



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5769 Name William Parsons Corps Cof 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>Bell Island</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Machine</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.

R. Powe Signature of Witness.

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 at

on this 15 day of July 1918

Signature of Attesting Officer Asdicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date July 16/18 Place William 17- } 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

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

Name William Parsons
Apparent age 24 years 0 months Height 5 feet 6 inches
Chest Measurement { Girth when fully expanded 33 1/2 inches
Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Parsons
Bell Island | 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 " _____ [" "] " " "



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| 2. What is your full Address? | 2. <u>Bell Island</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Machine</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. |
| 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.

R. Power Signature of Witness.

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 at St John's on this 15 day of July 1915.

W. Dicks Signatures of Attesting Officer Rient

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date July 16/15

Place St John's

W. Dicks } 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

5769

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

Name William Parsons
 Apparent age 24 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Parsons
Bell Island | 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.	
(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>15-7-1919</u>									
Joined at <u>W. G. Co's</u> on <u>July 15-1919</u>									
<u>Discharged by order Jan 8 1919</u>									
<u>Granted Leave without pay from 25-7-18 to 28-9-18</u>									
<u>Admitted Barracks Hospital 3-10-18</u>									
<u>Discharged do do 9-10-18</u>									
<u>Spent duty day week 15-10-18.</u>									
<u>Returns to depot 20-10-1918</u>									
<u>Demobilization W. G. Co's 8-1-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 8-1-1919 [date of discharge] 1 year 178 days
 " " Pensions " [" "] " " "

C.R. 5-769

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 8th 1919.

Demobilisation.

The discharge of the undernoted on demobilization has been
confirmed by the Officer i/c Records on noted date.

5769 Pte. Wm. Parsons

Discharged 8-1-19

C.R. 5-769

Extract of Daily Orders Part II, Depot, St. John's dated
Jan. 8th 1919.

Demobilization.

The discharge of the undernoted has been confirmed by the
Officer i/c Records on noted date.

5769 Pte. Wm. Parsons.

Discharged 26-12-19

C.R. 5769

Extract from Daily Orders Part II Unit the Royal Nfld.
Regt., St. John's, Dec. 12th, 1918.

The undernoted man discharged on Demobilization has been approved by O.C. Discharge Depot from Noted date. He is removed from Depot strength to Discharge Depot pending confirmation by Officer i/c Records.

5769 Pte. Wm. Parsons.

11-12-18.

C.R. 5769

Extract from Daily Orders Port 11 Unit The Royal 1112.
Regt., St. Johns Oct. 21, 1918

THE FOLLOWING MAN PROCEEDED ON SPECIAL DUTY TO DRY DOCK
16-10-18.

5769 Pte. W. Parsons.

C.R. 5769

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's dated August 26th, 1918.

5769 Pte. W. Parsons,

Granted leave without pay from 26-8-18 to 9-9-18.

C.R. 5769

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's 10-1918.

5769 Pte. W. Parsons.

Discharged from Barracks Hospital 9-10-18.

C.R.

5769

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt., St. John's Set. 5th, 1918.

5769 Pte. W. Parsons.

Admitted to Barracks Hospital 3-10-18.

C.R. 5769

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

5769 Pte. William Parsons.

Attested for General Service with the Royal Nfld.
Regt. 15-7-18

C.R. 5769

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. Oct.23,1918.

The following Man returned from Special Duty at Dry Dock
20/10/18.

5769 Pte. W. Parsons.

Parsons, J^u

5769

Hay Sept

Bell Island Nfld

Oct- 19th / 18

To Whom it May Concern

This certifies that Thomas
Parsons of Freshwater Bell Island
age 53 years. is a Chronic
Asthmatic + is partially incapacitated
from work.

Wm L Carnochan.

NOTICE.

Allocation correct for box per deem commence 1/9/18

**ROYAL MILITARY MEDICAL DEPARTMENT
(Separation Allowance Branch)**

(M 2111R)

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, Notary Public or Justice of the Peace and returned to:-

**THE BARRISTER,
Separation Allowance Branch,
St. John's Bldg.**

1. Name in full of soldier Rank. Regt. or Unit Regt. No.

1. William Charles Parsons	Pte	Royal Wfld	5769
2. Edward Parsons	Pte	"	5772

2. Age of soldier (1) 24 yrs. (2) 20 yrs. Married or Single. *Both Single*

3. Name in full of father of soldier. Age. Occupation Permanent Address.

Thomas Parsons	53 yrs	Farmer	Freshwater, Bilt. To.
----------------	--------	--------	-----------------------

4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.)

I am a chronic invalid but not totally incapacitated. Can work occasionally. Have Asthma.

5. Names of your other children. Address in full. Occupation Married or single.

Elsie Parsons, aged 22 yrs	at home	at home	single
Jonathan Parsons	"	mining	"
Harold "	"	at home	"
Mary "	"	"	"
Joseph "	"	"	"

6. State amount earned by yourself per month. *Very little, when well enough tries to do farming*

7. State date and place of death of your wife. *living*

8. State amount and source of any other income. *Nothing except one boy working*

9. What is the value of your real property.

Allocation received for 1/9/18

10. State actual amount contributed by soldier during year prior to enlistment. *William \$50⁰⁰ per month
Edward \$40 per month*
-
11. Was this amount contributed weekly or monthly. *Monthly*
-
12. Did this amount include payment of son's board etc. *Yes*
-
13. State your son's trade or occupation prior to enlistment. *Both mining*
-
14. State amount of his wages per week. *Kaishy month \$50⁰⁰ & \$40⁰⁰*
-
15. State name and address of his last employer. *D. T. S. Co Bell Island*
-
16. State amount of support monthly from son since enlistment.
-
17. State amount of "assigned Pay" received by you from son monthly. *William \$10⁰⁰ September month
Edward \$5⁰⁰*
-
18. From what date have you received "Assigned Pay". *September 1st 1918.*
-
19. Actual amount contributed by other children. *Jonathan* Weekly Monthly. *\$40⁰⁰*
-
20. If not receiving support from other children, state cause. Answer fully. *Other not employed, too young. Also at home needed for garden & house work.*
-
21. Are any of these children in your employ. *No*
-
22. Have you made a previous claim for Separation Allowance? If not, why. Give particulars. *No.*
-
23. What is the value of your personal property?
-
24. With whom do you reside at present? *In my own house*

25. Are you already in receipt of Separation Allowance from any source. If so, how much? *no.*

26. Are you in receipt of assistance from any Patriotic Fund. If so, how much? *no.*

27. Was the soldier at the time of enlistment an employee of the Nfld. Government. *no.*

28. In what capacity and in what place.

29. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much?

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..... *Thomas J. Parsons*

Place of residence..... *Greenwater, Bell Island, B. N.*

Declared and subscribed before me at..... *Bell Island*

this..... *19th*..... day of *October*..... 1915.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary, Public or Justice of the Peace } *A. G. Power, S. M.*

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 investigation, the above statements are correct, and the soldier first mentioned above is the ~~man~~ support of the applicant.

Signature of clergyman..... *Rev. J. St. John, Rector of Bell Island*

Signature of member of Patriotic Fund Committee..... *J. H. Bennett*

January 8th., 1919.

#5769 Pte. William Parsons,

Bell Island, C.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.246."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5769 Rank Pvt. Name Wm. Parsons
Intended place of residence Bell. Isld.

2. Occupation mechanic
Classification of soldier C Medical Category A II

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
Date DEC 10 1918 W. H. Bowley 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 Johns W. H. Parsons
Dec 10th 1918 Signature of soldier
C. 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 Johns W. Parsons
10. 11. 18 Signature of soldier
T. Daymond Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10. 7. 18 No of days on Military
Discharged from service 11. 12. 18 plus 28 days Service 187 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S W. H. Bowley Capt.
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
Date DEC 11 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld. W. H. Bowley Capt.
Date January 8 1919 Officer in Charge
W. H. Bowley 246 The Royal Newfoundland Regiment

17
31
30
31
30
31
8
178

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5769 Rank PTC Name Parsons - Wm
 Date of Enlistment 10.7.18 Address Bell Falls District St John's
 Occupation Mechanic Classification for Discharge F Medical Category AII
 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 10.11.18 Wm Parsons Capt
 O. C. Discharge Depot.

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 Joseph A Knowlton

Date 10-12-18.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 45 to his home at Ball Island and Release Certificate No. 258 issued.

Date 10-12-18

C. B. Drisko 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 8-1-19

Date 10-12-18

Money Capt.
Depot Paymaster.

Discharge approved for 11. 12. 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med.	D.F. 1	1	Form B
B 178	W 3494	B 122	Board 1st	" 2	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 12 18

C. B. Drisko Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 11 1918

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

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

Date Dec. 12/1918

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

MEDICAL HISTORY

OF

Surname

Parsons

Christian Name

H. H. H.

Table I.—GENERAL-TABLE

Birthplace :—Parish

St. John's, Bell Island County Newfoundland.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>10</i> day of <i>July</i> 191 <i>8</i> .	on	day of	191		
	at <i>St. John's</i>	at				
Declared Age	<i>24</i> years	days	years	days		
Trade or Occupation	<i>Mechanic</i>					
Height	<i>5</i> feet <i>6</i> inches	feet	inches			
Weight	<i>124</i> lbs.	lbs.	ll s.			
Chest Measurement	Girth when fully expanded	<i>33 1/2</i> inches	inches			
	Range of Expansion	<i>3</i> inches	inches			
Physical Development						
Vaccination Marks	Right	Left	Right	Left		
	<i>1 Scar.</i>					
When Vaccinated	<i>2 months op.</i>					
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=			
	L.E.—V=	<i>6/6</i>	L.E.—V=			
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)			
	(b)		(b)			
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)	<i>Lamm Parsons</i>					
(Rank)	<i>Major</i> Medical Officer		Medical Officer			
Enlisted	at <i>St. John's</i>	at				
	on <i>15</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. Regiment.</i>	<i>5769</i>				
Transferred to						
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						



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 *1st. Newfoundland*

Regimental number **5769**

Intended address **Bull Island**

Height on discharge **5** Feet **6**

Color of hair on discharge **Brown**

Complexion **Fair**

Color of eyes **Blue**

Descriptive Marks

Figure on discharge

Christian name of Father **Thomas**

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth.

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)

(Rank)

Station

Date

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

St John's

The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. *5769*

Name *Parsons William Dr*

Address *Bell Island*

St John's, Lunenburg

Present Medical Category *A II*

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

Members of Board {
R.H. [Signature] Capt
O.C. Discharge Depot.
W. Patterson
Senior Medical Officer
Geo. Curdew
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 work as Mechanic

W. Parsons

Signature of Man.

Abdicks Kay

Reg. No. *5769*

Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *10/12/18* 191



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Parsons, Regl. No. 5769
 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 September 1st 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6736	father	Thomas Parsons	freshwater B. N.S.	- 60
Total Allotment, \$			- 60	

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.) H. A. James / Lieut
 Officer Commanding
7 Company
H. Jones
August 15th 1915

(Sig.) William Parsons
 (Rank) Pte

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Loganville July 15/18

1. Name William Parsons Age (a) Declared 24
(b) Apparent

2. Do you know of anything wrong with you? Weak Back & Legs

What severe illnesses have you had? none

lyas
Comp
marks

Blue
Fair
Semi bald on R leg

3. Height 5-6. Weight 124
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise) in

60
17
6

6. Examination of Lungs in
Measurement (a) Expiration 30 1/2 (b) Inspiration 33 1/2

7. Examination of Heart in

8. Examination of Urine /

9. Examination of Mouth—(Defective Speech)

Teeth
Throat benign tonsils
Nose
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? yes 2 mths ago, Lt Am

11. Name and address of next of kin Father Thomas Belle Island
"Inchwater"

REMARKS--

A 11

Sturges
Archibald
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Signature of O. C. Company W. Dicks Lieut.

Number of Sheet One

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>W. Parsons</u>	Age on	<u>24</u> years	<u>Mechanic</u>			
		months		Religion			
Joined	Date	Place and Date of Enlistment		<u>C of B</u>			
Joined	Date			Place of Birth			
Joined	Date	Period of	with Colours <u>1 1/2</u> years.	<u>Ireland</u>			
Joined	Date		with Reserve <u>3 1/2</u> years.				

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
<u>Private Rank</u>	<u>28-9-18</u>	<u>Private</u>		<u>Absent without leave from 20-9-18 till 28-9-18</u>	<u>Kepe Hackett</u>			<u>Capt R. J. out m.c.</u>	<u>Forfeits 8 days pay</u>
				<u>Demobilized St John's 8 1/2</u>					

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

D 5769

DEMOBILIZATION OF

Reg. No. *5769* Rank *Plt* Name *Parsons - Wm*
 Date of Enlistment *10.7.18* Address *Bell Sold* District *St John's*
 Occupation *Mechanic* Classification for Discharge *F* Medical Category *AII*
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:— *P1 - 51 - 01*

N.F. P186	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	1			

Date *10.14.18* *[Signature]* 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 *Joseph A. [Signature]*

Date *10-12-18*

O i/c. Re-clothing.

DEC 11 1918

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 45 to his home at Well Island and Release Certificate No. 258 issued.

Date 10-12-18

C. B. Dicks 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 8-1-19

Date 10-12-18

W. H. Cap.
Depot Paymaster.

Discharge approved for 11. 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	
F 178	W 3494	B 122		Board 1st	" 2	✓ 1	Form B
B 178a	✓ 1 D 400A	✓ 1 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	M 93	✓ 1		" 6		
B 179c	B 120						

Date 10. 12. 18

C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date DEC 11 1918

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

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

Date Dec. 12/1918

M. Howley Capt.
O. C. R. 31-51-01

Reg. No. 5769 Rank Pfc Name Parsons Wm
 Attested 15-7-18 Address Sheshwater Bell Island
 Allotment Go Allottee Thomas Parsons (Father)
 Date of Allotment 1-9-15 Returned from Overseas.....
 Embarked for Overseas..... Cause.....

18-7-18 Recd 1st Innoc 9-11-18

25-7-18 G.L. without pay 25-7-18 to 4-9-18. R.D. 5-8-18.

Granted leave without pay from 16-8-18 to 9-9-18.

4 extension of leave from 10-9-18 to 1-10-18. Ret's 289-A

20-9-18 forfeits 8 days pay under R.W.

3-10-18 Admitted to Barracks Hosp.

9-10-18 Discharged from

15-10-18 Special duty bus back. Ret's 20-10-18.

10-12-18
11-12-18

ISSUED TO DEMOBILIZATION OFFICER
BUREAU OF DEMOBILIZATION