



FIRST NEWFOUNDLAND REGIMENT

4177

ATTESTATION OF

No. 4177 Name Limon Osborns Corps Infantry

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Limon Osborns
2. What is your full Address? 2. Lewisport N.S.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years / 4 Months
5. What is your Trade or Calling? 5. Lumberman
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? } II. Yes

THE DURATION OF THE

I, Limon Osborns 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.

9 26-11-17 Limon Osborns SIGNATURE OF RECRUIT.
Robert Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Limon Osborns 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
 on this 30 day of Nov 1917

Signature of Attesting Officer Monday 27-11-17

†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 Nov 30th 1917
 Place Lewisport } 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).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Simon Osborne
 Apparent age 22 years 4 months. Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin 66 Osborns
Bishops Falls Road | 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>26-11-17</u>									
Joined at <u>St. John's</u> on <u>November 26-17</u>									
Discharged July 18. 1919									
Embarked <u>St. John's St. George to Halifax N.S.</u> <u>29-18</u> . Embarked									
for <u>N.S.</u> <u>27-18</u> . Disembarked <u>France</u> <u>5-7-18</u> . Arrived									
<u>Bethel</u> <u>9-7-18</u> . Transferred from <u>Rouen</u> <u>22-4-19</u> Arrived <u>New York</u> <u>13-7-19</u>									
to <u>England</u> and for <u>demobilization</u> <u>22-5-19</u> . Arrived <u>N.Y.</u> <u>1-16-19</u>									
<u>Demobilization St. John's</u> <u>18-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-19 (date of discharge) 1 years 235 days
 " " Pensions " " " " " " " " " " " "

C.R. 4177

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
St. John's, July 25/19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 28-7-19.

4177 Pte. Simeon Osbourne.

C.R. 4177

Extract from Daily Orders Part II Unit The Royal WFL.
Regt. St. John's, July 25th, 1918.

The discharge of the undernoted on demobilization has been
APPROVED by G.O. Discharge Depot, with effect from 4-7-19.

4177 Pte. S. Osborne.

C.R. 4177

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4177, Pte. S. Osbourne.

Reported at Headquarters 1/6/19.

NZ "Consigna"

which sailed Liverpool May 22/1919.

C.R. 4197

June 1st, 1918.

Dear Mr. Osbourne:-

I regret to inform you that your son
4197 Pte. Simon Osbourne was admitted
to Hasleley Down Hospital on 29/4/18
suffering from Pneumonia.

This report was received by mail from
our Record Office, London, and if it was at
all serious we would receive news by cable.

Yours faithfully,



Lieut.

for Lieut. Col. C.S.G.

Mr. Eli Osbourne,
Bishop Falls.

C.R. 4177

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

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4177 Pte. S. Osbourne.

C.R. 4177

Extract of Nominal Roll, to B.E.F. embarked
Folkestone 2-7-18

#4177 Pte. S. Osbourne

C.R. 4177

Extract from Nominal Roll Draft "H" Company Embarked
S.S. Florizel. Jan. 29th, 1918.

4177 Pte, Osbourne.

4177

R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., Dec.1st, 1917.

4177 Osbourne, A.

Attested for General Service with the 1st Nfld. Regt.
with effect Nov. 26th, 1917.

S. Osborne

C.R. #177

P. R. O.

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 } *Fisherman*
2. Regtl. No. *4177* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Osbourn* (Surname) *S.* (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *27*.....
6. Posted for duty on *9. 11. 17.* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

} na.

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

na.

No complaint of no disability

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

15. What is his present condition?

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

16. Was an operation performed? If so, when and what was its nature?

na.

17. If not, was an operation advised and declined?

na.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatination

W.S. Proctor, Capt RMC
Medical Officer in charge of case.

Station Hayley Camp

Date 29. 4. 19

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

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
4177 4177	Pte	Osbourne. S	\$2 50.	

I have the honour to be, Sir,
~~Yours obedient servant,~~
Your obedient servant.

Date

29-6-16

S. T. Osbourne
L.H. S. 221

11098/1089

Officer Commanding,
2/Bn. Royal Newfoundland Rgt
Winchester.

10th, July 1941

4177, Pte. S. Osborne

6187

*Pay to 4177 Osborne £3. 0. 0

3. 0. 0

No Receipt
[Signature]

[Handwritten initials]
12/7

FORM K

Nº 4545



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon Osborne, Regl. No. 4177
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins

January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3459	Father	Eli Osborne	Levygate	60
Total Allotment, \$				40

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

Sig.) W. J. [Signature]
 Officer Commanding
 Company

(S) Simon Osborne
 (Rank) Private

11 Johns
Dec 28 1917

Frank [Signature]
 witness



4 1ST. NEWFOUNDLAND REGIMENT 1

ALLOTMENTS

I, Simon Osborne, Regl. No. 4197
hereby agree, until further notification by me, and in similar official form to make an Allotment of
1 Dollars and Sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
concerned, viz :

Allotment begins January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3457	Wife	Eli Osborne	Levygate	60
			Total Allotment, £	<u>60</u>

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

Sig.) [Signature]

Officer Commanding
Company

(S) Simon Osborne
(Rank) Private

St John
Dec 28 1917

[Signature]
witness

Reg. No. 4177 Rank Pl Name Osbourne A.

Attested 26-11-17 Address Lewisport

Allotment 60^d Allottee Eli Osbourne (Father)

Date of Allotment July 1 Returned from Overseas _____

Embarked for Overseas _____ Cause _____

-
Vac 7-12-17 Dec 1st 11-12-17, 2nd Dec. 17/12/17
H. L. 18/12/17 - 27/12/17, Ret'd 27/12/17
3rd Dec. 31/12/17

No. 4177 Name Osborne S. Sqn., Batty., or Company } ^A Royal Newfoundland Coy. Date of enlistment } 26-11-17 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Character }
 Company, etc. } *W. Jones* } *Spur Good.*

Army Form B. 122.

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
<i>Review</i>	<i>15-47</i>	<i>Pte</i>		<i>Deficiency of kit value 1/4</i>	<i>Comd Woodlows</i>	<i>Pay for same</i>	<i>15-479</i>	<i>Mjt Bennett</i>	<i>R23</i>

Osbourne, Simon

4177

Ray Sept.

July 21, 1919

#4177 Pte. Simeon Osbourne,
Bishop Falls.

Dear Sir:-

Please find enclosed Discharge Certificate #3105.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4177 Rank Sgt. Name Oshbourne, S.
 Intended place of residence Bishop Falls
 2. Occupation Lumberman
 Classification of soldier E1 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 - 2 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, The Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL - 2 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 - 2 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-11-17 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 600

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 4 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 July 18/1919
 Officer in Charge
 The Royal Newfoundland Regiment

R.F. Bowley Capt
A.P.B 2049/3105

The Royal Newfoundland Regiment

Class for Demobilization:

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

30.6.19

Regimental No *4177*

Name *Estoume Sincere*

Rank *Private*

Address *Bishop Falls*

Present Medical Category *A 1*

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

Members of Board

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

W. A. ...
Senior Medical Officer

J. W. ...
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4177 Rank Pte Name Usherwood, A.
 Date of Enlistment 26-11-17 Address Le Prof. Falls Gate
 Occupation Lumberman Classification for Discharge H Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 30-6-19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

S. H. S. Shawne
with J. W. Chancy

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60.00

(b) Clothing supplied _____

[Signature]

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2138 to his home at Bishop Falls and Release Certificate No. 3112 issued.

Date 2-17-19

J.A. Newcomb
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

Date 2-7-19

18-7-19
J. H. [unclear]
Depot Paymaster.

Discharged approved for 4-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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
B179c	B 120	M 93		

Date 2-7-19

J.A. Newcomb
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 4 1919

Date

R.H. Sait MAJOR
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.

Emboume px
Signature of Man.

Reg. No. 4177

J. H. Snowbapt
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date JUL -2 1919

191

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

MEDICAL HISTORY

Surname Oshorne OF Christian Name Simon

Table I.—GENERAL TABLE.

Birthplace:—Parish Leominster N.D. Bay. County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	26	Nov 1917		191
	at <u>Grand Falls</u>		at	
Declared Age	24	years 4 days	years	days
Trade or Occupation	<u>Labourer</u>			
Height	5	feet 11 inches	feet	inches
Weight		126 lbs.		lbs.
Chest Measurement	Girth when fully expanded... 37 inches			inches
	Range of Expansion... 5 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	<u>6/18 1/2</u>	R.E.—V=	
	L.E.—V=	<u>6/18 1/2</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammert Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>Grand Falls</u>	at	
	on	26 day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Nfld Regt 4177</u>			
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 hospital 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				
Hazeley Da	29	4	18	8	5	18	Influenza	9	Treatment. Rest. Diet. Med. Acquired. Is charged to duty	H. G. Brown Capt R.A.M.C.

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

Date	Brief Details, and Signature
7-12-17	Vacc 20
11-12-17	H.B. 10
18-12-17	T.M.B. 10
31-12-17	T.M.B. 10

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category 1/1
30.6.19
Date of T.M.B.*

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

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 } *Fisherman*
2. Regtl. No. *4174* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *C. Osborne* *S.* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *27*
6. Posted for duty on... *9/11/17* at... *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

He complains of no disability

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

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

Repatration
Spd W. E. H. ...
Capt. Name
 Medical Officer in charge of case.

Station *Hazley Down*
 Date *29/7/19*

* 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



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 *Osbourne James*

Regiment from which discharged **Royal Newfoundland**

Regimental number *177*
Intended address *Bishops Hall*

Height on discharge *5* Feet *11*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Jane*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Exploits, July, 1893.*

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) *James Osbourne* (Rank) *Private*

Station *St John's* Date *30 Aug*

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.

Station

Date



Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*

76-8-1892

Rank *Private* Surname *Osborne* Christian Name *Simon*

Religion *Method* Age on Enlistment *24* years *4* months

Enlisted (a) *26-11-17* Terms of Service (a) *Detention* Service reckons from (a) *26-11-17*

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

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate

Occupation *Seaman* *W. Osborn* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		<i>A I</i>	<i>Embarked</i>	<i>2 JUL 1918</i>	
		<i>76-6-18</i>	<i>Disembarked</i>	<i>5 JUL 1918</i>	
		<i>Joined Battalion</i>	<i>Field</i>	<i>9.7.18</i>	<i>B.213 # 13/7/18</i>
		<i>Applied for</i>		<i>25/7/18</i>	<i>B.213</i>
		<i>Arrived in UK</i>		<i>7/8/19</i>	

Int

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Sholing Smith, & Co.

NEXT OF KIN — *Eli Osborne, Bishop's Falls, Nfld*

July 24, 1919

#4177 Pte Simeon Osbourne,
Bishop's Falls.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the 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..... *Simon* 2. Surname..... *Osborne*

3. Rank..... *Pl* 4. Regtl. No..... *4177*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bishop's Falls Nfld*

6. Date of enlistment in the Regiment..... *Nov. 18/17*

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

8. Relationship of such dependents.....

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

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Nov. 18/17 to*

July 2/19 1.2

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?

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.

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

No

July 2/19
Temporary

(b) Reason for discharge

Demobilization

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.

France, Belgium & Germany - From June 1918
to Feb. 1919

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.

the
Simon X Osborne
mark

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Bishop's Falls, Nfld
St. John's, Nfld
4th day of *July* 19*49*

John W. Carthy
J.P.

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

POLY DISCHARGE PAY.				Net amount due
Date paid	Rate	Said	War Service	
		Soldier's	Property.	
		Dependent		
.....
.....
.....
.....
Certified correct.				Paymaster

ST. JOHN'S, JUL 2 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. S. Osborne

Billeting Soldiers as undermentioned

from June 13th / 19 to June 28th / 19

R. O'Connell ⁱⁿ
4177 - Pte. S. Osborne ^{per C. B. Deffaton}
15 50

ACCOUNT	<u>B. Y. M.</u>	INITIALS
CH. NO.	<u>2063</u>	INITIALS
IND. LEDGER		INITIALS
PAY LEDGER	<u>50</u>	INITIALS
GEN. LEDGER		INITIALS

Certified correct for \$ 15

J. H. Snowball
R. J. Billeting Officer.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Simeon Osborne

in respect of his service as No. **4177** Rank **Pte.**

Name **S. Osborne**

Royal Nfld. Regt.
Nfld. Forces

Receipt of the same should be acknowledged hereon.

Received

Victory & British War Medal

Signature

Simeon Osborne

Date

October 28th / 21

Address

Lewisporte Newfoundland

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Number of Sheets One
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	2d years 4 months	<u>Carpenter</u>	
Joined	Date	Place and Date of Enlistment } <u>G. Falls</u> <u>26-11-17</u>		Religion	
Joined	Date			<u>Methodist</u>	
Joined	Date	Period of } with Colours <u>23.5</u> years. with Reserve <u>36.5</u> years.		Place of Birth	
Joined	Date				

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
				<i>Demobilized St. Johns, 18/19</i>					

To be carried over

The Royal Newfoundland Regiment 4177

DEMOBILIZATION OF

Reg. No 4177 Rank Prv Name Ushewer, L.
 Date of Enlistment 26-11-17 Address Le Petit Village
 Occupation Lumberman Classification for Discharge H Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 30-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

S. Mrs. Ushewer
with J.W. Chancy

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 2-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2138 his home at Bishop Falls Release Certificate No. 3112 issued.

Date 2-17-19

J. A. Newbapt
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 18-7-19

Date 1-7-19

J. H. [unclear]
Depot Paymaster.

Discharge approved for 4-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 2-7-19

J. A. Newbapt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919

R. H. Sait MAJOR
O. C. Discharge Depot.

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

Date July 8 1919

[Signature]
[unclear]

Reg. No. *H 77* Rank *PTE* Name *O'borne Simon*
Attested Address *Bishop Fall*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19*
Returned on S.S. *Corsicans* Cause *Discharge*

27 19
47 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.