Recruiting Form B, 1915.

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. ~~5386~~ 5377 Name Martin Osmond Corps Salvation Army

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Martin Osmond
2. What is your full Address? ..... 2. Shoal Bay, Bd. ..... Yes
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 8 Months
5. What is your Trade or Calling? ..... 5. Fisherman
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. 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 Martin Osmond 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.

Martin Osmond SIGNATURE OF RECRUIT.

Wm. O'Leary Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Martin Osmond 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 St. Johns on this 27th day of May 1918.

Signature of Attesting Officer C.S. Dicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191 .....

Place..... ..... } 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) .....

5377

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Martin Osmond

Apparent age 21 years months. Height 5 feet 8½ inches

Chest Measurement { Girth when fully expanded 37 inches
Range of expansion 3½ inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Osmond
Shoal Bay, BB. | 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 23-5-18									
Joined at St John's on May 23-1918									
Discharged August 8/1919									
Embarked St John's train to Halifax NS 22-9-18.									
Struck off for Demobilization 24-6-1919.									
Arrived Newfoundland 1-7-1919									
Total Service forfeited as above Demobilization St John's 8-8-1919									

Total Service towards Engagement to 8-8-1919 [date of discharge] 1 years 78 days

" " Pensions " [" "] " "

C.R. 5377

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

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

5377, Pte. M. Osmond.

C.R. 5377

Extract from Daily Orders Part 11 Unit The Royal Nfld. 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.

5377 Pte. M.Osmond.

C.R. 5377

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

The undernoted having arrived back from 2nd Bn. Royal Nfld. Regt. is attached to the strength from this date and posted to "D" Co. for rations.

5377 Pte. M.Osmond.

C.R. 5377

Extract from Daily Orders part 11 Depot, St. John's dated Sept. 18/1918

#4[redacted]. M. Osmond.
5377 Pte

Returned from Special Duty from R. N. CO's Dry Dock, 16-9-18.

C.R.5377

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

5379 Pte. M.Osmond.
5377

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

C.R. 5377

Extract from Daily Orders Part 11 Depot St. John's dated 12-9-18.

#5377 Pte. M. Osmond.

The above mentuoned soldier proceeded on Special Duty to R. N. Co's dry Dock, 9-9-18.

C.R. 5377

Extract from Daily Orders Part 11 from Depot St. John's September 12th 1918.

#5377 Pte. M. Osmond.

THE ABOVE MENTIONED SOLDIER PROCEEDED ON SPECIAL DUTY TO AMID NEWFOUNDLAND COMPANY'S DRY DOCK, 9-9-18.

C.R. 5377

Extract from Daily Orders part 11. from Unit The Royal Rifle. Regt. St. John's, dated May 25, 1918.

#5377 Pte. Martin Osmond.

Attested for General Service with the Royal Rifle Regt. from 23.5.18

M. Osmond

C.R. 5377

P. t. R. 9

FORM K

No. 6129

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Martin Osmond, Regl. No. 577

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Fifty 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 August 1st 1918

Identity Certificate No.	Whether Wife, Child, Other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4396	Sister	Mrs Julia Osmond	Cape Freels		
			B. Bay		50
			Total Allotment, $		50

ENTERED.
PAY LEDGERS 20/7/18
NUM. ROLL
ALLOT. INDEX
" REGISTER
EXAMINED

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.) Cuthbert Lump

Officer Commanding E Company

St Johns

June 29 1918

(Sig.) Martin X Osmond

(Rank) Pte

Osmond, M 5377

Hay Dept.

August 8th 1919.

#5377, Pte.M.Osmond,

Shoal Hr..

Dear Sir:

Enclosed please find Discharge Certificate

3601

Yours truly,

Capt.&

Officer i/c Records.

RS/.

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5377 Rank Pte Name Osmond M.
Intended place of residence Shoal Harbour

2. Occupation Fisherman
Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S
Date JUL 11 1919

Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S
Date JUL 11 1919

his M. x Osmond
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

M. x Osmond
Signature of soldier

Signature of witness

9
30
31
8
78

STATEMENT OF SERVICE

7. Enlisted for service 23.5.18
Discharged from service JUL 25 1919 Plus 14 days

No. of days on Military Service 443

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, ~~twenty-eight~~ 14 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 i/c Records
The Royal Newfoundland Regiment

20491 & 601

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:— G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. 5377.

Name Osmond Martin

Address Shoal Bay

Present Medical Category A1

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

Members of Board

R H Tait Major
O.C. Discharge Depot.

J Paterson
Senior Medical Officer

D W Burden
~~M. O. Depot~~

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3377 Rank Pte Name Osmond M

Date of Enlistment 23.5.18 Address Shoal H. District Bonavista

Occupation Fisherman 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

1. **Civil Re-Establishment.**

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

his × mark M. Osmond
Int Lt

Particulars passed to Vocational Officer for information and action.

Date ....

2. **Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable $60.00

(b) ~~Clothing Supplied~~

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2412 to his home at Shoal Harbour and Release Certificate No. 3460 issued.

Date 11-7-19 J. A. Snowball
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 [illegible]
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 J. A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 25 1919

Date N. R. Cooper Capt.
O. C. Discharge Depot.

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

Date

C. R. C. Form B.
25-10-18-5000

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.

Gerard M

Signature of Man.

J. H. Crowlaft Reg. No. 3377

Signature of the Vocational Officer or his Representative.

Place St John

Date 11 7-19 191

D. & C.—1000-4-18

Reprint for Royal Nfld. Regt of Army Form B. 178A.

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

MEDICAL HISTORY

OF

Surname Osmond *Christian Name* Martin

Table I.—GENERAL TABLE.

Birthplace:—Parish Shoal Bay B.B. County Nfld

	SPECIAL RESERVE	REGULAR ARMY
Examined	on 23 day of May 1918 at St Johns	on day of 191 at
Declared Age	21 years days	years days
Trade or Occupation	Fisherman	
Height	5 feet 4½ inches	feet inches
Weight	128 lbs.	lbs.
Chest Measurement: Girth when fully expanded	37 inches	inches
Chest Measurement: Range of Expansion	3½ inches	inches
Physical Development		
Vaccination Marks: Arm / Number	Right / Left	Right / Left
When Vaccinated		
Vision	R.E.—V= 6/6 L.E.—V= 6/6	R.E.—V= 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)	Lamont Paterson	
(Rank)	Major Medical Officer.	Medical Officer.
Enlisted	at St Johns on 23 day of May 1918	at on day of 191
	Corps. / Regtl. No.	Corps / Regtl. No.
Joined on Enlistment	The Royal Nfld Regt / 1377	
Transferred to		
Became non-effective by	on day of 191	on day of 191
(Signature)		
(Rank)		

[P.T.O.

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing o syphilis, admission of trea
	Day	Month	Year	Day	Month	Year			
Hazeley Down	9	3	19	17	3	19	G. Measles.	8	

ist in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars ment out of hospital, transfers. etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
To duty.	C S Wilson CAPT., R.A.M.C.

[P.T.O.

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
24-5-18	Vacc.
13-6-18	TAB
4-7-18	TAB
	It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as E for Discharge on Demobilisation. Medical category
	10.7.19 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

Army Form B. 179A.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. Royal Newfoundland

2. Regtl. No. 5377 3. Rank Pte

4. Name O'Brien Martin
(*Surname*) (*Christian Names*)

5. Age last birthday 22

6. Posted for duty on ..... at .....
in category (or grade) .....

7. Former Trade or Occupation } Fisherman

7a. If the soldier claims previous service in Army, he should state—
(*a*) Former Regts. or Corps; with Regtl. Nos.
(*b*) Date of Discharge;
(*c*) Cause of Discharge.
(*d*) Particulars of Pension or Gratuity (if any)

8. If the disability is an injury was it caused
(*a*) in action (*b*) on field service
(*c*) on duty (*d*) off duty?

9. If a Court of Inquiry was held on an injury state:—
(*a*) When
(*b*) Where
(*c*) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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

8588/P200J. 250,000. 1/19. D. & S.

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 ? }

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.*)

He Complains of his 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 ?

Repatriation

20. Do you recommend—

(*a*) Discharge as permanently unfit ?

(*b*) Change to United Kingdom ?

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

Capt Rame Major

W. L. Procunier.

Medical Officer in charge of case.

Station Hazeley Down

Date 9/4/19

* 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

N.M.D. Form D400A Sec
[2000-20-5-19]

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 occuring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full Osmond, Martin

Regiment from which discharged Royal Newfoundland

Regimental number 5377

Intended address Shoal Bay Bonavista Bay.

Height on discharge 5 Feet 4½

Color of hair on discharge Dark brown

Complexion Fair.

Color of eyes Brown

Descriptive Marks —

Figure on discharge Medium.

Christian name of Father Peter.

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 Valleyfield 23-10-1897

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) his Martin X Osmond mark (Rank) Pte

Station ST. JOHN'S. Date

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.

The Royal Newfoundland Regiment
HEADQUARTERS
ORDERLY ROOM
DEPOT
St. John's, Newfoundland

Station Date

August 16,1919

Mr.Markin Osbourne,
Sheal Bay,B.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St.John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST.JOHN'S.

Christian name Martin 2. Surname Osborne

3. Rank Pte. 4. Regtl.No. 5377

5. Address in full to which future payments of gratuity are to be forwarded Shoal Bay, Bd

6. Date of enlistment in the Regiment May 28/18

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 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 May 28/18 to July 12/19.

1.

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.

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.? No. If not give:- (a) date of discharge July 13th 19 (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.

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.

his
Martin X Osborne
mark

Signature of Applicant:

Place of Residence: Shore St. B.B.
St. John's, Nfld

Declared before me at:

This 12th. day of July 1919.

John McCarthy
J.P.

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

POST DISCHARGE PAY.

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

Certified correct. Paymaster

FORM K

№ 6129

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Martin Osmond, Regl. No. 5277

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Fifty 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 August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4396	Sister	Miss Julia Osmond	Cape Freels B Bay		50
			Total Allotment, $		50

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

(Sig.) Lewis Luce

Officer Commanding E Company

St Johns

June 29th 1918

(Sig.) Martin his X mark Osmond

(Rank) Pte

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 C S Dicks Lieut

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. 5377 Osmond Martin	Age on 21 years months	Fisherman	
Joined ____ Date ____	Place and Date of Enlistment St. Johns 23 5 18	Religion C.E.	
Joined ____ Date ____			
Joined ____ Date ____	Period of with Colours 1 yr 78 years. with Reserve 365 years.	Place of Birth Stoal Bay Bd	
Joined ____ Date ____			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St. Johns	8 6/19			

To be carried over.

Army Form B. 121.

Demobilization Form 3

The Royal Newfoundland Regiment

5377

DEMOBILIZATION OF

Reg. No. 5377 Rank Pte Name Osmond M.

Date of Enlistment 23-5-18 Address Shoal Hr District Bonavista

Occupation Fisherman Classification for Discharge F 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 H. Mews Capt. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

His X Osmond
Minerve Init Lojb

Particulars passed to Vocational Officer for information and action.

Date ....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable $60.00

(b) ~~Clothing Supplied~~ .....

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.2412 ....to his home at Stoat Hill and Release Certificate No. 3460 .... issued.

Date 11-7-19 .....

J. A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19 .....

Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 .....

J. A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 .....

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

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

Date Aug 7/19 .....

Reg. No. 5377 Rank Pte. Name Osmond, M.

Attested ..... Address. Shoal Bay

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

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

Returned on S.S. Caesandra Cause Discharge

10 [illegible]
25 [illegible]

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5377

Army Form B. 179A.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. Royal Newfoundland
2. Regtl. No. 5377 3. Rank. Pte
4. Name Osmond Monton
   (Surname) (Christian Names)
5. Age last birthday 22
6. Posted for duty on ..... at .....
   in category (or grade) .....
7. Former Trade or Occupation } Fisherman
7a. If the soldier claims previous service in Army, he should state—
   (a) Former Regts. or Corps; with Regtl. Nos.
   (b) Date of Discharge;
   (c) Cause of Discharge.
   (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
   (a) in action (b) on field service
   (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
   (a) When
   (b) Where
   (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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

6598/P200. 250,000. 1/19. D. & S.

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 ? Repatriation

(*b*) Change to United Kingdom ?

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

W. T. Procunier. Capt Kaiac

Medical Officer in charge of case.

Station .. Hazeley Down

Date .. 9/4/19

* 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