



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4667 Name Frank Paul Corps R.C.

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

- |  |                                   |
|--|-----------------------------------|
| 1. What is your name? .....  | 1. <u>Frank Paul</u>              |
| 2. What is your full Address? .....  | 2. <u>Banger Brook, N.S.</u>      |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                     |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... Months   |
| 5. What is your Trade or Calling? .....  | 5. <u>Trapper</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 .....<br>} 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, Frank Paul 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.

A  
24-4-18

Frank Paul ..... SIGNATURE OF RECRUIT.  
James Arkie ..... Signature of Witness.

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

I, Frank Paul 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 24 day of April 1918.

Signature of Attesting Officer James Arkie

### † 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 ..... 1918  
Place ..... } 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 Frank Paul  
 Apparent age 20 years - months. Height 5 feet. 3 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 5" inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin John Paul Badger, NDB  
 | 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 L'epat	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 24-4-18  
 Joined at St. Ives on April 24-1918  
Discharged July 12, 1919

Embarked St. Ives train to Halifax NB 11-6-1918.  
Embarked ship 15.8 to 26-10-18.  
Disembarked train 26-11-1918.  
Joined 13th in the field 3-11-1918.  
Regained 13th Winnipeg from France 1-5-1919.  
to fight for demobilization 22-5-1919.  
Arrived Vancouver Island 1-6-1919.

Demobilization St. Ives 12-7-1919

Total Service forfeited as above.....

Total Service towards Engagement to 12-7-1919 (date of discharge) in 1 years 80 days  
 Pensions " " " " " " " "

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 12-7-19.

4667 Pte. Frank Paul.

C.R. 4667

Extract from Daily Orders Part 11 Unit <sup>4</sup>he Royal Nfld. Regt.  
St. John's, July 4th, 1919.

The discharge of the un~~er~~noted on demobilization has been  
APPROVED by O.C. Discharge <sup>D</sup>epot with effect from 28-6-19.

4667 Pts. Frank Paul.

C.R. 4667

Extract from Cas. received from the R.S.R.C. London  
dated 6-5-19.

The w/m re-joined 1st. Bn. Winchester from  
France 1/5/19.

4667 Pte. F. Paul.

C.R. 4667

Extract from Daily Orders Part A1 Depot, St. Johns,

Date, June 18th 1919.

4667, Pte. F. Paul.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4 667

Extract from Daily Orders East 11 Unit The Royal WFLD. Regt.  
by Lt. Col. T.G. Mathias, D.S.O. Commencing 1st Battn. 5/11/18.

The following joined the Bn. 3-11-18.

4667 Pte. F. Paul.

B Coy.

C.R. 4667

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkestone,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazel of Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.S.F.

4

4667 Pte. Paul, F.



C.R. 4667

Extract from Daily Orders in Hill, from Unit The Royal  
21st. Regt. St. John's, dated June 18, 1918

#4667 Pte. G. Paul.

Embarked for Overseas with draft June 11th, 1918.

C.R. 4667

Extract of Daily Orders part 11, from Unit The Royal Wfld.  
Regiment, St. John's, dated April 25, 1918.

#4667 Pte. Paul Frank.

Attested for General Service with the Royal Wfld. Regt.  
from 25/4/18.

J. Paul.

C.R. 4667

1880

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 West Kent*..... 7. Former Trade or Occupation } *Sapper*
2. Regtl. No. *4664* 3. Rank. *Plt*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Paul* *Frank*..... (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday... *21*.....
6. Posted for duty on *24 April 15* at *S. John's*..... 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 n (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 general 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*  
*nil*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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? } .. .. .

*nil*

*na*

*He Complains of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be obtained 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?

*na*

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

*na*

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?

*na*

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?

*na*

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.

*Repatriation*

*W.E. Vocumier. Capt. Raine*

Medical Officer in charge of cases.

Station *H. D. Camp*

Date *20. 11. 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

22. 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 part of the soldier .. .. . | .....               | .....             |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disaccord with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station ..... } President or Chairman.  
 Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *Camp* ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.







To: The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:

Please charge the amount not opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4667	Lt.	Paul J.	\$250	J. Paul

I have the honour to be, Sir,  
Your obedient Servant.

Date

July 1/18

J. Paul

Paul, I.

4667

Ray sept.

July 12, 1919

#4667 Pte. Frank Paul,

Badger Brook.

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 & C. i/c Records

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 *Frank* ..... 2. Surname *Paul* .....
3. Rank, *Private* ..... 4. Regt. No. *4667* .....
5. Address in full to which future payments of gratuity are to be forwarded. *Frank Paul - Bay St. Brook WARD*  
*Main Railway Line* .....
6. Date of enlistment in the Regiment. *24th April 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....  
*Anne Paul* .....
8. Relationship of such dependents. *Mother* .....
9. Address in full of such dependents. *Anne Paul*  
*Bay St Brook - WARD* .....
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 field. If so, give dates and particulars of such service. ....  
*Belgium - June 18*  
*France - October 18 - Belgium - 18*  
*Germany - December 18* .....
12. Give total length of time which you served on active service, whether in field or overseas. *From 24th April 18 - 5*  
*22th June 1919* .....

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

..... *Yes* .....  
..... *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* .....  
..... *No* .....

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

..... *Yes* .....

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?.....

..... *Yes applicable* .....  
19. Are you now serving in the R.C.A.F.?..... If not give - (a) date of discharge... *22<sup>nd</sup> June 19*.....

(b) Reason for discharge.....  
..... *Demobilization* .....

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....

..... *Not in any theatre* .....

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.

Signature of Applicant: *H. Rowles Paul*  
 Place of Residence: *Madison, N.C.*  
 Declared before me at: *H. Rowles Paul*  
 This *27th* day of *June* 19*19*....

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

*H. Rowles Paul*

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

July 12, 1919

#4665 Pte. Frank Paul,

Badger.

Dear Sir:-

Please find enclosed Discharge Certificate #2979.

Yours truly

Captain,  
Paymaster & Officer i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4667 Rank Pvt Name Paul F  
 Intended place of residence Beaver

2. Occupation Trapper  
 Classification of soldier E Medical Category A L

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 JUN 27 1919

*J. M. Leat*  
 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 27-6-19

*J. F. Knowlton*  
 Signature of soldier

*J. F. Knowlton*  
 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 27-6-19

*James O. Newman*  
 Signature of soldier

*Sgt*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No. of days on Military  
 Discharged from service 28-6-19 Plus 14 days Service 445

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 28 1919

*R. H. Sait Major*  
 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 July 12/1919

*A. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*A. F. B. 2049/2979*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
H 121.  
2\*

Number of Sheet 621

Regiment of Royal Newfoundland

Signature of O. C. Company Wm. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4667 Paul Frank</u>	Age on	<u>20</u> years <u>0</u> months	<u>Trapper</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's 21. 4. 14</u>	Religion	
Joined	Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.		<u>R.C.</u>	
Joined	Date			Place of Birth	<u>Badgway, N.B.</u>

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>A. S. C.</u>	<u>23. 10. 18</u>	<u>Pte</u>		<u>Overstaying leave Absent from 23. 7 23-10/18 to 12. 30. 14/18</u>	<u>1st Officer</u>	<u>Deprived of 1 day pay 25. 10. 18</u>		<u>Capt Emerson</u>	<u>Forfeit 1 day pay By R.W.</u>
				<u>Demobilized 12 7 19</u>					

To be carried over

Army Form B. 121.

No 4364

**1ST. NEWFOUNDLAND REGIMENT****ALLOTMENTS**

I, Frank Paul, Regl. No. 4667,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4130	Mother	Mrs John (Annie) Paul	Balders Brook	20
Total Allotment, \$				50

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

Sig.) A. S. Summers Lt.

Officer Commanding  
"B" Company

Dr. John

8-6-1918

(S) Frank Paul(Rank) Private

COP

# The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 27-6-19

Regimental No. 4667

Name Saul, Frank

Rank Pte

Address Bader

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

*R. H. J. [Signature]*

O.C. Discharge Depot.

Members of Board

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 445 days

# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

No. 10  
*Inclusion Board.*

*Please receive documents as indicated below*

No. RANK AND NAME

4667 Pt Paul Y.

N. F. P. 403	Non-effective account.	Report of Newfoundland Medical Boards																			
	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	1st Board	2nd Board	3rd Board	4th Board	Board	Attestation paper	Identity certificate	Allotment paper	A.F.W. 3483	Headquarters Travelling Board	Proceedings on discharge
B. 178	B. 178a	B. 179	B. 268	W. 3404	D. 400A	B. 103	B. 120	B. 121	B. 122	B. 1916	Form L	Form K	D.P. 2	D.P. 1							

*Received above noted documents,*

Dated 19

Signature of Officer forwarding documents: \_\_\_\_\_

Date JUL 4 1919



# The Royal Newfoundland Regiment

Class for Demobilization:—

*B.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*27.6.19*

Regimental No

*4667*

Name

*Paul Frank*

Rank

*Plt*

Address

*Badger*

Present Medical Category

*A7*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. H. East Major*  
O.C. Discharge Depot.

*H. P. Mason*  
Senior Medical Officer

*Geo. Curden*

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4667 Rank Pte Name Paul J.  
 Date of Enlistment 24-4-18 Address Badger District Sault  
 Occupation Trapper Classification for Discharge ..... Medical Category AI  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3104	B 122	Board Ist.	" 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 27.6.14

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*J. Paul*

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 .....

*Paul J. Paul*

Date 27-6-14

O. i. c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. <sup>711991</sup> to his home at Badger and Release Certificate No. 3063 issued.

Date 27-6-19

*J.A. Snowball*  
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 12-7-19

Date 27-6-19

*J.A. Snowball*  
Depot Paymaster.

Discharged approved for 28-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. 1/30	B 268	B 121	N.F. Med	D.P. 1
B 178	W 3494	B 122	Board list	" 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
B179c	B 130	M 93		

*2 Form B*

Date 27-6-19

*J.A. Snowball*  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

## Eligible for War Service Gratuity

Date JUN 28 1919

*R.H. Lait* MAJOR  
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.

*H. J. Ford*

Signature of Man.

Reg. No. 11667

*J. A. Crawford*  
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date JUN 27 1919

191



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

# MEDICAL HISTORY

Surname Paul OF Christian Name Frank

Table I.—GENERAL TABLE.

Birthplace:—Parish Badger, N.B. County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>S. John's</u>	at		
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>Trapper</u>			
Height	<u>5</u> feet <u>3 1/2</u> inches		feet	inches
Weight	<u>114</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. John's</u>	at		
	on <u>24</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>	<u>4667</u>		
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 *Frank Paul*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4667*

Intended address *Badger N.D.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *John*

Christian name of Mother *Annie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Leading Tickles 1898 Jan'y 15<sup>th</sup>*

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) *F. Paul*

(Rank) *Plt*

Station *Sydney*

Date *26.6.19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

Date



**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 New York*.....
2. Regt. No. *4667* 3. Rank. *Pte*.....
4. Name *Paul* *Frank*.....  
(Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on *24 April 16* at *St John's*.....  
in category (or grade).....
7. Former Trade or Occupation } *Suoper.*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed is 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 .. .. .                | } <i>na.</i>        | .....             |
| (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? } *na.*

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

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.

*Repatriation*

*W.S. Proctor* *Capt R.A.M.C.*

Medical Officer in charge of case.

Station *H. D. Camp*

Date *20/5/19*

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier .. .. .
- Give details:

(a) Attributable to	(b) Aggravated by
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?
25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley Camp* ..... } President or Chairman.  
 Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospital.  
 Date ..... } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



ST. JOHN'S, June 27/19

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. F. Paul

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 23<sup>rd</sup> /19

4667 Pt. F Paul 23 80

ACCOUNTY	By m
PR NO	25055
DATE	27/6/19
BY	
FOR	
AMOUNT	

Certified correct for \$ 23. 80

*[Signature]*  
Billeting Officer.  
F. Paul per *[Signature]*

2601.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

1921.

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

**Frank Paul**

in respect of his service as No. **4667** Rank **Pte.**

Name **F. Paul** **Royal Nfld. Regt.**

Receipt of the same should be acknowledged hereon.

Received **at Badger Barr**

Signature **F. Paul**

Date **Dec. 2**

Address **Badger Barr**

[P.T.O.]

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4667 Rank Plt Name Paul J.  
 Date of Enlistment 24. 11. 18 Address Banger St District Sault Ste Marie  
 Occupation Trapper Classification for Discharge ..... Medical Category AI  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N. F. 1 <sup>st</sup> 36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 108	ME 2			" 6	
B 179c	B 120	M 93				

Date 27. 6. 19 R. O. C. Discharge Depot. Miss St.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*of Paul*

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 27-6-19 O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant <sup>R1991</sup> <sub>3068</sub> to his home at Badger and Release Certificate No. 3068 issued.

Date 27-6-19

*J.A. Snowball*  
Demobilization Officer

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 17-1-19

Date 17-1-19

*J.H. Mearns*  
Depot Paymaster

Depot Paymaster.

Discharge approved for 29-6-19  
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
B179c	B 120	M 93		

*2 Form B*

Date 27-6-19

*J.H. Snowball*  
O. C. Discharge Depot.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 28 1919

Date .....

*R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date July 10/19

*J. Melchior*  
for O.C. Records

Reg. No. *4667* Rank *Sgt* Name *Paul J.*

Attested ..... Address *Badger.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Overseas* Cause *Discharge*

*H*  
*27.6.19* PASSED TO DEMOBILIZATION OFFICER

*28.6.19* DISCHARGE APPROVED ON DEMOBILIZATION.