



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4610 Name Frank O'Toole Corps R.L.

Questions to be put to the Recruit before Enlistment.

- | | |
|---|-------------------------------------|
| 1. What is your name? | 1. <u>Frank O'Toole</u> |
| 2. What is your full Address? | 2. <u>Leaphin Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Station Agent</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service in the signed by you if you are accepted? | 11. <u>yes</u> |

Report 29-4-18

I, Frank O'Toole do solemnly declare that the above answers made by me to the above questions are true, and yes am willing to fulfil the engagements made.

A SIGNATURE OF RECRUIT.
23-4-18
James Arkhe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank O'Toole 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 John's on this 23 day of April 1918

Signature of Attesting Officer James Scott

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Frank O'Toole
 Apparent age 19 years 11 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Mary O'Toole, Caplin Bay
 | Relationship mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Coy	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 length of engagement reckons from <u>23-4-18</u>									
Joined at <u>St. John's</u> on <u>April 23-1918</u>									
<u>Discharged August 31-1919</u>									
<u>Accepted for duty 29-7-18</u>									
<u>Exceeded to 13-5-1918</u>									
<u>Shorts Home leave from 30-5-18 to 5-6-18</u>									
<u>Embarked St. John's St. Columella to Halifax N.S. 22-7-1918</u>									
<u>Admitted Hosp. Hospital Cokerham Facial Laceration 15-2-1919</u>									
<u>On furl for demobilization 24-6-19. Arrived furl 1-7-1919</u>									
<u>Total Service forfeited as above. Demobilization St. John's 3-8-1919</u>									
Total Service towards Engagement to <u>3-8-1919</u> (date of discharge)									
Pensions _____									

C.R. 4610,

Extract from Daily orders part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has
been confirmed by officer i/c records from noted date
3-9-19.

4610, Pte. F. O'Toole.

C.R. 4610

Extract from Daily Orders part I^I, Unit the Royal Mfld
Regiment dated July 21st. 1919.

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

4610 Pte. F. O'Toole.

20-7-19.

C.R. 4610

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

4610 Pte. M.O'Toole.

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

C.R. 4610

Extract from Daily Orders part 11, from Unit The Royal
H.Q. Regt. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.
"Columella" July 22, 1918.

#4610 Pte. Frank O'Toole.

C.R. 4610

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

#4610 Pte. Frank O'Toole.

Attested for General Service with the Royal Nfld.Regt.
from 23/4/18 To report 29/4/18.

C. 2.—Casualties.

237
COLONIAL CONTINGENTS ONLY.



Alexandra HOSPITAL, at Gosham

Affiliated to _____

NOMINAL ROLL of Sick and Wounded from the * U.K. Troops Expeditionary Force
admitted on 18/2/19 from Hospital Ship Hazelley Down disembarked at
* Here insert which Expeditionary Force.

Winchester.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. /c of Records of the Colonial Contingent concerned.

* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
 - (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.
- If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
4610	Pte	O'Toole, Frank	"C" Co. 2nd Royal Newfoundland Rgt.	Facial Paralysis
		Gosham, 19/2/19		

S. O. Cook

C.R.

4610

S. O.

No. 7754/1517

From: NEWFOUNDLAND

B
P.D. 099979
F.F. 79

CONTINGENT

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

To: Officer Commanding
2nd Bat. Ryl. Inf. Regiment
Winchester.



20th May 1919

May 29th 1919.

4610 Pte. F. O'Toole

With reference to the following telegram from the Minister of Militia / / 19 ()::

Receipt hereunder:
P. K...
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n.

"Pay to- 4610 F. O'Toole
£5. 0. 8.

R. N. R.

Cheque £5. 0. 8. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five pounds
Eight pence in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c records.

F. O'Toole
No. 4610 Rank Private
Witness: M. B. ...

No. 18671/2078

N.F.P./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 Nfld. Regt.
Winchester.

19th November 1918

Subject: 4610, Pte. F. O'Toole,

With reference to the following telegram (9819) from the Hon. Minister of Militia, received

Pay to 4610 O'Toole £10:5:6

Draft £ 10:5:6 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon

A. J. ... Maj.
Chief Paymaster & O. i/c Records.

Nov. 20th 1918

Receipt hereunder.

Chas. ... LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of £5 *Five pounds*
Five shillings *Five shillings* for account of
cable remittance from Newfoundland.

F. O'Toole
No. 4610 Rank Pte.

Witness A. L. Carter, Pte.

No. 7450/4.

NEWFOUNDLAND

CONTINGENT

N.F.P./80.

From:

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

Officer Commanding,
Alexandra Hospital,
Cosham.

To C. Coy.
Records.
London S.W. 1.

July 3.3.19
Hospital Down

15th May 1919.

17th May 1919.

4610 Pte O'Toole F.

With reference to the following telegram from the Minister of Militia, / / (182)

This ^{man} was discharged to
Duty & proceeded to Hospital
Down On 3/3/19 979

"Pay to- 4610 O'Toole F.
£5;0;8:

P.D. 099979
Paid NEW 20/3/19

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

PAID NEW
ID COY
COLONEL R.A.M.C.
O/CO ALEXANDRA HOSPITAL,
COSHAM.
17 MAY 1919
673019
No. 6 COY. R.A.M. CORPS

Chief Paymaster & O. i/c Records

A. A. Minors

1562/225/P&A.

066975
NEWFOUNDLAND CONTINGENT

From:

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

FEB 1919

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

27th January, 1919

Jan 30th 1919

Subject: 4610, Pte. F. O'Toole,

With reference to the following telegram (823) from the Hon. Minister of Militia, received

Receipt hereunder.

J. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. *2nd* Batt'n,
Royal Newfoundland Regiment.

"Pay to 4610, O'Toole, £7:1:10.

Draft £ 7:1:10. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Seven pounds

one & ten on account of cable remittance from Newfoundland.

A. A. [Signature]
Chief Paymaster & O. i/c Records.

F. O'Toole
No. *4610* Rank *Private*
Witness *M. Rockett*

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and vice versa.
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and vice versa.
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and vice versa.
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing 'phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" Replace cells.
16.	" Connect up cells.
17.	" Trace the electric circuit with a view to locating a fault.
18.	" Change a bulb.
19.	" Change nightshades.
20.	" Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" Change to duplex and align.
25.	" Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.
1. Render active.	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
2. Connect in series and parallel.	15. 4 plus 3 Buzzer Unit. Connect up.
TELEPHONE D. III.	
3. Connect and insert cells and cell connections.	
4. Test instrument.	
5. Localise and remedy the following faults:— (a) Adjustment of buzzer. (b) Dirty key contact. (c) Dirty Pressel switch contact. (d) Receiver discs and washers. (e) Microphone capsule.	
6. Connect up earth return, metallic return, and use of condenser terminal.	
FULLERPHONE.	
7. Connect and insert cells and cell connections.	
8. Test instrument.	
9. Localise and remedy the following faults:— (a) Adjust No. 1 or (A) contact of armature. (b) Adjust No. 2 or (B) contact of armature. (c) Dirty contacts.	
VIBRATOR, R.A.	
*10. Connect up hand set and cell connections.	
*11. Test instrument.	
*12. Localise and remedy the following faults:— (a) Adjustment of buzzer. (b) Dirty key contact. (c) Dirty Pressel switch contact. (d) Receiver disc and washers. (e) Microphone capsule.	
13. Connect up earth and metallic return.	
	LINEMAN'S DUTIES.
	16. Identify lines by labels.
	17. Draw and explain a simple circuit diagram.
	18. Draw and explain a simple route diagram.
	19. Make a reef knot, barrel hitch and clove hitch.
	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) D. V. } (d) D. twin Mk. III.
	21. Make simple joint in enamelled wire or single wire.
	22. Lay cable (a) in open country. (b) in trenches.
	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
	24. Test with Q, and I, detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) in order to pick up wires in a rope.

* R.A. only.

This space to be pasted in A.B. 64.

SIGNALLER'S RECORD SHEET.

Rgtl. No. 4616 Rank Plt Name & Initial O Toole, J.

Unit Royal Newfoundland Regt-

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests
E. Whitty Capt

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	98 %	99 %	99 %	98 %	%	
Reading ...	98 %	100 %	98 %	100 %	%	

* R.A. Signaller only.

Classified as 1st. Class Signaller at Hazeley Down Camp
 Date 7. 12. 18 Signature of Classifying Officer *E. Whitty Capt*
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

Shool A

4610

Ray Sept.

August 3rd 1919.

#4610, Pte. P. O' Toole,
Caplin Bay, Ferryland.

Dear Sir:

Enclosed please find Discharge Cer-
tificate # 3439.

Yours truly,

Capt = Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4610 Rank Plt. Name O'Toole T
 Intended place of residence Cape Breton
 2. Occupation Station agent
 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 18 1919

J. M. St. John
 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 17 1919

T. O'Toole
 Signature of soldier

W. M. St. John
 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 17 1919

T. O'Toole
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No. of days on Military
 Discharged from service JUL 20 1919 Plus 14 days Service 468

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 20 1919

L. R. Cooper Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

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

W. B. 207913439

8
31
30
31
3
03

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No. *4610*

Name

W. Soole, Francis

Address

Caplin Bay, Ferryland.

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board

Members of Board

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

H. Peterson
Senior Medical Officer

G. C. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4670 Rank: Pvt. Name: V. Macle F.
 Date of Enlistment: 23-4-18 Address: Captain Gray District: Terrenceville
 Occupation: Shipwright Classification for Discharge: 6 Medical Category: I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date: July 10, 1919

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date: _____

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable: \$60.00

(b) Clothing Supplied _____

Date: 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 792470.... to his home at Saphir Bay and Release Certificate No. 3711... issued.

Date 18-7-19.....

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-8-19.....

Date 18-7-19.....

[Signature]
Depot Paymaster.

Discharge approved for..... 20-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 263	B 121	S.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board Ist	" 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 18-7-19.....

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratitude

Date JUL 20 1919.....

L. R. COOPER, CAPT,
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

F. D. Toole.

Signature of Man.

W. M. Constable Reg. No. 4616

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date *18-7-15.* 191

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

MEDICAL HISTORY

OF

Surname

O'Toole

Christian Name

Francis

Table I.—GENERAL TABLE.

Birthplace:—Parish

Caplin Bay

County

Dflla

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	at	on	at
Examined	<i>23</i> day of <i>apri</i> 191 <i>8</i>		day of	191-
	<i>S. Johns</i>			
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Station agent</i>			
Height	<i>5</i> feet	<i>8</i> inches	feet	inches
Weight	<i>135</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded		Range of Expansion	
	<i>35</i> inches		<i>8</i> inches	
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm		Number	
	/		/	
When Vaccinated				
Vision	R.E.—V= <i>6/6</i>		R.E.—V=	
	L.E.—V= <i>6/6</i>		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)	<i>Ernest Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>S. Johns</i>	at	
	on	<i>23rd</i> day of <i>apri</i> 191 <i>8</i>	on	day of 191
Joined on Enlistment	Corps.	/ Regt. No.	Corps.	Regt. No.
	<i>Medical</i>	<i>4610</i>		
	<i>44th Regt</i>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

al or to the sick list in case of Warrant Officers treated in quarters.

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

Cured by 1 week's Electrical treatment
sent back to unit

John Reynolds
L. R. C.

L. R. 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
4-7-18	T.A.B. 40
10-5-18	T.A.B. 60
20-10-18	T.A.S. 100
31-1-18	T.A.S. 102

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

July 13/19
Date of T.M.B.



 Assistant Surgeon
 Discharge Hospital, New Zealand

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



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 *O'Tool, Francis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *460*

Intended address *Captain Bay Newfoundland*

Height on discharge *5 Feet 8*

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Red hair*

Figure on discharge *Red hair*

Christian name of Father *—*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Captain Bay 28-5-1898*

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) *Francis O'Tool*

Ho
(Rank)

Station *ST. JOHN'S*

Date *18-7-19*

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 *St. John's, Newfoundland*

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 Former Trade or Occupation } Station Agent
2. Regtl. No. H/10 3. Rank... Pte 7a. If the soldier claims previous service in Army, he should state—
4. Name C. Toole Francis
(Surname) (Christian Names)
5. Age last birthday. 21
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
(b) Where (if any)
(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 (d). 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, 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.)

See 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 ?

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

Refaturation

W.E. Poennier, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hareley Down*

Date *2/4/19*

* 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

Pt O Toole

kind please

~~to~~
capture

up to the Dept.

28. 2. 19.

ALEXANDER HOSPITAL.

Ward L. Upper

Number, Name, Rank & corps of patient

Pls O Toole

HISTORY

Facial Paralysis
? Cause
involuntary
or organic

REPORT

All movements good.
No nerve lesion.
To have elect: test
for 1 week.

W. C. Toole

To attend.....at.....

11:30 - 4:30 p.m.

W.C. Toole Electrical Dept.

Date.....20.2.15

How Reynolds
W.O. 1/c care.
W. Raine

Date.....19.2.15

August 9th 1919.

Mr. F. O' Toole,
Caplin Bay,

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 ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster .

RS/.

12. Give total length of

whether in field or overseas

From April 23/18
to July 18/19, 1.2

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 *Frank* 2. Surname *O'Gool*

3. Rank *Plt* 4. Regtl. No. *4610*

5. Address in full to which future payments of gratuity are to be forwarded *Captin Bay*

6. Date of enlistment in the Regiment *Apr. 23/18*

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 Apr 23/18

To July 18/19..... 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?

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 Reps? Will not give? - (a) Date of discharge

July 1919 Temporary

*No. did not give? - (b) Reason for discharge. *Dear Elizabeth**

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.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

18th

day of

F. J. Toole
Capping Bay, Peggysland District
M. J. Phelan, J.P.
July 19, 1919
John W. Carthy

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

Date	Rank	Grade	Pay	War Service	Net amount due
.....
.....
.....
Certified correct.				Paymaster	

June 11, 1919

Mrs. Mary O'Toole,
Caplin Bay.

Dear Sir:

With reference to your telegram of May 10th. I beg to advise you that I have cabled £5. 0. 8, being the equivalent of \$25.00 less the cost of message, to 4610, Pte. Frank O'Toole.

Yours truly,

Lieut.
For Paymaster.

ST. JOHN'S,

JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt F G Looke

Billeting Soldiers as undermentioned

from

July 1/19 to July 16/19

4610 Pvt F G Looke 16. 60

ACCOMMODATION	<u>137m</u>
FILE NO	<u>3344</u>
PAY LEVIES	
GEN. EDGES	

Certified correct for \$ 16.60

M. Blonsky

Billeting Officer.

60.1.

F. D. Looke

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheets 1

Signature of O. C. Company James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	O'Toole J.	Age on	19 years months	Station Agent	
Joined		Date	Place and Date of Enlistment	Religion	
Joined	Date	27.11.18	R.C.	Place of Birth	
Joined	Date	Period of } with Colours 103 years. with Reserve 76 1/2 years.	Rapha Cove		
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
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized John's 3 8/19

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

..... DEMOBILIZATION OF

Reg. No. 4610 Rank Plt Name W. J. Moore
 Date of Enlistment 23.4.18 Address Caplan Bay District Levyland
 Occupation Station agent Classification for Discharge 6 Medical Category A I
 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 July 18/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. F. J. Moore

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 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2470 to his home at Waples Bay and Release Certificate No. 3711 issued.

Date 18-7-19

Amelbourne
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 18-7-19

Amelbourne
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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 18-7-19

Amelbourne
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 20 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 11 19

Amelbourne

Reg. No. *4610* Rank. *Plt* Name. *O'Loole, J.*

Attested Address. *Caplin Bay*

Allotment..... Allottee ..

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

Returned on S S. *Cassandra* Cause. *Discharge*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

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 I. (aw) formed. (aw) ...* Former Trade } *Amagon*
or Occupation }
2. Regtl. No. *4610* 3. Rank... *Private* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *O'Shale* *Frank*
(Surname) (Christian Names)
5. Age last birthday... *21*.....
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
(b) Where (if any)
(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 (a). If not due to any of these causes, to what specific condition do you attribute it ?

The complainant of no disability

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.)

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.

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 ?

Repatrolled

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

W.E. Procunier *Capt. Rame*

Station *Bozely Town*

Medical Officer in charge of case.

Date *2.1.44*

* 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

C.R. 4610

Form 332.

REID NEWFOUNDLAND COMPANY.

RAILWAY AND STEAMSHIP LINES.

STATION.

April 18/21: 191

Registrar R. N. R.

Dear Sir:

Included in the
R. N. Regiment on April 13th/1918
my no 4610. Would I come
within the conscript class
Please advise

And Oblige

Yours Truly

F. C. J. Luce

11/5/18

C.R. 4610

April 25th, 1921

F.C.O' Toole,

Dear Sir:-

In answer to your letter of April 18th,
it is proved that you enlisted on April 23rd, 1918.
The Military Service Act was passed on May 1th, 1918,
so that your enlistment cannot in any case be said to come
under the conscription class.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer