



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5231 Name William Parsons Corps C. I. E.

### Questions to be put to the Recruit before Enlistment.

- |  |                           |
|--|---------------------------|
| 1. What is your name? .....  | 1. <u>William Parsons</u> |
| 2. What is your full Address? .....  | 2. <u>Concepts Bay</u>    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>             |
| 4. What is your age? .....   | 4. <u>22</u> Years .....  |
| 5. What is your Trade or Calling? .....  | 5. <u>Book-keeper</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, William 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.

William Parsons SIGNATURE OF RECRUIT.  
W. Langley Signature of Witness.

M  
20-5-15

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 on this 20<sup>th</sup> day of May 1915

Signature of Attesting Officer R. B. Dicks Lieut

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the .....

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

Date 20<sup>th</sup> May 1915 } Approving Officer.  
 Place Concepts Bay }

† 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) .....



MD  
B.F. 711  
C.R. 5231  
extract from Daily orders Part II Royal Newfoundland  
Regiment. Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c Records from noted date  
4-6-19.

5231, Pte. W. Parsons.

C.R. 5231

extract from daily orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by U.C. Discharge Depot with effect from following

date

21-7-19  
~~19-7-19.~~

5231, Pte. W. Parsons.

C.R. 5231

Extract from Daily Orders part 11, from Unit The Royal 1616.  
Reg. 't. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.  
"Columbellis" July 22, 1918.

#5231 Pte. William Parsons.

C.R. 5231

Extract from Daily Orders Battalion Unit The Royal Wfld.  
Regt. St. John's; July 3rd, 1919.

5231 Pte. W. Parsons.

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

C.R. 5231

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 21, 1918

#5231 Pte. W. Parsons

Attested for General Service with the Royal Hfld. Regt.  
from 20.5.18 to report 24.5.18

W. Parsons

C.R. 5231

1880





COPY

5880/B.&.A

From Officer Commanding,  
B.Coy,

To Chief Paymaster  
London.S.W.1.

Officer Commanding,  
"B" Coy, 2/Bn.  
Royal Wfld.Regt.,  
Winchester.

Hazeley D.Camp  
3/4/19

Pay and Record Office  
13th April 9


No.5231 Pte. Parsons. W

Reference obverse:

Newfoundland Post Office  
Money Order in favour of the  
above named was forwarded  
to you for collection  
7/3/19

Cheque £3:1:8d e (Stirling  
equivalent of Money Order) was  
forwarded to you under cover  
of this office No.5232/750/ dated  
8/4/19 please.

If the Money Order has reached  
your office kindly collect  
and forward amount.

  
Major,  
Chief Paymaster &.O.i/c.Records

Sgd. ? . Capt.  
O.C."B"2/Bn.Royal Wfld.Regt.

WF/BC

✓ 2594.

4/4/19.

**SUSPENSE**

CLEARED

P. J. Hammond

From  
O.C. "B" Coy.  
Royal Newfoundland Regt.

Chief Paymaster & O.i/c.Recd  
58, Victoria Street,  
LONDON. S.W.

To:  
Chief Paymaster,  
LONDON.

O/c. 2nd. Batt. R.Nfld.Regt.  
Hazeley Down Camp, WINCHESTE

5369

FM/FK.

H.D.C. Winchester.

Pay & Record Office.

March 7th 1919.

4th April 9

Attached Newfoundland  
Money Order to the amount  
of £15.00 in favour of No.  
5213, Pte. William Parsons,  
payable Post Office, London.

5213 PTE. W. PARSONS.  
R. NEWFOUNDLAND REGT.

Cheque £3:1:8: (three  
pounds, one shilling & eight-  
pence) in favour of the above  
named soldier is enclosed  
together with relative Voucher,  
the latter for signature and  
return, please.

Will you kindly have  
that amount collected and  
amount forwarded, please.

(Signed) W.J. Long,  
Capt.

Capt  
Asst. Chief Paymaster  
For Chief Paymaster & O.i/c.Recd s

2/Royal Nfld. Regt.

Parsons, W

5231

Hay Dept.

August 4th 1919.

#5231, Pte. W. Parsons,  
Shearstown.

Dear Sir:

Enclosed please find Discharged Certificate

# 3501.

Yours truly,

Capt. & Paymaster

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5231 Rank Pte Name Parsons W.  
 Intended place of residence Shearstown  
 Occupation Fisherman  
 Classification of soldier A 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 19 1919

*[Signature]*  
 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 19 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 19 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No. of days on Military  
 Discharged from service JUL 21 1919 Plus 14 days Service 442

### 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, 14 days from date.

Place, ST. JOHN'S

Date JUL 21 1919

*[Signature]*  
 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 4/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*A.F.B. 2079/35018*

12  
30  
31  
77

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 231 Rank Plt Name Parsons W  
 Date of Enlistment 20.5.14 Address The Avonmouth District Avonmouth  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 18.7.19 O. C. Discharge Depot Avonmouth

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment

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

APPROVED

Documents as above forwarded to: \_\_\_\_\_

Officer in Charge  
 Board of Pension Commissioners

Particulars passed to Vocational Officer for information and action \_\_\_\_\_

Date \_\_\_\_\_

### 2. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied

Date 19.7.19

O. i.c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B24884957 to his home at Shearstone and Release Certificate No. 3740 issued.

Date 19-7-19

*Amelobow*  
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 4-8-19

Date 19-7-19

*Amelobow*  
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

*Amelobow*  
Demobilization Officer

Date 19-7-19

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 21 1919**

Date .....

**L. R. COOPER, CAPT.**  
O. C. Discharge Depot.

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

Date .....



# The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 18/19

Regimental No. 5231

Name Parsons J M

Address Shears Lane Bay Roberts

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

J R. Lodge Capt  
O.C. Discharge Depot.

Members of Board

J P. Salmon  
Senior Medical Officer

J W. Borden  
M.O. Depot

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*W Parsons*

Signature of Man.

*A McEwen*

Reg. No. 5231

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

19-7-18

191

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

# MEDICAL HISTORY

Surname Parsons OF Worcester Christian Name Worcester

Table I.—GENERAL TABLE.

Birthplace:—Parish Shearn Rowle B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	20	May		191
at	St John's		at	
Declared Age	26	years		days
Trade or Occupation	Fisherman			
Height	5	feet 3 1/2		inches
Weight	126			lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/15	R.E.—V=	
	L.E.—V=	6/15	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)	L. Bennett Peterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St John's	at	
	on	30	on	30
		day of		day of
		May		May
		191		191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	Shearn Rowle	1231		
Transferred to	Nfld			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Artillery* ..... 7. Former Trade } *Fisherman*  
or Occupation }  
2. Regtl. No. *5231* 3. Rank... *Plt* ..... 7a. If the soldier claims previous service in  
Army, he should state—  
4. Name... *W. Parsons* ..... (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.  
5. Age last birthday *21* .....  
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 a (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?

*His complaints of his disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.

*Re-patriation*

*W.E. Proctor, Capt R.A.M.C.*

Medical Officer in charge of case.

Station *Hazley Barr.*

Date *2/4/19*

\* 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 *William Parsons*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5231*

Intended address *Shears Town, Bay Roberts.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Short.*

Christian name of Father *William*

Christian name of Mother *Sarah*

Wife's maiden name in full *Sarah Parsons.*

Date and place of marriage *Bay Roberts, June 26<sup>th</sup>, 1918*

Christian names of children

Place and date of soldier's birth *Shears Town, July 4<sup>th</sup>, 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) *William Parsons* *Pte*  
(Rank)

Station **S. T. JOHN'S.**

Date *17-7-19*

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.

Date

August 12, 1919

Mr. William Parsons,  
Shearston,  
BAY ROBERTS.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of the 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 *William* 2. Surname *Parsons*

3. Rank *Private* 4. Regtl. No. *5231*

5. Address in full to which future payments of gratuity are to be forwarded. *Shearstown, Bay Roberts, N.B.*

6. Date of enlistment in the Regiment. *May 21/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

8. Relationship of such dependents.

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 field. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas. *From May 21/18 to July 19/19*

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

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....

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

..... *No* .....

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.

..... *No* .....

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* .....

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.

..... *No* .....

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.

..... *No* .....

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.

*W. Parsons*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Shearstown, Bay Roberts, C.B.*  
*N. Johns, Wfld.*  
*19th* day of *July*, 19*19*...

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

*John M. Carthy*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependents	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

SEPARATION ALLOWANCE.

Claimant *Sarah Ann. Parsons* ..... *Wife*  
On account of *William Parsons* No. *5331* Rank *Pvt* .....

Decision... *Approved* .....

*A. N. Nibman*

*J. M. Bowley Major*

Date... *Oct 4/1919* .....

Instructions.....

Allotment of *70%* per day payable to *Sarah Parsons*  
His *Wife* from *8/6/18* to *4/8/19*

Discontinued on account of *being discharged*  
*A. H. S. S. S. S.*  
*Oct. 1919*

*Wife*

NOTICE

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)  
(Information for Board of Review)

WIFE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate or Justice of the Peace and returned to:-

The Paymaster  
Separation Allowance Branch,  
5th John's, NEWFOUNDLAND.

1. Name in full of soldier. Rank. Reg't or Unit. Reg't No.  
*William Parsons Pte. Nfld. Regt. 5231.*
2. Age of Soldier. Married or single  
*21 years. Married*
3. Name in full of wife.  
*Sarah Ann Parsons.*
4. Address in full.  
*Shearstown, Bay Roberts, Nfld.*
5. Date of Marriage.  
*June 18, 1918.*
6. Place of Marriage.  
*Meth. Parsonage, Bay Roberts.*
7. Did Marriage take place since soldier's enlistment.  
*Yes.*
8. Was Commanding Officer's permission obtained? If not, why? *No. Did not know permission had to be obtained.*
9. If not married, how long have you been dependent on the soldier for your maintenance, and supported regularly by him on a bona fide permanent domestic basis. *Not applicable.*
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated. *No.*
11. Is separation a legal one? *Not applicable*

12. If legal, are you in receipt of alimony? if so, state amount. \_\_\_\_\_

13. If not legal, how long since your husband contributed to your support? Explain fully. \_\_\_\_\_

14. State amount of allotment received by you from soldier monthly. *\$21.00*

15. From what date have you received allotment. *aug. 8/18.*

16. Names of children, Age last Birthday Names of Children Age last Birthday  
*None.*

17. Are you already in receipt of Separation Allowance from any Source? If so, state amount. *None.*

18. Are you in receipt of payment from any Patriotic Fund? If so, how much? *None.*

19. Have you made a previous claim for Separation Allowance, if not, why? Give particulars. *No. Did not know about Separation Allowance.*

20. Was your husband at the time of his enlistment an employee of the Nfld. Government? *No.*

21. In what capacity and in what place. *No.*

22. Is he in receipt of a salary as such while serving in the Nfld. Regiment, if so, how much? *No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant... *Sarah Ann Parsons*

Place of residence... *Shearstown, Bay Roberts, Nfld.*

*OK*

Declared and subscribed before me  
at..... *Wm Roberts* .....  
this..... *8th* ..... day of..... *August* ..... 191*9*.

Signature of Barrister of Supreme  
Court, Stipendiary Magistrate, Notary  
Public or Justice of the Peace..... *C. G. Russell* .....  
*Justice of the Peace*

This application must be signed by two responsible parties  
one of whom must be a Clergyman, the other a representative of your  
local Patriotic Fund Committee, certifying that to the best of their  
knowledge, after careful enquiry, the above statements are correct.

Signature of member of  
Patriotic Fund Committee..... *Walter Sparks* .....  
*Geo Andrews L.R.*

Signature of Clergyman..... *Rector Coley's Point*

H.B. Marriage Certificate must accompany this application, and will  
be returned after perusal. If marriage is after enlistment,  
Commanding Officer's permission in writing must be forwarded.

Oct. 14, 1919

Mrs. William Parsons,  
Shearston  
Bay Roberts.

Dear Madam:-

Referring to your application for Separation Allowance, I enclose cheque for Two hundred and seventy-six dollars (\$276.00) in payment of same, and your Marriage Certificate.

Yours truly

Major  
Paymaster.





# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet 111  
Signature of O. C. Company P. B. Dick

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No. <u>5231</u>	<u>Parsons, William</u>	Age on <u>20</u> years <u>00</u> months	<u>Soldier</u>	<u>Trickerman</u>			
Joined _____ Date _____		Place and Date of Enlistment } <u>20.5.18</u>	Religion } <u>C.P.E.</u>	Place of Birth } <u>St. John's N.S.</u>			
Joined _____ Date _____					Period of } with Colours <u>17 1/2</u> years.		
Joined _____ Date _____		} with Reserve <u>3 1/2</u> years.					

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazelton Camp</u>	<u>4.9.18</u>	<u>Plt</u>		<u>immature in parade</u> <u>not complying with an order</u>	<u>Sp. Cox</u> <u>C. S. M. Gardiner</u>	<u>Three days C.B.</u>	<u>6/9/18</u>	<u>Capt Pippy</u>	<u>W.P.</u>
				<u>Demobilized St John's 4/19.</u>					

To be carried over

Army Form B. 121.

231

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2331 Rank Plt Name Parsons W  
 Date of Enlistment 20.5.18 Address Thearletons District Belmont  
 Occupation Labourer Classification for Discharge E Medical Category A.1  
 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	3
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		106

Date 19-7-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

W 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 [Signature]

Date 19-7-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B24884957 to his home at Shearstown and Release Certificate No. 3740 issued.

Date 19-7-19 *Ambleton*  
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 4-8-19

Date 19-7-19 Depot Paymaster.

Discharge approved for 21-7-19  
Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400	B 1915	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 19-7-19 *Ambleton*  
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**

JUL 21 1919

Date ..... **L. R. COOPER, CAPT.**  
O. C. Discharge Depot.

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

Date Aug 1 1919 *W.H.T.*

Reg. No. 5231 Rank Yk Name J. Parsons  
Attested ..... Address Shearston H. Green  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas JUL 1 1919  
Returned on S.S. Cassandra Cause Discharge

19-7-19

~~21-7-19~~

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

**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.

- |   |   |
|---|---|
| <p>1. Unit and Corps. <i>Royal N. F. L.I.</i></p> <p>2. Regtl. No. <i>2231</i> 3. Rank. <i>Pvt.</i></p> <p>4. Name <i>Parsons</i> <i>Wes</i><br/>(Surname) (Christian Names)</p> <p>5. Age last birthday. <i>21</i></p> <p>6. Posted for duty on..... at.....<br/>in category (or grade).....</p> <p>8. If the disability is an injury was it caused<br/>(a) in action (b) on field service<br/>(c) on duty (d) off duty?</p> <p>9. If a Court of Inquiry was held on an injury state:—<br/>(a) When<br/>(b) Where<br/>(c) Opinion of Court</p> | <p>7. Former Trade or Occupation } <i>Fisherman</i></p> <p>7a. If the soldier claims previous service in Army, he should state—<br/>(a) Former Regts. or Corps; with Regtl. Nos.<br/><br/>(b) Date of Discharge;<br/>(c) Cause of Discharge.<br/><br/>(d) Particulars of Pension or Gratuity (if any)</p> |
|---|---|

**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 ?

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.)

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

*No complaints of no disability*

16. Was an operation performed ? If so, when and what was its nature ?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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.

*Prof. P. G. G. G.*

*W. E. Proctor*      *Scott King*

Station *Hampden Heath*

Medical Officer in charge of case.

Date *2/14/19*

\* 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