



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5796 Name Albert Parsons Co of C

Questions to be put to the Recruit before Enlistment

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. <u>Albert Parsons</u> |
| 2. What is your full Address? | 2. <u>McCallum</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Sailor</u> Months |
| 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, Albert Parsons 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.

Albert Parsons Co of C
R Power mark
 SIGNATURE OF RECRUIT.
 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Parsons 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 15 day of July 1915.

C B Diko Lieut.
 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 required forms appear to have been compiled with. I accordingly approve, and appoint him to the 1st Co of C.

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

Date July 16/15 1915

Place St John's

W. H. B.
 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

5796

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

Name Albert Parsons

Apparent age 20 years 0 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin McCallum Catherine Semms
McCallum | 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 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>15-7-1918</u>									
Joined at <u>Albia</u> on <u>July 15-1918</u>									
<u>Discharged August 8-1919</u>									
<u>100</u>									
<u>Embarked Albia train to Halifax N.S. 22-9-18</u>									
<u>1/2 life for demobilization 20-6-19</u>									
<u>Permitted to expand leave 1-7-1919</u>									
<u>Demobilization Albia 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> years <u>25</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5796

Extract from Daily Orders for the Unit: The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5796 Pte. A. Parsons.

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

C.R. 5796

**Extract from Daily Orders By Major M.S.Sullivan, Commanding
Hfld. Forestry Companies, 26-11-18.**

**The undernoted having arrived from 2nd Bn. Royal
Hfld. Regt. is attached to the strength from this date and
posted to "G" Company for rations**

5796 Pte. A.Parsons.

GR

5796

Extract from Daily Orders Part 12 Unit The Royal
5114. Regt. St. John's, dated August 19th. 1918.

5796 Pte. A. Parsons.

Returned from leave and reported at Headquarters
for duty 18-8-18.

C.R. 5796

Extract from Nominal Roll Entitled St. John's Sea Overseas,
and Sept. 22, 1918. "1".

5796 Pte. Parsons Albert.

C.R. 5796

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#5796 Pte. Albert Parsons.

Attested for General Service with the Royal Nfld. Regt.

15-7-18

C.R. 5796

Extract from Daily Orders Part II Royal Newfoundland Regiment
Dated August 19th 1919. Depot St. John's

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

5796, Pte. A. Parsons.

C.R. 5796

Extract from Daily Orders Part II Unit The Royal NLI.
Regt. St. John's, July 15th, 1919.

The discharge of the undermentioned on demobilisation has been
APPROVED by C.O. Discharge Depot, with effect from 25-7-19.

5796 Pte. A. Parsons.

A. Parsons

C.R. 5796

APR 10
2



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Parsons, Regl. No. 5796

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins: October 1st 1915.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
605H	Mother	Mrs Kitty Simms	McCalmont St	609
Total Allotment, \$				609

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

(Sig.) [Signature]
 Officer Commanding
[Signature] Company
Sept 20th 1915.

(Sig.) Albert Parsons
 (Rank) Pte



Parsons, A

5196

Ray Dept
J.

August 8th 1919.

#5796, Pte. A. Parsons,
McCallum, H.B.

Dear Sir:

Enclosed please find Discharge Certificate
3610.

Yours truly,

Capt. &
Officer i/o Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5796 Rank Pte Name Parsons A.
 Intended place of residence McCallum St.
 2. Occupation Seaman
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 11 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 11 1919
 Signature of soldier A. Parsons
 Signature of witness J. H. Snow Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 11 1919
 Signature of soldier A. Parsons
 Signature of witness W. J. O'Connell

STATEMENT OF SERVICE

7. Enlisted for service 15.7.18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 390

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 25 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 8/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten notes: 202915610

17
28

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5796 Rank Pl Name Parsons A
 Date of Enlistment 15-7-18 Address McCallum District Fortune
 Occupation Seaman Classification for Discharge E1 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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied

Date 11-5-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8892 to his home
 at McC Ballan and Release Certificate No. 3457 issued.

Date 11-7-19

J.A. Snowleft
 Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

J.A. Snowleft
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

J.A. Snowleft
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

A.R. Coobe 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.

Tension A

Signature of Man.

J. H. Shawcroft

Signature of the Vocational Officer or his Representative.

Reg. No. 5796

Place

21 - Johns

Date

11-7-15

191

The Royal Newfoundland Regiment

Class for Demobilization:

*7
B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. ... *5796*

Name *Parsons Albert*

Address *Mc Callum Hermitage Bay*

Present Medical Category *A 1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

Pateron
.....
Senior Medical Officer

See Burden
.....
— M. O. Depot

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

MEDICAL HISTORY

OF

Surname

Parsons

Christian Name

Albert

Table I.—GENERAL TABLE

Birthplace:—Parish

McCauley St. John's County Nfld.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>15th</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>20</i> years	days	years	days
Trade or Occupation	<i>Seaman</i>			
Height	<i>5</i> feet <i>6</i> inches		feet	inches
Weight	<i>155</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>37</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number	<i>—</i>	<i>1 Sev.</i>	
When Vaccinated	<i>4 years ago</i>			
	R.E.—V= L.E.—V= <i>6/16/18</i>		R.E.—V= L.E.—V=	
(a) Marks indicating congenital pe- tities or previous disease	(a)			
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lamm Parsons</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St. John's</i>	at		
	on <i>15th</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 Nfld.</i>	<i>5496</i>		
Transferred to	<i>Regiment</i>			
Became non-effective by				
	on	day of	191	on
(Signature)				day of
(Rank)				191

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
18-7-18	Tacc 40
2-9-18	J. A. B. 40
14-9-18	J. A. B. 40
21-9-18	J. A. B. 40

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*

10.7.19
Date of Table

[Signature]
Medical Officer

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

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.*
2. Regtl. No. *5796*
3. Rank *plc*
4. Name *Parsons* *Albert*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 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. *al*

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The Complaints of 10 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.

Reputation

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

Medical Officer in charge of case.

Station *Hazeley Down*

Date *19/4/19*

* 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 *Albert Parsons*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4796*

Intended address *Melalun Hermitage Bay*

Height on discharge *5* Feet *7*.

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Kitty*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Melalun, 10th Sept, 1878*

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) *Albert Parsons*

Pr
(Rank)

Station *ST. JOHN'S, MAST*
E. Kealy Date *7. 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

Augut 16, 1919

Mr. Albert Parsons,
McCallum, H.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..... *Albert* 2. Surname..... *Parsons*

3. Rank..... *Able* 4. Regtl. No..... *5796*

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

6. Date of enlistment in the Regiment..... *July 13/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *No*

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..... *Twelve months*

..... 1. $\frac{1}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....
.....
.....

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? *No*

19. Are you now serving in the Res? *No* If not give - (a) Date of discharge *July 28/19* (b) Reason for discharge *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.

Signature of Applicant: *Robert X Parsons*
 Place of Residence: *McCallum, Hartington, Con.*
 Declared before me at: *St Johns*
 This *17* day of *July* 19*19*.....

Signature of Barrister of the *John McCarthy*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Signature of O. C. Company

Number of Sheet

One
AB Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	20 years months	<i>Sailor</i>	
<i>5796 Albert Parsons</i>		Place and Date of Enlistment	<i>St John's 17-7-18</i>	Religion <i>C of E</i>	
Joined	Date	Period of	with Colours <i>1 2/3</i> years. with Reserve <i>1 3/65</i> years.	Place of Birth <i>The Cellium</i>	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Discontinuities	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John's</i>	<i>8 5/19</i>			

To be carried over.

Army Form B. 121.

OCT 20 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Albert Parsons

in respect of his service as No. 5796 Rank Pte

Name A. Parsons Royal Nfld. Regt.
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature Albert Parsons

Date Oct 25/21

Address Mc Callum

[P.T.O.]

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* 7. Former Trade or Occupation } *Seaman*
2. Regtl. No. *5796* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Parsons* *Albert* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *31*
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 (a). If not due to any of these causes, to what specific condition do you attribute it? }

No 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?

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.

Repetition

W. S. Procmier
 Medical Officer in charge of case.
Cap Rame

Station *Gazley Down*

Date *10/4/19*

* 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

The Royal Newfoundland Regiment

5796

DEMOBILIZATION OF

Reg. No. 5796 Rank Plt Name Parsons A
 Date of Enlistment 15-7-18 Address McCallum District Fortune
 Occupation Seaman Classification for Discharge E1 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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
 (b) ~~Clothing~~ Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 8892 to his home at M/S Ballan and Release Certificate No. 3457 issued.

Date 11-7-19 J.A. Snowleft
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 5-8-19

Date 11-7-19 [Signature]
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 J.A. Snowleft
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 N.P. Lodge Capt
O. C. Discharge Depot.

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

Date Aug 7/19 [Signature]