5738

extract from daily orders part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilisation has been  
confirmed by Officer i/o Records from noted date 8-8-19.

5738, Pte. E. Osbourne.

C.R. 5738

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

5738 Pte. P.OSbourne.

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

Extract from Daily Orders part 11, from the Uni The Royal  
Mfld. Regt. St. John's, dated July 9<sup>th</sup>, 1918.

#5738 Pte. Elizer Osbourne.

Attested for General Service with the Royal Mfld.  
Regt. July 6, 1918.



CR 5738

Extract from Nominal Roll Untrained St. John's for overseas,  
that Sept. 22, 1918. "W".

5738 Pte. Osbourne Eleazer.

C.R. 5738

Extract from Daily Orders part 11 depot St. John's dated Sept. 16/1918

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5738 Pte. E. Osborne

E Osborn

C.R. 5738

~~1890~~

# FORM I

To be used by the Quartermaster's Department for replacement issues of lost articles, and to accompany monthly Pay Lists.



## 1ST NEWFOUNDLAND REGIMENT

No. \_\_\_\_\_  
 Name E. Osborne KIT AND EQUIPMENT ISSUES ON PAYMENT.  
 Charged per Pay List for month of \_\_\_\_\_  
 Regimental No. 738  
 Company \_\_\_\_\_

Item No.	Articles	Quantity	Price		Item No.	Articles	Quantity	Price	
			\$	c				\$	c
1	Braces	Pairs			26	Knife	Clasp		
2	Boots	"			27	Mug			
3	Boot Laces	"			28	Plate			
4	Brush	Hair			29	Spoon			
5	Brush	Tooth			30	Bandolier			
6	Brush	Clothes			31	Belt			
7	Blankets				32	Haversack			
8	Cap	Service			33	Identification Badge			
9	Cap	Sleeping			34	Pull-through			
10	Cholera Eelt				35	Rifle			
11	Drawers	Pairs			36	Side Arms			
12	Great Coat		1	19 00	37	Water Bottle			
13	Hat or Helmet				38	Trenching Tools			
14	Housewife				39	Dubbin			
15	Kit Bag				40	Vaseline			
16	Mittens	Pair			41	Cardigan Jacket			
17	Puttees	Pair			42	Shoulder Badges			
18	Shirts				43	Cap Badges			
19	Socks	Pairs			44	Regm'al Buttons . (large)			
20	Tunic				45	Regm'al Buttons . (small)			
21	Trousers				46				
22	Towels				47				
23	Undervests				48				
24	Fork				49				
25	Knife	Food			50				

I hereby acknowledge to have received the above named articles as charged, and agree to the amount of 19 00 Dollars \_\_\_\_\_ cents being deducted from my pay.

Signed E. Osborne

Issued as above  
Sept 7 1918  
Quartermaster.

NOTIFIED PER N.F.P. 84  
 H.Q. No. \_\_\_\_\_  
 T. BN. No. 17115  
 2ND. BN. No. \_\_\_\_\_  
 By: \_\_\_\_\_ CXC.

Entered {  
 Stork Bk. folio No. \_\_\_\_\_  
 " Recap. " \_\_\_\_\_  
 Ledger " \_\_\_\_\_  
R.H. Mack Capt.



No. 4841/703

N.F.F. / 79.

FROM. NEWFOUNDLAND CONTINGENT

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

TO: Officer Commanding,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

27<sup>th</sup> March 1919

March 31<sup>st</sup> 1919

5738 Pte. Osbourne E.

With reference to the following telegram from the Minister of Militia / / ( 99 )

"Pay to- 5738 Osbourne  
£5. 3. 0.

Cheque £5. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*E. Osbourne*  
LIEUT. COLONEL.  
COMMANDING 2<sup>nd</sup> Bn. Royal Newfoundland Regt.

Received the sum of £5.3.0.

Five pound three in respect of telegraphic remittance from the Minister of militia.

*E. Osbourne* his mark

No. 5738 Rank Pte

Witness Geo. Perry



Osbourne, E

5738

Hay Sept.

August 8th 1919.

#5738, Pte. E. Osbourne,  
Blaketown.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3641.

Yours truly,

Capt. &  
Officer i/w Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5738 Rank Pte Name Laboume E  
 Intended place of residence Blaketown  
 2. Occupation Miner  
 Classification of soldier 2 Medical Category AI

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  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 11 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 8.7.18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 397

### 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

20 B 2099 13641

# 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. ... 5.738 .....

Name ..... Osborne E. E. E. ....

Address ..... Blaketown .....

Present Medical Category ..... A1 .....

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

Members of Board {

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

W. Paterson  
Senior Medical Officer

W. E. Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5738 Rank Pls Name Osbourne E.  
 Date of Enlistment 8-7-18 Address Blackstone District County  
 Occupation Mined Classification for Discharge E 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	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

#### i. Civil Re-Establishment.

I am Osbourne E. 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 #65.00

(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. *BR2410* ..... to his home at *Blaketown* ..... and Release Certificate-No. *3452* ..... issued.

Date *11-7-19* .....

*J.A. Snowcroft*  
Demobilization Officer

4. Pay and Allowances.

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

Date *11-7-19* .....

*J.A. Snowcroft*  
Depot Paymaster.

Discharge approved for *25-7-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 173	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *11-7-19* .....

*J.A. Snowcroft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date .....

*N.P. 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,

.....  
.....

*Edgar O. Stovall* Signature of Man.  
*J. H. Snowcraft* Reg. No. 3738-  
Signature of the Vocational Officer or his Representative.

Place *21 - John*

Date *11-7-78* 191

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

# MEDICAL HISTORY

OF

Surname Osborne

Christian Name Eleanor

Table I.—GENERAL TABLE

Birthplace :—Parish

St. John's County Newfoundland

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined	on <u>8<sup>th</sup></u> day of <u>July</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>Mine</u>			
Height	<u>5</u> feet <u>5 1/4</u> inches	feet	inches	
Weight	<u>130</u> lbs.	lbs.	lls.	
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches

Physical Development

Vaccination Marks	Arm	Right	Left	Right	Left
	Number	<u>/</u>	<u>/</u>		

When Vaccinated

Vision	R. E.—V= <u>69</u>	L. E.—V= <u>69</u>	R. E.—V=	L. E.—V=
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(a) Marks indicating congenital peculiarities or previous disease

(a)

(b) Slight defects but not sufficient to cause rejection

(b)

Approved by (Signature)

L. M. Patterson

(Rank)

Major Medical Officer

Medical Officer

Enlisted

at St. John's on 8<sup>th</sup> day of July 1918

Joined on Enlistment

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Transferred to

Royal New  
Regiment 5738

Became non-effective by

on day of 191 on day of 191

(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 *Oshorn, Elegg*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5738.*

Intended address *Blaketown Trinity Bay*

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

Color of hair on discharge *Black*

Complexion *Sunk*

Color of eyes *Brown*

Descriptive Marks *Medic*

Figure on discharge *James*

Christian name of Father *Elegg*

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 *Blaketown N-9-1897*

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) *Elegg Oshorn*

*Ho*  
(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 } *miner*
2. Regtl. No. *S.7.3.8* 3. Rank... *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Oshorne* *cleared* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

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

*1st Complaint of no disability*

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

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

*Repatriation*

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

*W. E. Proctor. Capt Raine*  
 Medical Officer in charge of case.

Station *Hozeley Down* .. .. .  
 Date *2/14/19* .. .. .

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



August 16, 1919

Mr. Eleazer Osbourne,  
Blaketown, T.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..... *Osborne* 2. Surname..... *Osborne*

3. Rank..... *Sgt* 4. Regtl. No..... *5738*

5. Address in full to which future payments of gratuity are to be forwarded..... *St. John's, N.B.*

6. Date of enlistment in the Regiment..... *June 8/18*

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

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

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

12. Give total length of time which you served on active service whether in field or Overseas..... *From June 8/18 to July 11/19*

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

*No.*

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

*No.*

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

*No.*

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

*No.*

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

*No.*

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

*No.*

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

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge. (b) Reason for discharge.

*✓ Temporary*  
*July 11/19*

*No. I did not give - (a) Date of discharge - (b) Reason for discharge - Neurolization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*No.*

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

*No.*

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

*Hub*

*Meyer X Osborne*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Blaketown V. R.  
St. Johns, Nfld  
July 19. 1911*

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

*John M. [Signature]*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Notary





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of *Royal Newfoundland*

Number of Sheet *One*  
Signature of O. C. Company *A. W. D. [unclear]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5738 E. Lagor Osborne</i>	Age on	<i>21</i> years <i>0</i> months	<i>Miner</i>		
Joined	Date	Place and Date of Enlistment	<i>St. John's 8-7-18</i>	Religion		
Joined	Date	Period of	} with Colours <i>1<sup>32</sup></i> years. with Reserve <i>3<sup>6</sup></i> years.	<i>C of E.</i>		
Joined	Date					Place of Birth
Joined	Date					<i>Blacktown N.B.</i>

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

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 Newfound Land*
2. Regtl. No. *5738* 3. Rank. *Plt*
4. Name *Osbourne* *Elways*  
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade } *Minor*  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
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  
(b) Where  
(c) Opinion of Court  
(d) Particulars of Pension or Gratuity  
(if any)

**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 ? }

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

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

*Repatriation*

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

*W. E. Procinis*

*Call  
Hunt  
Junc*

Station *W. Hazley Down*  
 Date *7.1.41*

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