



FIRST NEWFOUNDLAND REGIMENT

3526

ATTESTATION OF

No. 3506 Name of Painter Corps Cops.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Georget Painter</u> |
| 2. What is your full Address? | 2. <u>71 Bloor St. W. Toronto, Ont.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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 to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Georget T. Painter, 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.

313117 George T. Painter SIGNATURE OF RECRUIT.
Wm. J. Parsons Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Georget T. Painter, 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 answered 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 3rd day of March 1915.

Signature of Attesting Officer Wm. J. Parsons

†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 1st Co.

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

Date 3/3/15 Place St. John's } 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)

10 Prozels Sq.

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

MEDICAL HISTORY

Surname: Painter OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Breton County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	2 nd day of March 1917	St. Johns.	day of	191
Declared Age	23 years	10 days	years	days
Trade or Occupation				
Height	2 feet	7 inches	feet	inches
Weight	154	lbs.		lbs.
Chest Measurement	Grith when fully expanded	41 inches		inches
	Range of Expansion	5	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	4/6	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>Lammie Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	St. Johns.	at	
	on	2 day of March 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
	<u>Newfoundland 3506</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

48

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 cases 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				
<i>Beathfield Hosp.</i>	<i>12</i>	<i>10</i>	<i>17</i>	<i>12</i>	<i>11</i>	<i>1917</i>	<i>Diphtheria</i>	<i>31</i>	<i>Swab positive</i>	<i>W. Donoghue</i>

From. Ophthalmic Surgeon, Central Military Hospital

WINCHESTER.

To. Medical Officer in Charge, Royal T. F. L. D. Regt.
Hamley, Dover.

16. 3. 1918.

"REPORT OF VISION".

No. 3506. Pte. Pambro G.

Has ...	V.A.	R.E. <u>4/8</u>	With correcting lenses	R.E. <u>4/6</u>
		L.E. <u>6/8</u>		L.E. <u>4/9</u>

Right myopic cond eye.

*frames below strength supplied
by W.O. file one*

Chroumsted.

Capt. R.A.M.S.
Ophthalmic Surgeon.

Note..... This report should be attached to this man's
Medical History Sheet for future reference
please.....

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2506 Rank Pte. Name Geo. Painter
 Intended place of residence St. John's John Street
 2. Occupation fisherman
 Classification of soldier (3) Medical Category F

3. The above named man is discharged in consequence of DEMOBILIZATION.

ELIGIBLE for POST DISCHARGE PAY

4. His accounts are ^{not} correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place DEC 30 1918

Date

W. H. C. C. C.
 for 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 for my connection, subject to arrears being to my account

Place and date St. John's

30-12-18

Painter G.
 Signature of soldier

W. H. C. C. C.
 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 and Date Dec 30th 1918

St. John's

Painter G.
 Signature of soldier

W. H. C. C. C.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2. 5. 17.

Discharged from service 7. 11. 18. plus 14 Days.

No of days in Military
690 55 Days
 Service 2. 5. 17.

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S.

W. H. C. C. C.
 for Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date JAN 7 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld.

Date January 24, 1919

W. H. C. C. C.
 Officer in Charge
 The Royal Newfoundland Regiment

00 B 2079/635

Medical Report on an Invalid.Station HAZELEY DOWN CASB.Date 5 DEC 1918

1. Unit ROYAL NEWFOUNDLAND REG.
2. Regimental No. 3506
3. Rank Plt.
4. Name PAINTER
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit; } na
(b) Regimental No.; }
(c) Date of Discharge; }
(d) Cause of Discharge. }

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

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

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Returned from Home
marked B category on
account of flat feet this
disability existing prior to
enlistment
see Med. Report.*

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

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

Not attributed to active service

Constitutional

13. What is his present condition?

Flat feet 3rd degree

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation
W. H. C. Coffey
ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

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

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.Date 4 DEC 19181. Unit ROYAL NEWFOUNDLAND REG.2. Regimental No. 3706.3. Rank Pte.4. Name PAINTER.

5. Age last birthday

6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 7. Former Trade }
or Occupation }

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge. } S.A.

8. Disability in respect of which invaliding is Proposed.

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

Flat Feet.Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

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

Returned from Bouen
marked B Category
on account of flat feet. This
disability existing prior to
enlistment

vide ATT. report.

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

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

not attributed to active
service
Constitutional

Flat feet 3rd degree

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding; and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

Mme
Captain

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

hw

yes

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

hw

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

nil

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

hw

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

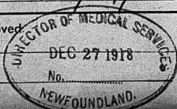
Station Plus
Date Dec 17 1918

H. H. Aspin President.
Archibald
Robinson Major Members.

Approved

Station DEC 27 1918
Date No.

Cluny Macpherson Major
Administrative Medical Officer, N.F.S. NEWFOUNDLAND.



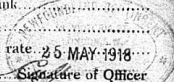


Army Form B. 103.

Regimental Number 35010

Casualty Form - Active Service.

Regiment or Corps 21st Royal Newfoundland
 Rank Pte Surname Painter Christian Name George J
 Religion Catholic Age on Enlistment 23 years 10 months
 Enlisted (a) 3.3.17 Terms of Service (a) Duration Service reckons from (a) 3.3.17
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b)
 or Corps Trade and rate 25 MAY 1918
 Occupation Fisherman J. M. Emerson Signature of Officer



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service as reported on Army Form B.213, Army Form A. 26, 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. 26, or other official documents.
		Embarked	<u>25-5-18</u>		
		Disembarked	<u>27-5-18</u>		
		Joined Battalion	<u>31-5-18</u>		
	<u>25 Gen 44</u>	<u>Ad Capt.</u> <u>Ad Capt. H. J. ...</u>	<u>19/10/18</u>	<u>B 2, 3</u>	<u>7/11</u>
	<u>S. J. B. C.</u>	<u>Quinn</u>	<u>Karen</u>	<u>18/11/18</u>	<u>...</u>
	<u>2 M.B.O.</u>	<u>Rep for 2 M.B.O.</u>	<u>"</u>	<u>19/11/18</u>	<u>"</u>
		<u>" Engineer B "</u>		<u>21/11/18</u>	<u>...</u>
			<u>Ad Capt.</u>		
			<u>Capt.</u>		
			<u>For Officer i/c No 1 Infantry Section</u>		
			<u>3rd Echelon General Headquarters</u>		

(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, Signaling Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Number of Sheet *First*
Signature of O. C. Company *Thos. K. Reed Esq. Lt.*

Regiment of *1st. Newfoundland.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3506 Paints, George T.</i>	Age on	<i>23</i> years <i>10</i> months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	{ with Colours <i>325</i> years. with Reserve <i>365</i> years.	<i>Catholic</i>	
Joined		Date		Place of Birth	

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>Russell Street, Newton-on-ayr Magdalen Down Camp.</i>	<i>5th July 11-18</i>	<i>Pte Rt.</i>		<i>Loosing waist-belt 1. Inattention on parade 2. Failing to comply with an order.</i>	<i>Sgt. Pitt Sgt. Bishop</i>	<i>for loss 3 days CB.</i>	<i>6th July 21/48</i>	<i>Lt. Col. Whitaker Lt. Emerson.</i>	<i>J.M.B. J.M.B.</i>
<i>Demobilized St. John's, 21st 19</i>									
<i>To be carried over</i>									



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 **Painter George**

Regiment from which discharged *1st. Newfoundland*

Regimental number **3506**

Intended address **Hr. Briten Fortune Bay**

Height on discharge **5 Feet 7½**

Color of hair on discharge **Dark**

Complexion **Fair**

Color of eyes **Brown (Lt.)**

Descriptive Marks **--**

Figure on discharge **Medium**

Christian name of Father **-**

Christian name of Mother **Charlotte**

Wife's maiden name in full **-**

Date and place of marriage **-**

Christian names of children **-**

Place and date of soldier's birth **Little Bay Mat 16th. 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) **George Painter**

(Rank) **Pte.**

Station **St. John's N.F.L.D.**

Date **Dec. 24th. 1918.**

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.

L. Paterson

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station **St. John's N.F.L.D.**

Date **Dec. 24th. 1918.**



Descriptive Return of a Soldier Discharged on Account of Disability

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Name in full **Painter George**

Regiment from which discharged *1st. Newfoundland*

Regimental number **3506**

Intended address **Hr. Briten Fortune Bay**

Height on discharge **5 Feet 7½**

Color of hair on discharge **Dark**

Complexion **Fair**

Color of eyes **Brown (Lt.)**

Descriptive Marks **--**

Figure on discharge **Medium**

Christian name of Father **-**

Christian name of Mother **Charlotte**

Wife's maiden name in full **-**

Date and place of marriage **-**

Christian names of children **-**

Place and date of soldier's birth. **Little Bay Mat 16th. 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) **George Painter**

(Rank) **Pte.**

Station **St. John's N.F.L.D.**

Date **Dec. 24th. 1918.**

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.

L. Paterson

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station **St. John's N.F.L.D.**

Date **Dec. 24th. 1918.**

Re 3506 Plt Gorg Pariter Rementing Rd.

Discharged on 21/194¹⁹. Permanently unfit.

Flat feet - His present disability is not
attributable to service - not eligible for pension.

Refer to G.W.V.A for their consideration

[Signature]

Reg. No. *3506* Rank *pte* Name *Quintus J. J.*

Attested* Address *Mr. Breton*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *21.12.18*

Embarked for Overseas Cause *Discharge*

PASSED TO DEMOBILIZATION OFFICER DEC 30 1918

27-12-18. Unfit - Commended discharge permanently

DISCHARGE APPROVED ON DEMOBILIZATION.

The Royal Newfoundland Regiment

D 3504

DEMOBILIZATION OF

Reg. No. *3501* Rank *Pte* Name *Parker George*
 Date of Enlistment *2.3.17* Address *St. John's* District *St. John's*
 Occupation *Fisherman* Classification for Discharge *B* Medical Category *E*
 Recommendation S.M.B. *Penalty profit* Disability Rating *nil*
 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. <i>3</i>
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 *30.12.18* *M. W. C. Capt*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

g painter

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 *Joseph A. Snowling*

Date *30-12-18* O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 979 to his home at W. Burton and Release Certificate No. 447 issued.

Date 30-12-18 C. B. Dicko Capt
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 21-1-19

Date overseas pay etc to be reported - to N.F.P. Dept W. Stanley Capt
Depot Paymaster.

Discharge approved for Jan 7 1919

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	✓ 11	N.F. Med.	D.F. 1	✓ 11	
F 178	W 3494	B 122		Board 1st	" 2	✓ 12	Form B
F 178a	D 400A	B 1915	✓ 11	do 2nd	" 3		
B 179	B 400B	Form L		do 3rd	" 4		✓
B 179a	D 400C	Form K		do 4th	" 5		
B 179b	B 103	ME 2	✓ 11		" 6		
B 179c	B 120	M 93					

Date 31. 12. 18 C. B. Dicko Capt
Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 7 1919 W. Stanley Capt
O. C. Discharge Depot.

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

Date Jan 6/1919 W. Bowley Capt
C. B. Dicko

DEPARTMENT OF VETERANS AFFAIRS

To Mr. Ferguson
War Service Records.

Ottawa, January 28, 1950.

Attention of

Subject Re: #3506 - PAINTER, George
Royal Newfoundland Regiment

File No. 1412-G

The attached service and medical documents removed from
"NF" District temporary file are passed to your office for retention,
please.

E. Ferris

Supervisor,
Mimeograph and Document Section.

THE CANADIAN PENSION COMMISSION

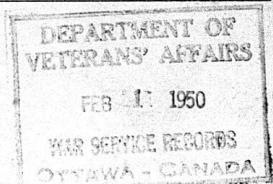
MEMORANDUM

TO: Director of War Service Records.

OTTAWA, Jan. 30, 1950.

FROM: The Canadian Pension Commission.

#3506 - George T. Painter.
Royal Nfld. Regt.



The marginally named

Died

Oct. 29, 1949.

Next of Kin

Mrs. Gertrude Wilcox (Friend),
Box 216, Lunenburg, N.S.

In the opinion of the Commission,
death was not related to service with the forces.

VM
Died on strength

E. Lahey
for
Secretary.

*Noted
R4B*