



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5817 Name Manuel Pardy Corps A

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Manuel Pardy</u> |
| 2. What is your full Address? | 2. <u>Little Beach Road</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u> </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. <u> </u> 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, Manuel Pardy 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.

Manuel Pardy SIGNATURE OF RECRUIT.
Cap Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Manuel Pardy 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 only 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 18 day of July 1918.

Signature of Attesting Officer Patrick 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 July 18 1918 } Approving Officer.
 Place St. John's } Manley

* 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

5819

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

Name Manuel Laddy
 Apparent age 28 years months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Lodes
Herring Neck | 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.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-7-18</u>									
Joined at <u>St John's</u> on <u>July 18-1918</u>									
<u>Discharged August 19-1919</u>									
<u>(B)</u>									
<u>Embarked St John's train to Halifax N.S. 22-9-18</u>									
<u>T. Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> (date of discharge) <u>1</u> years <u>23</u> days									
" " Pensions " [" "] " " "									

Reg. No. 5817 Rank. *Pl* Name. *Lardy Manuel* 7
Attested. *19-7-18* Address. *Little Burnt Bay*
Allotment. *59 60* Allottee. *~~None~~ Dr Elizabeth Lardy (Wife)*
Date of Allotment. *1-9-18* Returned from Overseas.....
Embarked for Overseas. **SEP 22 1918** Cause.....

Vacc 9-8-18. 1st inoc 26-8-18. 2nd 2-9-18. 3rd 17-9-18.
A.L. 29-7-18 to 9-2-18. S.L. 9-5-18.

C.R. 5817

extract from Daily Orders Part II Royal Newfoundland
Regiment depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c records from noted date
9-8-19.

5817, Pte. Manuel Pardy.

C.R.

5817

Extract from Daily Orders Part II unit the Royal WFLA. Regt.
St. John's, July 15, 1919.

The Discharge of the Undernoted on Amputation has been
APPROVED by C.C. Discharge Depot with effect from 25-7-19.

5817 Pte. M.Pardy.

C.R. 5817

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

5817 Pte. W. Pardy.

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

C.R. 5817

Extract from Daily Orders by Major H.S. Sullivan,
Commanding Newfoundland Forestry Companies, 6-12-19.

The Undesignated having reported for duty from
the 2nd Bn. Royal Nfld. Regt. is attached to the Strength
for rations, from this date and posted to Companies
"A"

5817 Pte. M. Pardy

C.R. 5817

Extract of Orders by Lt.Col.B.J.Barton D.S.O. Commanding
2nd Battalion Royal Newfoundland Regiment. NOV 28 1918

The following having reported from hospital ~~is~~ taken on
the strength and posted to "C" Company.

5817 Pte.Pardy, M, as from 27/11/18

C.R. 5817

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "M".

5817 Pte. Pardy Manuel.

C.R. 5817

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

#5817 Ptr. M. Hardy.

Returned from Special Duty from R. N. CO'S DRY DOCK, SEPT. 16.th 1918.

C.R. 5817

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

#5817 Pte. M. Pardy.

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

Extract from Daily Orders part 11, from Unit The Royal
Wilt. Regt. St. John's, dated July 19, 1918.

#5817 Pte. Manuel Pardy.

Attested for Gen ral Service with the Royal Wilt. Regt.
July 18, 1918.

M. Hardy

C.R.

5817

11
10

1110

10

Hardy, M

5817

Hay Sept.

August 12, 1919

#5817 Pte. Hannel Pardy.
Herring Neck.

Dear Sir:-

Please find enclosed Discharge Certificate #3669.

Yours truly

Captain & Paymaster.

Oct.15,1919

The Royal Bank of Canada,
City.

Dear Sirs:-

I enclose cheque for Seventy dolla s
(\$70.00), please place to the credit of Manuel
Bardy, and ob ige,

Yours truly

Major
Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5817 Rank Pte Name Parry M.
 Intended place of residence Herring Neck
 2. Occupation Fisherman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 12 1919

M. H.
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 12 1919

M. Parry
Signature of soldier

W. Beaton
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 12 1919

M. Parry
Signature of soldier

W. Beaton
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service...	<u>18.7.18</u>	No. of days on Military
Discharged from service...	<u>JUL 26 1919</u>	Service... <u>388</u>

Plus 14 days

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 26 1919

K. R. Cooper
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 9/1919

M. Bowley
Officer in Charge
The Royal Newfoundland Regiment

ARM 2079/3669

14
9

The Royal Newfoundland Regiment

Class for Demobilization: *70*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5814*.....

Name *Sardy* *in name*.....

Address *St. Mary's* *Rich.*.....

Present Medical Category... *A-7*.....

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

Members of Board {

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

H. Peterson
Senior Medical Officer

Lee Borden
M. O. Depot

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.

Tordy m

Signature of Man.

Reg. No. 5817

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

12-7-19

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 817 Rank Pl Name Pardy M
 Date of Enlistment 18 7-18 Address Herringdale District St John's
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	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 11-7-19 O. C. Discharge Depot MWSH

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*M x Pardy
with wife*

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 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192367.....to his home at Herringfleet..... and Release Certificate No. 3506..... issued.

Date 12-7-19.....

J.H. Lawrence
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 9-8-19.....

Date 12-7-19.....

H. M. H.
Depot Paymaster.

Discharge approved for..... 26-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	✓	N.F. Med.....	D.F. 1.....	✓
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	✓ D 400A.....	✓ B 1915.....		do 2nd.....	" 3.....	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 12-7-19.....

J.H. Lawrence
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 26 1919.....

H.R. Cooke Capt.
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname

Pardy

Christian Name

Manuel

Table I.—GENERAL TABLE

Birthplace:—Parish

St Johns County *Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>18</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>23</i> years	days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>4 1/2</i> inches	feet	inches
Weight		<i>133</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Arm	Right	Left	
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/18</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>Lambert Balson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St Johns</i>	at		
	on <i>18</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal</i>	<i>5817</i>		
Transferred to	<i>Defended Regiment</i>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				

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 Regt.* } Former Trade or Occupation } *Tradesman*
2. Regtl. No. *5817* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Parry* *Manuel* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty ?
- (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court.

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

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

The Complaints 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?

Repatiation

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

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

W. J. Proctor, Capt. R.A.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

Date *15/4/19*

* 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



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

Dardy Manuel

Regiment from which discharged

Royal Newfoundland

Regimental number

1817

Intended address

St. John's N.C.

Height on discharge

5' 4"

Color of hair on discharge

Brown

Complexion

Ruddy

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Medium

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

Little Parish Bay, N.C., 1896

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)

Dardy Manuel *Private* *1st Lt.*

(Rank)

Station

ST. JOHN'S

Date

1.7.19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Station

Date

August 16, 1919

Mr. Manuel Pardy,
Little Burnt Bay, N.D.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..... *M* 2. Surname..... *Parley*

3. Rank..... *Pte* 4. Regtl. No..... *5817*

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

6. Date of enlistment in the Regiment..... *July 1918*

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..... *no*

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..... *12 mos.*

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.

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

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

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

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

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

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

no
July 26/19
Demob

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.

England

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.

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
M. X. [unclear]

Signature of Applicant:

Place of Residence: *Little Burnt Bay* *N.W.B.*

Declared before me at: *St Johns*

This *17* day of *July* 19*19*...

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

John M. Claitor
J.P.

POST DISCHARGE PAY.				
Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....
.....
.....
Certified correct.		

Raymond

C.R. 5817

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 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..... *1st Coy New Zealand*
- 2. Regtl. No. *5817* 3. Rank..... *Pvt*
- 4. Name *Pardy*..... *Manuel*
(Surname) (Christian Names)
- 5. Age last birthday..... *23*
- 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.
- 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) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (n). 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.)

No Complaints 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?

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.

W.E. Proctor
 Medical Officer in charge of case.

Capt. Rains

Station *Harley Down*

Date *10/24/19*

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5817 Rank Pl Name Parley, Migan
 Date of Enlistment 18-7-18 Address Herring Dock District St John's
 Occupation Fisherman Classification for Discharge B 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.....
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 O. C. Discharge Depot. M. S. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*M. S. H. Parley
man with wife*

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6000
- (b) ~~Clothing Supplied~~ Altogether

Date 13-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B.2367.....to his home at Hennings Creek..... and Release Certificate No. 3506..... issued.

Date 12-7-19

J. H. Lawrence
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 9-8-19

Date 12-7-19

H. M. Smith
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

J. H. Lawrence
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919

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

Received the above noted documents from O. C. Discharge Depot.
..... *[Signature]*

Date Aug 7 1919