



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5970 Name Leo Parsons Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <u>Leo Parsons</u> |
| 2. What is your full Address? | 2. <u>Chatterton St. St. Marys Rd</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Interman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Leo 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.

Leo Parsons SIGNATURE OF RECRUIT.

10-8-18 Peter J. Mouton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Leo 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. The said recruit has made and signed the declaration and taken the oath before me at St. John's on this 10 day of August 1918

Signature of Attesting Officer P. B. Dickson

†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

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

Date 12-8 1918 }
Place St. John's } Approving Officer. J. Curran

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:— (Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Leo Parsons
 Apparent age 20 years months. Height 5 feet 10 1/2 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Parsons
Clattus Ave. St. Marys Dist. Relationship Father

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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5970 Name Leo Parsons Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Leo Parsons</u> |
| 2. What is your full Address? | 2. <u>Clatter's R. Co. St. Marys Det</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Welder</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Leo 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.

Leo Parsons SIGNATURE OF RECRUIT.
P. Stead SIGNATURE OF WITNESS.
10-8-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Leo 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 10th day of August 1918
 Signature of Attesting Officer C. B. Dickson

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Bn.
 If enlisted by special authority, such will be attached to the original attestation.
 Date 12-8 1918
 Place St. John's } Approving Officer. J. H. ...

† 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).....

5970

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Leo Parsons

Apparent age 20 years months. Height 5 feet 10 1/2 inches

Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Parsons

Clattus Ave. & St. Marys Dist Relationship Father

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>10-8-18</u>									
Joined at <u>St. Johns</u> on <u>August 10-1918</u>									
<u>Discharged. St. Johns Jan. 11/1919.</u>									
<u>Admitted Barracks Hospital influenza 4-10-1918</u>									
<u>transferred to General Hospital 15-10-18</u>									
<u>transferred to Cascoasi 9-1-18</u>									
<u>Discharged Cascoasi Hosp. 21-1-18</u>									
<u>Remobilization</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-1-1919</u> (date of discharge) <u> </u> years <u>155</u> days									
" " Pensions " " " " " " " " " "									

C.R. 5970

Extract from Preliminary Report at a Medical Board held on
TUESDAY AFTERNOON December 3rd., the following were the
findings.

#5970 Pte. L. Parsons.

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

BCY

C.R. 5-970

Extract of Daily orders Part II Depot, St. John's, dated
Jan. 14th 1919.

Discharged confirmed on Demobilization

5970 Pte. Leo Parsons

Discharged 11-1-19

C.R. 5970

Extract from Daily Orders Part 11 Unit the Royal
Nfld. Regt., SSt. John's, Dec. 16th, 1918.

The unfernoted man discharges on Demobilization ~~has~~
been approved by O.C. Discharge Depot From Noted date
he was removed from Depot Strength and Transferred to
discharge Depot pending confirmation l/c records.

5970 Pte. Leo Parsons.

14-12-18.

CR 5970
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

OCTOBER 26th. 1918.

DEPT. OF MILITIA.

To

JOHN PARSONS,

CLATZOE BR.

BEG TO INFORM YOU THAT # 5970 PARSONS IS IMPROVING.

J. R. BENNETT

MINISTER OF MILITIA

FOR TYPEWRITER

CR 5970
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Rcd	By	Sent	by	Check
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Dated Oct. 28, 1918.

To Mr. John Parsons,
Clattice Hr.

Beg to inform you that your son #5970 Pte. Parsons, is now improving at General Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5970

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regt.,
dated October 16th 1918.

Hospital.

5970 Pte. E. Parsons.

Admitted to Barracks Hospital 14/10/18.

C.R. 5970

Extract from Daily Orders, Part 11, UNIT: The Royal
Newfoundland Regiment dated Nov. 23rd, 1918.

Hospital.

5970 Pte. L. Parsons.

Discharged from Hospital 21/11/18.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 24, 1918.**
To **Mr. John Parsons,**
 Clattice Harbour,

**Beg to inform you that your son #5970 Pte. Leo Parsons, #18
now improving.**

J.R. Bennett,
Minister of Militia.

C.R. 5970

Extract from Daily Orders part II, from Unit The Royal WFLA.
Batt. St. John's, dated August 12, 1919.

#5970 Pte. Leo Parsons.

Attended for General Service with The Royal WFLA. Regt.
from 1-0-19

C.R. 5970

October 2, 1918.

Sir:-

Leo Parsons.

Your communication of 26th ult., in connection with the above noted man addressed to the Minister of Militia, has been handed to me. As he is now enrolled in the Regiment I regret that no further steps can be taken in the matter.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

M. Rose Esq.,

St. John's.

C.R. 5970

Extract from Daily Orders part 11, Depot St. John's
dated November 11th., 1918.

HOSPITAL

5970 Pte. L. Parsons.

Transferred from General Hospital to Escasoni.

9.11.18.

BC.

Counter No. 5970

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia,**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct. 21, 1918.**

To **Mr. John Parsons.**

Clattice Harbour.

Regret to inform you that your son #5970 Pte. Parsons is seriously ill.

J.R. Bennett,

Minister fo Militia.

FOR TYPEWRITER

C.R. 5970

Extract from Daily Orders part 11, Depot St. John's
dated October 19th., 1918.

45970 Pte. L. Parsons,

TRANSFERRED TO GENERAL HOSPITAL FROM BARRACKS HOSPITAL
18-10-18.

BC.

QBC.

Report for Service 1524
In Regiment No. 5970

C.R. 5970

Manxton
Sept. 26/18

Hon. J. R. Bennett
Minister of Militia

Dear Sir:-

Leo Parsons - son of John.

klattice Sr. has been placed on Active Service and the father of this young man has five children dependant on him. If the oldest son goes the father claims will have to abandon the fishery being unable to conduct it without the aid of his sons.

I would respectfully ask that if at all possible an exemption be granted this young man.

Yours very truly

W. Rose

5 N 1 - 1 C

C.R. 5970
Counter No. _____

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(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated

Oct. 19th, 1918.

To

Mr. John Parsons.

Clattice Harbour.

Regret to inform you that your son #5970 Pte. Leo Parsons was admitted to General Hospital Yesterday Oct. 18th., suffering from Influenza Bronchial Pneumonia seriously ill

J.R. Bennett,
Minister fo Militia.

FOR TYPEWRITER

Counter No. 5970

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(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's dept. of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 5th, 1918.

To

Mr. John Parsons,

Clattice Hr. P.B.

Reg to inform you that your son #5970 Pte. Parsons, is now convalescent.

J.R. Bennett,
Minister Of Militia.

FOR TYPEWRITER

Parsons, Leo

5970

Ray sept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5970 Rank 16 Name Leo Parsons
 Intended place of residence Clatter M. N.B.
2. Occupation Fisherman
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of Demobilization
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 DEC 12 1918
 Date DEC 12 1918 W. H. C. L. Capt.
 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 and date St. John's 12-12-18
Leo Parsons
 Signature of soldier
W. H. C. L. Capt.
 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 12-12-18
Leo Parsons
 Signature of soldier
W. H. C. L. Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No of days on Military
 Discharged from service 14-12-18 plus 28 days Service 158

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. R. H. L. Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date DEC 14 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's, Nfld. W. H. C. L. Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment
- Date January 11/1919
W. H. C. L. 2079/413

22
30
31
31
11
15

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5970 Rank Plt Name Parsons Leo
 Date of Enlistment 10.8.18 Address Platree St District Placentia
 Occupation Fisherman Classification for Discharge B Medical Category 1
 Recommendation S.M.B. Permanently unfit Disability Rating Nil

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 11.12.18

W. Stanley Capor
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Leo Parsons

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 Joseph H. Brown

Date 12-12-18

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 236 to his home
Plattre Jr and Release Certificate No. 314 issued.

Date 12-12-18
Osborne Hays
 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 11-1-19

Date 12-12-18
W. Baker Capt.
 Depot Paymaster.

Discharge approved for 14. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-12-18
Osborne Hays
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

DEC 1 1918

Date
R. J. [Signature]
 O. C. Discharge Depot.

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

Date Dec 16/1918

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

MEDICAL HISTORY

Surname Parsons

OF

Christian Name Leo

Table I.—GENERAL TABLE

Birthplace:—Parish Blater County Newfoundland.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>10</u> day of <u>Aug</u> 19 <u>16</u> at <u>St Johns.</u>	on	day of	19 <u>1</u>
Declared Age	<u>30</u> years	days	years	days
Trade or Occupation	<u>Yachtman</u>			
Height	<u>5</u> feet <u>10 7/8</u> inches	feet	inches	
Weight	<u>149</u> lbs.		lbs.	
Chest Measure-ment	Girth when fully expanded	<u>38</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Parsons</u>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <u>St Johns</u>	at		
	on <u>10</u> day of <u>Aug</u> 19 <u>16</u>	on	day of	19 <u>1</u>
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Para/Infantry 5970</u>			
Transferred to	<u>Regiment</u>			
Became non-effective by				
(Signature)	on	day of	19 <u>1</u>	on
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions & of treatment
	Day	Month	Year	Day	Month	Year			
St. John's	18	10	1899	11	18		Influenza, C Bron.	23	
General.							Pneumonia.		
Carsoni	9	11	18	21	11	16	Cont. abs. cont	13	

Table III - Horizontal : Counts of Injury, Venereal Diseases, and Miscellaneous Diseases of the Venereal Group
List in case of Warrant Officers treated in quarters

cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars of out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Temp. & Pulse normal for two weeks.

E. R. ...

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 work at Fishing

Geo Parsons

Signature of Man.

W. D. Dickson

Signature of the Vocational Officer or his Representative.

Reg. No. *5970*

Place *St Johns N.F.Z.O*

Date *12/12/18* 191



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Les Parsons, Regl. No. 5970

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 1-9-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6586	Mother	Wm John (Sand) Parsons	Battle Hill B B	60
			Total Allotment, \$	

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.)

A. G. Summers

Officer Commanding

E. Company

(Sig.)

Les Parsons

(Rank)

Pte.

1918

St John's Hill
Aug 27th

Ry



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 3rd Dec 1915

Regimental No. 5940

Name Garman Les.

Address Clifton St.

Disease or Disability

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation Standing Medical Board.

Category E

Members
of
Board

R. H. [Signature]
O. C. Depot

[Signature]
D. D. M. S.

M. O. Depot



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 *Parsons Leo*

Regiment from which discharged *1st. Newfoundland*

Regimental number *5970*

Intended address *Clatice St P.B.*

Height on discharge *5* Feet *10*"

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *-*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Sarah*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *Clatice St P.B. 5th Oct 1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Leo Parsons*

Station *St John's* Date *3rd Dec 1918*

(Rank) *Pt*

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.

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

Station *St John's Nfld* Date *3rd Dec 1918*



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station ..**St. John's, Nfld.**.....

Date**Dec. 3rd 1918.**.....

- | | | |
|-----------------------------------|-------------------------------|--------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 20 years |
| 2. Regimental No. 5970 | 6. Enlisted on | Aug. 10th 1918. |
| 3. Rank Pte. | at | St. John's, Nfld. |
| 4. Name PARSONS, LEO | 7. Former trade or occupation | Fisherman |
| 8. Disability | | |

INFLUENZA AND BRONCHO-PNEUMONIA

9. History
- Harracks Hosptl. 14/10/18.**
Entered General Hosptl. 18/10/18.
Discharged to Escasoni.
(Convalescent). 9/11/18.
Discharged from Escasoni. 21/11/18.

General condition good.
Complains of occasional pain right
side. Has slight cough, also
shortness of breath on exertion.
No accompaniments chest.

10. What is his present condition?

(This is the important question. Be
brief—the clearer the case the less
need be written. Read note f above.)

Pulse 86. Temp. Normal

11. Was sanatorium
operation advised and refused?

12. Do you recommend discharge as
permanently unfit? **YES**

Signature L. PATERSON, Major.

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **cannot** be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes.

Some tenderness in right side due to an old injury in lifting.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *Nil*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

NIL

Remarks if any:—

16. Is the disability permanent? **NO**

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **Permanently Unfit**

Remarks if any:—

..... **N. S. FRASER**
President

Signatures..... **J. S. TAIT**

..... **L. PATERSON, Major.**

Place ... **St. John's**

Date **Dec. 3rd 1918.**

APPROVED

Station

Date



(SGD). **CLUNY MACPHERSON, Major.**
Administrative Medical Officer

Copy ^{Q²}
ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination held at Mauntown Placentia Bay Nfld.

Date 191 8

1. Name Les. Parsons Age (a) Declared 21
 (b) Apparent 21
2. Do you know of anything wrong with you? No

What severe illnesses have you had?

None

5970 ✓

3. Height 78 Inches Weight 150
4. Eyesight (a) Left Fair (b) Right Fair
5. Physical Defects (Examine after strenuous exercise)

None

6. Examination of Lungs

Normal

Measurement

(a) Expiration 37 in.

(b) Inspiration 39 in

7. Examination of Heart

Normal

8. Examination of Urine

Normal

9. Examination of Mouth—(Defective Speech) Defective

Teeth

Two

Throat

Normal

Nose

Normal

Ears—(Deafness, Otorrhea)

Normal

10. Have you been successfully vaccinated, and when? No

11. Name and address of next of kin

REMARKS—

John Parsons

Clutter Harbour

Placentia Bay Nfld

We consider this man

{ Fit
~~Temporarily unfit for Military Service~~
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B. 10 A, should be filled and attached).

J.A. McDonald M.D.

Medical Examiners.

ATL
enc

Report for Service 1524

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on Aug 10 1918

1. Name Geo Parsons Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? Haemorrhoids

What severe illnesses have you had? none

eyes Brown
Comp. Fair
Teeth -

5970

3. Height 5-10 1/2 Weight 149
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~
Measurement (a) Expiration 34 (b) Inspiration 38

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness) ~

10. Have you been successfully vaccinated, and when? no


11. Name and address of next of kin Dadw John Blattice 1/2 ~

REMARKS—

A 11

St. Mary's Street
Archibald
W. S. S. S.

Medical Examiners.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's Nfld*

Date *30 Dec 1918*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>20 Years</i> |
| 2. Regimental No. <i>5970</i> | 6. Enlisted on <i>10th Aug 1918</i> |
| 3. Rank <i>Pte</i> | at <i>St John's Nfld</i> |
| 4. Name <i>PARSONS LEO.</i> | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

Influenza & Bron. Pneumonia

9. History

Berraco Hoeph 14/10/18
18
 Entered General Hoeph. *28/10/18*
 Discharged to *Islesoni (Convalescent)* *9/11/18*
 Discharged for *21/11/18*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition good.
Complain of occasional pain
right side - No slight cough.
Also shortness of breath a certain
No accompaniments chest.
Pulse 86. Temp. normal

Medical Report on an Inmate

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as permanently unfit?

Yes

Signature

W. A. Brown

Rank or Qualification

Major

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x cannot be considered as aggravated by:—
due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes
Some tenderness in right side due to an old injury and lifting

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *nil*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *nil*
(State in percentage.)

Remarks if any:—

16. Is the disability permanent? *no*

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
 { General Hospital,
 Naval and Military Convalescent Hospital,
 Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

Signatures.....
[Signature] President
[Signature]
[Signature]

Place *St John's*
 Date *Dec 3 1918*

APPROVED

Station
 Date




[Signature]
 Administrative Medical Officer *Major*

COPY

Form B.
16-10-18-300.

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 WORK AT FISHING

LEO PARSONS

Signature of Man.

Reg. No. **5970**

C. B. DICKS A/CAPT

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S, NFLD**

Date **12-12-18**

191

COPY

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **5970**.....Rank **Pte**.....Name **Leo Parsons**
 Intended place of residence..... **Clattice Hr, P.B.**

2. Occupation **Fisherman**
 Classification of soldier **B**.....Medical Category **E**

3. The above named man is discharged in consequence of..... **Demobilization**

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

Place **C. G. DULLEY, CAPT**
 Date ... **DEC. 12. 1918**..... **for** **Commanding Discharge Depot**
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date **ST. JOHN'S**..... **LEO. PARSONS**.....
 Signature of soldier
12-12-18..... **C. B. DICKS A/CAPT**.....
 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**..... **LEO. PARSONS**.....
 Signature of soldier
12-12-18..... **E. F. PETERS, I/C**.....
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **10-8-18** No of days on Military
 Discharged from service..... **14-12-18** Service **155**

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**..... **R. H. TAIT, CAPT**.....
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date .. **DEC 14 1918**.....

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
 Date
 Officer i/c Records
 The Royal Newfoundland Regiment

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. A. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>Leo Parsons</i>	Age on	<i>20</i> years <i>0</i> months	<i>Fisherman</i>			
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>10-8-18</i>	Religion			
Joined	Date	Period of	with Colours <i>155</i> years. with Reserve <i>365</i> years.	Place of Birth			
Joined	Date			<i>Clatrick Pt St Marys</i>			

Place	Date of Offence	Rank	Cases of Drunkenness	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>11-19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5970 Rank AKC Name Parsons Leo
 Date of Enlistment 10.8.18 Address Clifton St District Placentia
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Personally perfect Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 11.12.18

W. H. Capro
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Leo Parsons

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied.....

Joseph H. Snowling

Date 12-12-18

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 236 to his home at Clatree Gr and Release Certificate No. 314 issued.

Date 12-12-18

Asst Dirks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-1-19

Date 12-12-18

Staley Capt
Depot Paymaster.

Discharge approved for 14. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 12. 12. 18

Asst Dirks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 14 1918

Date

R J Last Capt
O. C. Discharge Depot.

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

Date Dec 16/1918

Stowley Capt
R J N

Reg. No. 5970 Rank Pte Name Parsons Les
 Attested 10-8-18 Address Clatye 5-13
 Allotment 60 Allottee Mrs John Parsons (mother)
 Date of Allotment 1-9-18 Returned from Overseas.....
 Embarked for Overseas..... Cause.....

Vacc	15-8-18.	1st 7/6-18, 2 nd 11/18
h. leave	1-9-18	5, 9-9-18 held 11-10-18.
	14-10-18	Adm - to Barracks Hosp.
	18-10-18	Transferred to General Hosp.
	9-11-18.	Transferred to Escasoni
	21-11-18.	Discharged from Escasoni
	3-12-18	Recommended Discharge Permanently unfit
	11-12-18.	PASSED TO DEMOBILIZATION OFFICER