



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5632 Name Wm Geo Parsons with

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wm Geo Parsons
2. What is your full Address? 2. La Scie St. St. John's
3. Are you a British Subject? 3. yes
4. What is your age? 4. 24 Years. 0 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
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. yes

I, Wm Geo 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.

Wm Geo Parsons SIGNATURE OF RECRUIT.
J. Dew Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm Geo 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 7 day of June 1915.

Signature of Attesting Officer Edwards

† 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 1915 } Approving Officer.
 Place

† 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)

C.R. 5632

extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c ~~XXXX~~ Records from noted date
9-8-19.

5632, Pte. Wm. G. Parsons.

5632

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 15th, 1919.

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

5622 Pte. J. Parsons

C.R. 5632

Extract from Daily Orders Royal Field Artillery The Royal Field Artillery
Regt. St. John's, July 3rd, 1919.

5632 Pte. W. Parsons.

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

C.R. 5632

Extract from Daily Orders Fwtvfk By Major M.S. Sullivan
Commanding Hfld. Forestry Co. 26-11-18.

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

5632 Pte. W. Parsons.

C.R. 5632

Extract from Nominal Roll Entrained ~~for~~ St. John's for Overseas.

S^{pt.} 22, 1918. "M".

5632 Pte. Parsons Wm.

C.R. 5632

Extract from Daily Orders Part 2. from Unit, The Royal Newfoundland
Regiment, St. John's, dated June 8th 1918.

5632, Pte. W.G. Parsons.

Attested for General Service with the Royal Nfld. Regt.
from 7/6/18.

Poisson, W. J.

C.R. 5632

P.Y.R.O.

No. 4404/650

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

19th March 1919

March 20th 1919

5632 Pte Parsons W. G.

Receipt hereunder.

With reference to the follow-
ing telegram from the Minister of
Militia / / ('82)

Skarn

"Pay to- 5632 Parsons
£7:4:0

LIEUT. COLONEL,
Officer Commdg. 2nd Batt'n
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Cheque £7. 4. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of Seven
Pounds four Shillings in respect of
telegraphic remittance from the
Minister of Militia.

A. A. Minnett
Chief Paymaster & O. i/c Records.

George Parsons
No 5632 Rank Private
Witness D. W. Parsons Lf

No. 6886/1039

B. P.D. 099934

N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Ifld. Regiment
Worcester

JUN 1919

May 10th 1919

May 11th 1919.

5632 Plc. W. J. Parsons

With reference to the following telegram from the Minister of Militia / / 19 (162):

Receipt hereunder
Weymouth
LIEUT. COLONEL,
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5632 W. J. Parsons
£8-4-0

Received the sum of £8.4.0
Eight pounds four in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £8-4-0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
heroon.

no pence

A. D. Murray

Chief Paymaster & O. i/c Records.

No. 5632 Rank Plc
Witness: Geo Perry

Parsons, W.

5632

Ray Sept.

August 12, 1919

#5632 Pte. William Parsons,
Lascie.

Dear Sir:-

Please find enclosed Discharge Certificate #3665.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5632 Rank Pte Name Parsons Wm
 Intended place of residence La Scie
 2. Occupation Disherman
 Classification of soldier B Medical Category FI

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 12 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 12 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 12 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 429

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
 Date JUL 26 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

2073204912665

24
31
9
62

The Royal Newfoundland Regiment

Class for Demobilization: Ej.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5632

Name Parsons William

Address La Scie

Present Medical Category Aj.

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O.C. Discharge Depot.

Paterson
Senior Medical Officer

Sw Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5627 Rank P/14 Name Parsons, John
 Date of Enlistment 7.6.15 Address La Paroisse District St. John's
 Occupation Interment Classification for Discharge 6 Medical Category A-5
 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 <u>3</u>
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 July 19/19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Wm. H. Parsons
man

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #6.00
 (b) Clothing Supplied [Signature]

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192443 to his home at La Salle and Release Certificate No. 3511 issued.

Date 12-7-19  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 9-8-19

Date 12-7-19  Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
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		

2 Form B

Date 12-7-19  Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919 K.P. Cooper Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Tarson W.

Signature of Man.

Reg. No. 5632

J. H. Snowcroft

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

12-7-19

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

MEDICAL HISTORY

Surname Pearson OF Christian Name William George

Table I.—GENERAL TABLE.

Birthplace:—Parish La Sere St. Basile County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	7 th	June		1918
at	St. John's.			
Declared Age	24	years		days
Trade or Occupation	Sherman.			
Height	5	feet	6	inches
Weight	154	lbs.		lbs.
Chest Measurement	37			inches
	3			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V	4/6	R.E.—V=	
	L.E.—V=	4/6	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>James Watson</u>			
(Rank)	Major			Medical Officer.
Enlisted	at	St. John's	at	
	on	7 th day of June	on	day of 1918
Joined on Enlistment	Royal Nfld.	Regtl. No.	Corps	Regtl. No.
	Regiment.	5632.		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(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 Newfoundland Regt.* } Former Trade or Occupation } *Fireman*
2. Regtl. No. *56323* 3. Rank. *Plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Parsons* *William J.* } (Surname) } (Christian Names) } (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *25*
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 (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | ✓ | ✓ |
| (ii.) Previous active service.. .. . | ✓ | ✓ |
| (iii.) Climate in pre-war service | ✓ | ✓ |
| (iv.) Ordinary military service before the war | ✓ | ✓ |
| (v.) Serious negligence or misconduct on the }
man's part. } | ✓ | ✓ |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

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

15. What is his present condition?

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

The Complaints of 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.

Deputation of

W. P. Rosemire Capt R.C.M.F.

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



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 Office 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 George Parsons*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5632*

Intended address *La. Sic.*

Height on discharge *5 Feet 7*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Mary Jane*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *La. Sic. 30-6 - age. 25 - 1894*

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 ^{his} George Parsons*
Mark

(Rank) *PLS*

Station **ST. JOHN'S**

Date *July 7th 1919*

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 in Hospital.
Unit, or Command Depot.

Station

Date

August 16, 1919

Mr. Wm. Parsons,
Lascie.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly

Captain & Master.

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. *Pte*..... 4. Regtl. No. *5632*.....

5. Address in full to which future payments of gratuity are to be forwarded. *LaSalle*.....

6. Date of enlistment in the Regiment. *June 7/18*.....

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

8. Relationship of such dependents. *No*.....

9. Address in full of such dependents. *No*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....

11. Were you on active service only in Mfld. If so, give dates and particulars of such service. *England only*.....

12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *1 year*.....

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.

..... *No*

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

..... *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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?

..... *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... *No*

19. Are you now serving in the Regt.? *No* If not give? - (a) Date of discharge

July 1919 (b) Reason for discharge *Discharged*

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 beyond only*

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.

Wm Parsons

Signature of Applicant:

Place of Residence:

LaSalle

Declared before me at:

St Johns

This

12

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	Paid	War Service	Net amount
	Soldier.	Dependent	Gratuity.	due

.....

.....

.....

Certified correct.

Register

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

One

Regiment of

Royal Newfoundland

Signature of O. C. Company

A. B. Dicks *Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			Place of Birth	
Joined	Date	Period of		with Reserve	
Joined	Date				with Colours

No. 2637 Parson Wm Geo.
 Age on 24 years 7 months
 Place and Date of Enlistment } St John's
7.6.18
 Religion } Meth
 Place of Birth } La Sene St Barbe
 Period of } with Colours 164 years.
 with Reserve 365 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>Princes Rink</u>	<u>21-8-18</u>	<u>Pte</u>		<u>Absent without leave from 21-8-18 to 31-8-18.</u>	<u>Lt J. S. Ingham</u>	<u>4 Days. C. B.</u>	<u>31-8-18.</u>	<u>R. H. Lail Capt.</u>	<u>M. J. C.</u>
				<u>Demobilized St John's</u>		<u>9 ⁸/₁₉</u>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 56321 Rank RM4 Name Parsons W. J. M.
 Date of Enlistment 7.6.16 Address La Paroisse District St. Barbe
 Occupation Fisherman Classification for Discharge 6 Medical Category II
 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 July 11/19

O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Wm. J. 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 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192443 to his home at La Sere and Release Certificate No. 3511 issued.

Date 12-7-19

[Signature]
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 12-5-19

Date 12-7-19

[Signature]
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

[Signature]
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 26 1919

Date

[Signature]
O. C. Discharge Depot.

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

Date Aug 7/19

[Signature]

Reg. No. *1137* Rank *Plt.* Name *J. Parsons W.G.*

Attested Address *La Brie*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

12 7 19
26 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.

- 1. Unit and Corps. *Royal Newfoundland*
- 2. Regtl. No. *5632* 3. Rank. *RE*
- 4. Name *Penson's* *William George*
(Surname) (Christian Names)
- 5. Age last birthday. *25*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *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? }

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.)

He complains 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?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

W.E. Proctor

Capt. Raine

Medical Officer in charge of case.

Station *Hazely Down*

Date *10/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause