

# THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF
No. 5300 Name affect Carrett Corps tot &
Questions to be put to the Recruit before Enlistment.
(Allered 11- moth
I. What is your name?
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5 Fisterman.
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac- 8.
9. Are you willing to be enlisted for General Service? · 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as embodied in the roll of service to be \} 11\\ 11\
in the solution of the above questions are true, and that I am withing to fulfil the engagements made.  On the solution of the above questions are true, and that I am withing to fulfil the engagements made.  Signature of Recruit.
OATH TO BE TAKEN BY RECAUIT ON ATTESTATION.  I
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
Signature of Attesting Officer
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

Apparent age 2.3 years months, Height 5 feet 7.2 inches Chest Measurement Chest Measurement Range of expansion 3 inches Range of expansion 5 inches Particulars as to Marriage  (a) Christian and Sumans of Woman to whom married, and whether planter or widow. (b) Place and date of marriage. (c) Present address. (c) Initials of Officer welling energy. (d) Christian Names  Particulars as to Marriage  (d) Christian Names  Particulars as to Children Christian Names  Dates and Place of Birth.  STATEMENT OF THE SERVICES  Corps in Rgt. or Promotion, Reductions, Causalites, &c.  Corps in Rgt. or Promotion, Reductions, Causalites, &c.  Causalites, &c.  Causalites, &c.  Corps in Rgt. or Promotion, Reductions, Causalites, &c.  Causalites, &c.  Causalites, &c.  Causalites, &c.  Causalites, &c.  Corps in Rgt. or Promotion, Reductions, Constitution on	Chest Measurement Countries Range of expansion Supplied Sinches Range of expansion Supplied Sinches Range of expansion Supplied S	<u>•                                     </u>
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# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. J30 9 Rank Mr. Name Jasratt Ubfred
Date of Enlistment 22.0 18 Address Mantantogs District Commandy
Occupation
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
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B 178
B 178a
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
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Date. 5 6 19 O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
z. Civil Re-Establishment.
I amin a position to resume civilian occupation.
Particulars passed to Vocational Officer for information and action.
Date
The state of the s
2. Clothing.  Certified that Clothing Regulations have been complied with:—
(a) Clothing Allowance payable. # 2019
/ UNITED AS LOVE.
(b) Clothing Supplied CLYVICLLANDYN
Date. 6 - 6 - 1.9 Oilc. Re-clothing.

The herein named soldier's accounts have been correctly balanced and all matters in continuous therewith settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has received pay and allowances to the hardward settled. He has re	iiB
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Date	iiB
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Discharge approved for.  Forwarded with following documents to O.C Discharge Depot.  S.F. P 36.	118
Forwarded with following documents to O.C Discharge Depot.  N.F. P 36.	1118
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PPROVED.	
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Board of Pension Commissioners.	
with following additional documents.	
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JUN 20 1919	
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# Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The 'Rank,' 'Station' and 'Date' should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i |c Records together with the remainder of the man's documents.

Changes occuring in the description subsequent to the date of admission to pension should be noted in

Name in full affed Parott Regiment from which discharged Royal Dewfoundland Regimental number 5 30 9 Intended address Wintuton J.B. Height on discharge 5 Color of hair on discharge Black Jan Complexion Color of eyes Stue Descriptive Marks Figure on discharge medu Christian name of Father Christian name of Mother Elle Wife's maiden name in full Date and place of marriage -Christian names of children Place and date of soldier's birth Winter to 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)

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

Station

Date

[P.T.O.

## Casualty Form-Active Service.

	Regi	ment or Corps ROYAL NEWFOUNDLAND	-ppgi	>	
Rank J	Le Surname	ment or CorpsROYAL NEWFOUNDLAND	stian Name. C	J <b></b>	
Religion	27/1/18 T	Age on En DURATION.	listment 23	years	month
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Date of pro	motion to present i	rank Date of a	ppointment to la	nce rank.	
\ (.	)	() Qualificat	ion (b)		
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Occupation.	etisherma	engaged Qualificat or Corps	Long	Sig	nature of Office
Occupation.	Report				Remarks
Date	From whom received	Record of promotions reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Taken from Army Form B.213, Army Form A.36, or other official documents
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For original see tile 5243

C.R. 5309

COPY.

Winterton, Nov. 15th 1919.

To: A.E. Hickman,

Minister of Militia.

Dear Sir:-

Please forward War Ribbon to 5243, Malcolm Kelland and 5309, Alfred Parrott and oblige

Malcolm Kelland
Winterton, Trinity Bay,
N.F.L.D.

Alfred Parrott,
Winterten, Trinity Bay,
N.F.L.D.



Extract from Daily Orders Part 11 Unit The Royal Effld. Regt. Depot St. John's, June 1090, 1919.

The discharge of the following on demobilization has been APPROVED by O.O. Discharge Depot, with effect from fines 20-6-19.

5309 Pte. Alfred Parrott.

J.R 5309

Extract from Daily Orders Part 11 Depot, St. John's, Date 9-6-19.

5309 Pte, Alfred Parrott.

Reported at Headquarters 1-6-19. ex "Corsican" which sailed Liverpool May 22/1919.

Extract from Rominal Roll 1st, Bettalien 5309

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the Ist.Battalicn left Rouen Camps 22/4/19, embarked at Havre 22/4/19; disembarked at Southampton 23/4/19 and reached Hezeley Down Camp 23/4/19.

#5309 Pte. A. Parrott.

History Control of the Control of th

Lell Reach Theorem to Act, Markey &

C.R. 5309

Extract from helly orders art II Hoyel Newfoundland Regiment Depot st. John's deted 8-7-19.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date #-7-19.

5309, Pte. Alfred Parrott.

C.R. 5309

Extract from Nominal Roll of draft No. 56, from the 2nd., Battalion of the Royal Newfoundland Regiment, Winchester to the 1st., Battalion of the Royal Newfoundland Regiment, B.E.F., Embarked Southampton 23/11/18.

#5309 Pte. A Parrott.

# C.R. 5-309

Extract from War Office List No. H. A. 7777.

#5309 Pte. A. Parrott.

PUO MILD. ADMITTED 7 STY.H.BOULOGNE 19th., DEC. 1918.



Extens t from Dally Orders part 11, from Unit the Royal Dala Rogs of John's Sated July 25, 1919.

The following were mborbed for oversess on H.C.S. "Columbella" July 22,1913.

#5309 Pte .Alfred Parrott.

Extract from Daily Orders part 11, from Unit The Royal Bild.Regt.St.John's, dated May 23,1918.

#5309 Pte. Alfred E. Parrott.

Attested for General Service with the Royal Bfl. Regt. from 22.5.18

Savrott C.R. 5309

### Medical Report on an Invalid.

Na eley Down Comp. Station Date

Noyae New formaland).

7. Former Trade \ or Occupation \

2. Regimental No. 5309

3. Rank

7a. If with previous service in Army, state-(a) Former Unit;

4. Name

(b) Regimental No.;

5. Age last birthday

(c) Date of Discharge;

6. Enlisted on May 22/18

- (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).

#### 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 vencreal disease.

9. Date of origin of disability.

10. Place of origin of disability.

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

- 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 condi-tion 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.

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.	Decorplais producables
14.	If the disability is an injury, was it caused—	
	(a) In action?	
	(b) On field service?	
	(c) On duty?	n
	(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?	. u
17.	If not, was an operation advised and declined?	· •
18.	In case of loss or decay of teeth. Is the	And the second s
	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?	4
19.		
	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.	
		Repatriation
		A epatrication
20.	Do you recommend—	ma
	(a) Discharge as permanently unfit, or (b) Change to England?	mandre
	(v) Change to England .	
		Con Dust
		Page Alik
	Property and the second	Officer in medical charge of case.
	I have satisfied myself of the o	eneral accuracy of this report, and concur therewith,
am	cept†	energi accuracy of this report, and concur therewith,
St	ation Na cley Noww	
		Officer in charge of Hospital.
Da	ite	
•Lo	ss of teeth on or immediately after, active service, sl	hould be attributed thereto, unless there is evidence that it is due to some other cause.
	† Delete this w	ord if no exceptions are to be made.

Nº 4694



# 1ST. NEWFOUNDLAND REGIMENT

## **ALLOTMENTS**

	ed, viz.: Allotment begins		ity Certificates by the Person	
Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
137	mother	Mrs John (Ellem)	Wintertown	
		Parrott	7 Bas	
	100 mm mm m			
			20 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	26	•		
			7-14	
NOTE.—	This form must be	completed by the Officer Commandi	ing Company, signed by the Volunt	eer, counter
	signed by the Office required payments	r Commanding Company and han	ded to the Paymaster as authority	to make th
Sig.)		mcer Commanding	, affred Par	so to

Nº 4694



# 1ST. NEWFOUNDLAND REGIMENT

## **ALLOTMENTS**

Identity	Whether Wife, Child, other Relative or Friend	July 17 19 NAME (in full)	Address	AMOUNT (each person
	mother	ma John (Ellem)	Wintertown	
- 1		Parrot	7 Bay	
	112	•		
	,			
			Total Allotment, \$	6
		er Commanding Company and hand	ng Company, signed by the Volunt ded to the Paymaster as authority	

No. 6438/927 NEWFOUNDLAND From Chief Paymaster & O.1/c Records, Newfoundland Contingent, Pay & Record Office 58, Victoria Street London Co. W. 29the April 191 5309 Pte A. Parrott Receipt hereunder. With reference to the following telegram from the Minister of Militia / / (-155) "Pay to-5309 A. Par rott £10-0-0 Received the sum of Zen Cheque £ 10-0-0 is enclosed. Rounds (£10-0-0) in respect of for payment to this Soldier. Kindly obtain his receipt telegraphic remittance from the hereon. Minister of Militia. Williansell Max. No 5309 Rank, Shivate Chief Paymaster & O. i/c Records. ----

Place	Date of offence .	Rank	Cases of Drunken- ness	Offen	d not reckoning towards }	Names of Witnesses	Signature O.C. Company, etc.	Date of award or of order dispensing with trial	By whom awarded	Remark
In the Field	6-2-19	The		Hol Shaven on	Quard	CS m anty	2 Days CB	with that	fil A Manne	1
ao	8/4/9			Def.	-/3	du	ao		do do	~g.
					y y					
							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***	
			648							
		alle L					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[b.T.d

Farrott, A

5309

Pay Loeps.

July 5,1919

#5309 Pte. Ifred Parmth,

Winterton, T.B.

Dear Sir:-

Referring to your application I enclose

cheque to Seventy dollars (\$70.00), being amount of # first payment us you on account of the ar Service "ratuity.

Yours truly

Captain - Captain & U.i/c Records.

#### DEPARTMENT OF MILLITIA.

WAR SERVICE GRATULTY.

RECORDS, PAY & RECORD OFFICE, ST. JOHNES.

St. John's Newfoundland.

Put

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 mestion in this Declaration where must be no blanks and no dechos. 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

Christian name
3. Renk. Phe
5. Address in full to which future payments of gratuity are to be
forwarded. Wunter ton IB
,
6. Date of enlistment in the Regiment. Thou. 32: 1918
7. Name of dependent, if any, to when Separation Allowance is being
issued, or was boing issued.irmediatoly prior to your discharge
nos applicable
8.Relationship of such dependents
9. Address in full of such dependents
10.Is said dependent, now, or was said dependent at my time in receipt
of Separation Allowance on account of another soldier?
11. Were you on active service only in Rfld. If so, give dates and
particulars of such service
12. Give total length of time which you served on active service,
whether in Wildor Oversecs. Thurton mouths

13. Have you had more then one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
nov appueable
***************************************
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. Hes  \$ 91. 19 Coshur + Ration advances
15 Hove you have igmed with your and
15. Have you been issued with a War Scrvice Badge?
16. Have you, during the present war, served in the Imperial Boroes
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 hold 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 Rost.?
of discherge June 20/19. (b) Reason for discherge
benolulyation
20. Did you at any time source at the forms
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
Jance and Gornaug 1918 + 1815
***************************************
21.(a) Are you receiving treatment from the Wivil Ro-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Cornittee
And I take this solenn decleration, 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: Affred Parrott

Place of Residence: Wuterhou OB.

Declared before ne at: & plus aged

This 6 h day of Jone 19.13.

Signature of Berrister of the Supreme Court, Stipsudden; Registure English trait ; Interpretable, Enstate of the Peace, or Commissioner of efficients.

POST DISCHARGE PAY.

Date paid Faid Paid War Sorvice Net amount Graluity.

Cortified correct.

Paymester

#5309 Pte. lfred Parrott.

Dear Sir:-

Please fini enclosed Discharge Certificate No. 2353.

Yours ruly

Paymaster & 0.i/c Records.

# The Koval Mild. Kegiment

No. 530 9 Rank

Name Parrott W

Warned for demobilization on

JUN 6 1919

# The Royal Newfoundland Regiment

#### PROCEEDINGS ON DISCHARGE

1. No. 5.30 9. Rank Mr. Name Parrote Refred
Intended place of residence. Winterton Trinity
2. Occupation Fishermans
Classification of soldier
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 8.
Date JUN 6 1919  M. Comanding 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 Newtoundland Regiment, of all financial responsibility in my connection.  ST. JOHN'S.
JUN 6 1919  Signature of soldier  Signature of witness
CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  Place and Date ST. JOHN'S.  JUN 6 1919  Signature of soldier  Signature of witness Signature of witness
STATEMENT OF SERVICE
7. Enlisted for service
Discharged from service. 90 - 6 - 1.9 Xelino 1.40ays Service 4.09
APPROVAL OF DISCHARGE
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
Place ST. JOHN'S.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
Date
9. The discharge of above mentioned soldier is hereby confirmed Mowley Caft Place Place Officer jic Records Date Muly 4/1919 The Royal News addand Regiment
a9B2019/2353

# The Royal Newfoundland Regiment

Class for Demobil-
ization:
_1
T.
- 4

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

Discharge Depot: Headquarters The Royal Newfo	undland Regiment
	Date
Regimental No 5.30.9	
Name Yoursett Ol	fred Pte
Address	÷
N:	
Present Medical Category	
	(a) Immediate discharge
Recommended for:—	
	( RH Lat Capl': O.C. Discharge Depot.
	SPade -
Members of Board	Senior Medical Officer
	Jet Burden

## 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 garmer Occupation

		Signature of Man.
m. 1. 211	Reg. No.	G. Parrol
Signature of the Vocational Officer or his		

Place A- Johns'

Date 6-6-19.

191

[P.T.O.

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

## MEDICAL HISTORY

Surname Harrat

Christian Name alfres

<u>, , , , , , , , , , , , , , , , , , , </u>	Table I.—GENERAL TABI	.E	
Birthplace:—Parish win	terton B. cou	$\mathcal{M}_{0}$ .	
Bittiplace. I alian y	1		
	O SPECIAL RESERVE	REGULAR ARM	
Examined	at Supplies	on day of	191
Declared Age	23 years days	years	days
Trade or Occupation	Frakerman		
Height	Seet 7% tucher	feet	inches
Weight	128 lbs.		lbs.
Chest Girth when fully expanded	35 inches		inches
ment (Range of Expansion	3 inches		inches
Physical Development			
( Arm	Right Left	Right	Left
Vaccination Marks Number			
When Vaccinated			
Vision }	R.E.—V = 6/9 L.E.—V = 1/9	R.EV= L.EV=	
	6/9	11.5	
	(a)	(a) .	
(a) Marks indicating congenital peculi- arities or previous disease	(u)	(4)	
arities or previous disease			
(b) Slight defects but not sufficient to	(6)	(6)	
cause rejection			
· · · · · · · · · · · · · · · · · · ·	(1)		
Approved by (Signature)	dammet atom		
(Rank)	mam		
	Medical Officer.		edical Officer.
Enlisted	at Nythoc	at	•
	on W day of MOV 1918 Corps. Regtl. No.	on day of  Corps R	191 egtl. No.
Joined on Enlistment	Heronal J309	(3,1)	egu. No.
	11816.04	·	
Transferred to	regarege		
Transcence w.			
Became non-effective by	on day of 191	on day of	191 %
(Signature)			
(Rank)			4.47

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.

g1	gical Appliances; Particulars of Dental Treatment, &c.			
Date	Brief Details, and Signatures			
23-5-18	Tace. 12			
13-6-18	TA131 AP			
20-6-18	T.A.B.			
27-6-18	TABJA			
	It is hereby certified that this soldier			
	Board and has been c'essifuel as			
	tion. Medical category A A			
	Date of TMB.			
	Date of T.M.B. Assistant Acutes  Assistant Acutes Discharge Depot-devicement and			

### 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
		-		100	
				1.	

### Medical Report on an Invalid.

Station Hagely Bown

Date /5/19

1. Unit Royal Hewfoundland 7. Former Trade or Occupation or Occupat

### 8. Disability in respect of which invaliding is Proposed.

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

mi

#### 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.

me

10. Place of origin of disability.

wi

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

 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.

ne

mil

13.	What is his present condition?	a. Production page
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	He complaint of no desabelue
14.	If the disability is an injury, was it caused—	na
	<ul><li>(a) In action?</li><li>(b) On field service?</li><li>(c) On duty?</li></ul>	
	(d) Off duty?	
15.	Was a Court of Inquiry held on the injury?	na.
	If so—(a) When? (b) Where? (c) Opinion?	
16.	Was an operation performed? If so, what?	Tu Marie Mar
17.	If not, was an operation advised and declined?	na,
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.	Na.
		pepatriation of the
20	). Do you recommend—  (a) Discharge as permanently unfit, or (b) Change to England?	my hyper
		Officer in medical charge of case.
e	I have satisfied myself of the accept †	general accuracy of this report, and concur therewith,
	11 0 [	
	Station Mazeley Dolon Date 1/3/19	Officer in charge of Hospital.
	111	should be attributed thereto, unless there is evidence that it is due to some
eresile)		other cause.

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

winterton July 25 0210 Bon Sis forward on my Sous letter from him gestered to forward it on will you Please Take a capey of it and send it on to me it will Bee day Kind of your sir if you are your to send we are allowence it was nee needed der much I gues truly Mrs Collen Parrott Deut 18 10 MAD

## FORM K

Nº 4694



# 1st. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

		July 1	191	8		
Certificate No.	other Relative or Friend	NAME (in full)	100	Address	(each 1	person
237	mother	Mrs. John Eller	n)	Wintertown		6
		Parrott		7 Bong		
	*					
				Total Allotment, \$		6
8	This form must be origned by the Office equired payments or	r Commanding Company and	nanding C handed t	ompany, signed by the Volum o the Paymaster as authority	teer, con	unter.
	e.	P		Offred Par		

June 13/16 The Departm

No. 1. 583 TRAVELLING WARRA	NT
Date b-6-19. The Koyal Dewfoundland Ki	egiment .
General.	
Please issue 1st Class Passage an	
No. 5309 Rank 3 T Name Say	wt A
From ST. JOHN'S - To Winter The Rayan	15 y \$ 3.00
DEP	Dewfoundland Regiment
PLEASE QUOTE THIS WARRANT NUMBER ON STATEMENT AND MEAL CHECKS	brow Coff.
Ho Centent	SIGNATURE OF Iguing OFFICER.  Demobilisation Officer Discharge Depot-Newtoendland

July 4, 1919

Dear Sir:

I enclose herewith cheque amount due you for conveying

for \$3.00

from Heart's Content

No. PteA.Parrott

Yours truly,

Capt.
Paymaster.

Mr. R.R. Warren, Heart's Content, T.B.

IM/

Enc. 1-

I cortify that I have received an issue of 2 inches of Riband of Bristst Was Monal-1914-1919.

MAIN 5309. Ly Cte A Penott

PAGE. Wanteston

No...5309. Name. A: Carry Book 64
To Certify that I have received the AB 64 of the above maned soldier.

Mone. A. Parroll

Date July 22 120 Place Al un textore

H.B. For completion and return to the Department of Hilitic insert in corner of envelope "MB 64"



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

B 121. Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Enlistment Place and Date }
of Enlistment } Toined Date Joined Date years. Place of Birth Joined Date Toined Date Date of award or of order dispensing with trial Date of Rank Place OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses Demobilized Sephins To be carried over.

1 5309

emobilization

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 53.0.9 Ramik Two: Name Sarrotto Ulfred:
Date of Enlistment 33-5 18 Address Winterton District Granty
Occupation Justin Medical Category. A.1
Recommendation S.M.B
Passed to Demobilization Officer with following documents:
N.F. P 36
Date. 5-6-19. D. C. Discharge Depot.
PARTICULARS FOR DEMORIUZATION
I amin a position to resume civilian occupation. A. Parro
Date
2. Clothing Lists. 16.7
Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable \$ 60.01
(b) Clothing Supplied
Date 6-6-19 Oilc. Re-clothing.

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. R. 1481 31300 to his home
The above named has been provided with Travelling Warrant No
Date 6-6-19 Month Tall Demobilization Officer
4. Pax 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
Discharge approved for 20-6-19
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36
APPROVED.
Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratuity
Date JUN 20 1919  O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.

us ilially

Reg. No. 1319. Rank Name, Parelf. A.  Attested Address Wunhirfor	
Attested Address. Wuthirforv	
Allottee.	j
Date of Allotment Returned from Overseas 19.1/6 Returned on S.S. ANSWAW Cause Arsthaug C	7
PASSED TO DEMINISTRATION OFFICER	
26-6-79. PROTARGE APPROVED ON DEPOPULISATION.	