

# THE ROYAL NEWFOUNDLAND REGIMENT

Questi	ions to be put to the	ne Recruit before I	Enlistment.	0
1. What is your name?	· · · · · · · · · · · · · · · · · · ·	rear	de	and
		, 2 X	leers	seand
2. What is your full Address	?	( )	13	B.
3. Are you a British Subject	·	3	eo	
4. What is your age?		1 9 v	ears	Months
5. What is your Trade or Cal		1 7	Trake	omen
6. Are you Married?		5		2
		6		<i></i>
<ol> <li>Have you ever served in an jesty's Forces, naval or mil</li> </ol>			<i>l.</i>	Ca
8. Are you willing to be vacinated?	accinated or re-vac-	8		pes
9. Are you willing to be enlisted	d for General Service?	. 9		nes
10. Did you receive a Notice, an	d do you understand	) iN	ame	
its meaning, and who gave it		10	orps	
1. Are you willing to serve upo signed by if you are accep	n the conditions as emoted?	b died in the roll of	service to be	11 Jes
	0	-		
	0 1 1 1 1	17		4, 4
I. Lank	enu	do so	lemnly declare	that the shove andwar
made by me to the above question	ns are true and that	am willing to fulfil t	lemnly declare he engagements	made.
made by me to the above question	ns are trie and that	am willing to ulfil t	he engagements	made.
made by me to the above question	ns are tribland that	am willing to fulfil t	he engagements	made.
made by me to the above question	ns are true and that	am willing to ulfil t	he engagement	made.
	Just	am willing to fulfil to	he engagements SIGN	ATURE OF RECRUIT
made by me to the above question	HEAN BE THEN BY	RECRUIT ON ATTES	signa Signa	Made.  ATURE OF RECRUIT
Dear true allegiance to His Majesty	TO BE TAKEN BY WE King George the Fift	RECRUIT ON ATTES	Signa FATION.	Made.  ATURE OF RECRUIT ture of Witness.
Dear true allegiance to His Majests	King George the Fift	RECRUIT ON ATTES	Signa FATION.	Made.  ATURE OF RECRUIT ture of Witness.
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viz:—(Name).....on the (Date)

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. 2		Particula	rs as to C	hildren	1 :		
Christi	an Names		Et		Date and	Place of Birth	
	STAT	TEMENT (	OF THE	SERVIO	CES		
Corps in Rgt. or L'epot	Promotion, Reductions Casualties, &c.	Army Rank	Dates	Service not allowed to reckor for fixing the rate of pension  Years Days	ed to reckon t wards G. C. P	w- Signature of Officers of fying correctness of entries	
Service towards limited	engagerent reckons fr	May 2	5-18	lea			
Jusch	arge	Ju	rego	17			- 100
Dewbarkes	St. Johns	1.55.6	Samle	la de	alfar	Nd. 22. 7-18.	
bine Ball	5-1-1919	Jran &	Laisem.	louin	22 to	Treves Houses or	23 -
I hell for	Lambely alis	22.5-19	9. An	two to en	foundle	and 1-6-1919	
	-10	1	Fin	M	f 1	8400	riche
							1000
	/Nen	/ S	no.			0-1-1919	2113
Total Service for	orfeited as above	Couza			10100	0 / - 1 9 / 9	

And the second second second second

L' Paul

Rank Religion Date of pro	Surpame Surpame T	Age on Endergraph Puration.  Perms of Service (a) DURATION.  Pank Date of appropriate Qualification Puration Pu	stian Name listment Service recke pointment to la	ns from (once rank.	a) <sup>20</sup> /5/18
Date	Report From whom received	Record of promotions reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213. Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked Disembarked, Joined Batt.	<b>25</b> NOV 19	18	
	•	arrived in WK	***	14/9.	19
mi					
-	,				

[P.T.O.



## 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  $I_C$  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

Caul Leander Name in full Regiment from which discharged Royal Newfoundland Regimental number Intended address Height on discharge Color of hair on discharge Complexion

Color of eyes Descriptive Marks

Figure on discharge

Christian name of Father

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

Dear Sels, 26- Sept. 1898. Nature and locality of civil employment required

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

(Soldier's signature in full)

ST. JOHN'S

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 Offende Hospitalano Unit, or mand Depot. HEADQUARTERS

> > John's Hewloundlan

Station

Station

Date

# The Royal Newsoundland Regiment

#### PROCEEDINGS ON DISCHARGE

學語	
1.	No. 3'24! Rank Plo Name Paul Leander Intended place of residence Deek 9rd Bonante
_	intended place of residence. A statement of the statement
2.	Occupation Ferherman
	Classification of soldier
3.	The above named man is discharged in consequence of
	Bligible for War Service Gratiffy
4.	His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
	Place JUN 10.1919  A Comanding Discharge Depot The Royal Newfoundland Regiment
	51. 00 mm m m m m m m m m m m m m m m m m
	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, Beyel Newfoundland Regiment of all financial responsibility in my connection.
	Place and date . JUN 1 0 1919  ST. JOHN'S.  Magnatile 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 and Date Paul Signature of coldier
	Signature of witness Spi-
	STATEMENT OF SERVICE
	HOLD SEE HOLD SEE HELD SEE HELD TO PRESENT MEN SEE HELD N
7.	Enlisted for service
_	Discharged from service. JUN. 2.4.1919 Men. 14 Qay Service 4.14
	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. Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
	Date The Royal Newfoundland Regiment.
	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed
	Place Apolicio Aged Moowleylast
D	officer ic Records The Royal Newtoundiand Regiment

ag B2079/2780

# 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:

lows:				
Go resume	for	mer Occi	upation	•
			/	
	***************************************	Leand	Signature of M	Ian
1.110		Reg. No. 5		•
	lafo!			
Signature of the Vocational Office	er of his Repr	esentative.		
ce It Johns	6	•		
JUN 1 0 1919	191			

Demobilisation Form 8

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No 5341 Rank Mr. Name Laul Frances
Date of Enlistment 31-5 / 8 Address Dered Sels District Benausk
Occupation Listerman Classification for Discharge Medical Category H. T.
Recommendation S.M.B Disability Rating
Passed to Demobilization Officer with following documents:—
Passed to Demobilization Officer with following documents.—
N.F. P 36 D.F. 1 D.F. 1
B 178 W 3494 B 122 Board 1st " 2
B 178a D 400A B 1915 do 2nd " 3
B 179a D 400C Form K do 4th " 5
B 179b B 103
B 179c B 120 M 93
O HIMAN IT.
Date. O. C. Ducharge Depot.
PARTICULARS FOR DEMOBILIZATION
The state of the s
I amin a position to resume civilian occupation.
Seander
Mi Chamber
(Allowar)
In Areconder
Particulars passed to Vocational Officer for information and action.
Particulars passed to Vocational Officer for information and action.
Particulars passed to Vocational Officer for information and action.  Date:
Particulars passed to Vocational Officer for information and action.  Dater
Particulars passed to Vocational Officer for information and action.  Date:
Particulars passed to Vocational Officer for information and action.  Dater
Particulars passed to Vocational Officer for information and action.  Date:

3. Transportation and Release Certificate.
The above named has been provided with Travelling Warrant No.
at
all linkell
Date 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 allowa
Date Depot/Paymaster.
Discharge approved for 24-6-19
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 P 1915 do 2nd 37 37 B 179 D 600B Form L do 3rd 4
B 179. D 400C Form L do 3rd "4  B 179a D 400C Form K do 4th "5
В 179ь В 103 МР 2
B 179c B 120 M 93
11 16 20 11-
Date
Demonization Gineer.
APPROVED.
Documents as above forwarded to:—
Officer ilc Records. Board of Pension Commissioners.
with following additional documents.
Bligible for War Service Grandly
Date
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
Ametrath 1/hr
June 18/19 hortendo
Date

Reg. No	124 Ran Pb Name Paul L.  A cress Dear Isld.	
Allotment.	주변 보다 그는 그는 경향기에 가장하고 있는데 하는데 하는데 함께가 되었다. 그리고 말았다면서 그릇을 하는데 없다.	
Date of A	Returned from Overseas 29-5-1	7
Returned o	on D.S. Orzecan Cause bischarge	
9.6-19	PASSED TO DEMOBILIZAT DN OFF. SAN	
Left -1.	DISCHARGE APPROVED ON DEMOCILISATION.	

CR 5341

Extract from Daily Orders part 11, from Unit The Royal Mg14.
Reg. Ft. John's, dated July 25, 1918.

The following man embarked for overcoss on H.M.S. "Columbella" July 22,1918.

#5341 Pte. Leander Paul.

Extract from Daily Orders part 11, from Unit The Royal Nfld .Regt.St.John's, dated May 22,1918.

#5241 Pte. Leander Paul.

Attested for General Service with the Royal Nfld Regt. from 21.5.18

C.R. 5241

extract from Daily Orders Part 11 Unit the Royal Mild. Regt. St. John's June 14th, 1919

Thebdischarge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from 24-6-19.

5541 Pte. Leander Paul. 5241

C.R. 3241

Extract from Dally Orders Part 11 Depot, St. Johnes, Date 13/6/19.

5241, Pte. Leander Paul.

Reported at Headquarters 1/6/19. which sailed Liverpool May 22/1919.

ex "Corsican"

Extract from Nominal Rell 1st. Battalien
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st Battalion left Rouen Camps 22/4/19, embarked at Havre 22/4/19 disembarked at Southampton 23/4/19; and reached Hezeley Down Damp 23/4/19.

#5241 Pte. D. Paul.

Extract from Nominal Roll of draft No. 56, from the 2nd., Battalien of the Royal Newfoundland Regiment, Winchester to the 1st., Battalier, of the Royal Newfoundland Regiment, B.E.F., Embarked Southampton 25/11/18.

#5241 Pte. L. Paul.

#### PECHTPU.

### FOR ISSUE OF BRITISH WAS MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband of British War Medal-1914-1919.

Pte Leander Paul

Date Nov. 21. 19/9
Place Deer Jaland B.B

C.R. 5-241

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records from 8-7-19.

5241 Pte. Leander Paul.

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

Date.

Address

# The accompanying Victory Medal and British War Medal is/are forwarded herewith to Leander Paul in respect of his service as No. 5241 Rank Pte. Royal Nfld. Regt. Name I. Paul Donk of Alltin. Receipt of the same should be acknowledged hereon. Received from Rigal MALD R Leander Paul Date Oct 21/21

-Island. BB

[P.T.O.] . \*

No. . 5.241 Name . . L. T. aul.

To Certify that I have received the AB 64 of the above maned soldier.

None. J. Paul N

Date Oct 6. 1920
Place Deer Island BB

N.B. For completion and return to the Department of Militian insert in corner of envelope "AB 64"

April 23rd 1920.

C.R. 5241

Dear Sir:-

I have been informed that you have a rifle and bayonet in your possession since last year. I am endeavouring to close up the Militia Office, and am having these outstanding rifles and bayonets collected. Of course, I can appreciate the fact that you would like to keep these as souvenirs and also possible for use, but I am afraid that cannot be. These rifles and bayonets are the property of the Covernment and were purchased from the Imperial Covernment. Will you therefore, please take the necessary steps to have them returned as soon as possible.

I do not want you to have any unnecessary expenditure in this connection, so if you will take them to Magistrate Mifflin at Greenspond, or some other suitable person, they will undertake to have them sent to St. John's. If you prefer to return direct please let me know what your expenses are.

I hope to hear from you in the near future.

Yours faithfully.

Lieut. Col. Chief Staff Officer.

4959. Ex. Pte L. Fry.
Charleston, Southern Bay. B.B.
3356. Ex. Pte. Cater Hunt,
Fair Islands. B.B.
5241. Ex. Pte. Leander Paul.
Deer Island. B.B.
3885. Cpl. W.J. Cuff.
Port Blandford.
3956 Ex. Pte. Wm. Green,
Port Blandford.
5047. Ex. Pte. Alec Tucker,
Bunyan's Cove.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet Ove Forms B 121. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay Age on Heligion Place and Date Joined Date 205.1 Joined Date with Colours 150, years. Joined Date with Reserve 323 Toined Date years. Cases of Drunk-enness. Date of award or of order dispensing with trial Date of Offence Names of Punishment awarded By whom awarded REMARKS Place Rank OFFENCE Witnesses Demobilger So this 8 79 Army Form To be carried over

### Medical Report on an Invalid.

	Station Hazeley bown
	Date /5/19
1. Unit Royal Newfound 1 2. Regimental No. 5341	7. Former Trade or Occupation Lakerman
3. Rank fole 4. Name Paul Leande	<ul> <li>7a. If with previous service in Army, state—</li> <li>(a) Former Unit;</li> <li>(b) Regimental No.;</li> </ul>
5. Age last birthday 20	(c) Date of Discharge;
3. Enlisted on at Olyolus	(d) Cause of Discharge.

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

#### Statement of Case.

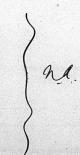
Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the listory of the disability, noting entries on the Medical History Sheet bearing on the case.

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



13,	What is his present condition?	He conplains y no.
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	de conplaire y no. disability.
14.	If the disability is an injury, was it caused—  (a) In action? (b) On field service? (c) On duty? (d) Off duty?	
15.	Was a Court of Inquiry held on the injury?	
•	If so—(a) When? (b) Where? (c) Opinion?	
16.	Was an operation performed? If so, what?	ra.
17.	If not, was an operation advised and declined?	za.
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?	· na.
	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	La.
		12.00
		Report no Aison
20. 1	Do you recommend—  (a) Discharge as permanently unfit, or (b) Change to England?	100
		U.T. Vrocumie. Copt Rame
	I have satisfied myself of the g	Officer in medical charge of case. eneral accuracy of this report, and concur therewith,
excep	<i>(</i> Τ	concur therewith,
Station	1/5/19	Officer in charge of Hospital.
Loss of		ould be attributed, thereto, unless there is evidence that it is due to some ord if no exceptions are to be made.

Nº 4088



## 1ST. NEWFOUNDLAND REGIMENT

, Regl. No. 5241

· 1. Leander Power Faul

1512-151	ed, viz.: (llotment begins	July 1/17.		·	
Identity Certificate No. Whether Wife, Child, other Relative or Friend		NAME (in full)	Address	AMOUNT (each person)	
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21					
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	41 34r		s a decimal and the second		
	20168 12				
	1 2		Total Allotment, \$		
***	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			<u> </u>	
8	igned by the Officer equired payments or	ompleted by the Officer Commanding Commanding Company and handed a application.	to the Paymaster as authority	teer, counter. to make the	
Sig.)	alone 21	W	No.	Lan	
J-67		(\$ )	Grane & This	700	
	Off	icer Commanding	1 1 have	A .	

Nº 4088



### 1ST. NEWFOUNDLAND REGIMENT

, Regl. No. 5241

1, Leander Rouge Faul

Identity Certificate No.	Whether Wife, Child, other Relative or Friend *	Name (in full)	Address	AMO (each p	UNT person)
241	Matter	George & Paret	Door Glands		
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			Total Allotment, \$		
8		completed by the Officer Commanding r Commanding Company and handed n application.	Company, signed by the Volum		
	111	IIV		98	صما

OUNC' AND CONTINGENT.

RECORD CEFFEE.

15 14 3 MAY 1919 Pulit 19 19 1 Dear Island

For Pay A Record Office

London Eng soon as Passible as we are all ancious A hear of him adres ges Pane Des Bland BB njeg Dear Sis I am asking you is you could This me aday information of my Sofe Pte Leander Pall 5241. When last I heard from him he was in germany of you could give med stome information Itwould greatly release me mind , please lot me know as

Date of last entry Company Conduc	Sheet	- الما	No. a	and tate   Pariod not reakening towards   st drunk   freedom from extra fine	Sheet No.	Signature O.C. Company, etc.	2777	Carolinacter
Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded Remark
O'ild	8/4/19	lle		Def. of Corregan Clark King & Rangers 11/2	bang her	Paylor Dame	8/4/19	Majo Resurd
							F F F	
			10000					
			***					
		25-1-1	13.11				and the same of the same of	

faul, L

5241

Aag Depl.

July 8, 1919

#5241 Pte. Leamer Paul.

Deer Island, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate No.2780.

Yours truly

Captain Captain & U.i/c Records.

# The Royal Pewfoundland Regiment

Class for Demobilization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal N	ewfoundland Regiment
	Date 9.6.19
Regimental No 5241	
Name Same Lumber	Rank
Name Sant Lumin Address Sun In 1978.	
Present Medical Category	(a) Immediate discharge(b) Standard Medical Board
Members of Board	Senior Medical Officer
	Dle Berden M. O. Depot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No 3241 Rank Me Name Jaul Franchel
Date of Enlistment 31-5 10 Address Detel Sold District Smanuski
Occupation
Recommendation S.M.B
Passed to Demobilization Officer with following documents:—
N.F. P 36 B 268 B 121 N.F. Med D.F. 1
B 178
B 178a / D 400A / B 1915 do 2nd " 3 5
B 179 D 400B Form L do 3rd " 4
B 179a
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date. 9.6.1.9. O. C. Decharge Depot.  PARTICULARS FOR DEMOBILIZATION
r. Civil Re-Establishment.
I amin a position to resume civilian occupation.
I amin a position to resume civilian occupation. Lander Pare
m has and
77000
Particulars passed to Vocational Officer for information and action.
Date.
2. Clothing.
· Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable 1997
(b) Glothing Supplied J. H. White Carly
Date 10 - 6-19 Oilc. Re-clothing.
Date O ilc. Re-clothing.

3. Transportation and Release Certificate.	R1632.9 672
The above named has been provided with T at Drox J.Id 13: Band Release	有利 多多生物 · 各体 · 语: · · · · · · · · · · · · · · · · ·
Date	JA Snaw Coff Demobilization Officer
4. Pay and Allowances.  The herein named coldier's accounts have herein	een correctly balanced and all matters in connection
therewith settled. He has received pay and al	The resemble of the Section of the constant of
Date 10 6 19	Depot Vayanter
Discharge approved for 24-	6-19
Forwarded with following documents to O.C	Discharge Depot.
	N.B. Med D.F. 1 2 Tom B  do 2nd 3  do 3rd 4  do 4th 5  Bemobilization Officer.
Officer i c Records.	
Board of Pension Commissioners. with following additional documents.	The state of the first of the property of the state of
Eligible :	for War Service Gratuity
Date JUN 2 4 J919	O. C. Discharge Depot.
Received the above noted documents from O. C. Dischar	rge Depot.  the toppe and that I dis

Date ..

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

# MEDICAL HISTORY

Surname Laul

OF Christian Name Leandes

- 10-	Table I.—GENEI	RAL TABLE		The production of the last of the second
Birthplace:—Parish Alees	feland h	77- Coun	ry Afla	
	SPECIAL RES	SERVE	REGULAI	RARMY
· ·	on 26 day of M	Cay 1918	on day o	f 191
Examined	at Doche	<b>D</b>	at	
Declared Age	19 years -	days	years	days
Trade or Occupation	Freherma	n		public to
Height	of feet g	tuches	feet	inches
Weight		123 lbs.		lbs.
Chest Girth when fully expanded		34 inches		inches
ment (Range of Expansion		# inches		inches
Physical Development				
(Arm	Right	Left	Right	Left
Vaccination Marks Number				
When Vaccinated				
	RE- 0/10		R.E.—V=	
Vision }	L. EV= 6/60		L.EV=	
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
(	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection;				
Camer Aggerran, 2	3 A A			
Approved by (Signature)	for it	aberous	.1	
(Rank)	came.	vivious		
	0 hap	Medical Officer.		Medical Officer.
[	at o Juhu	P -	at	
Enlisted	on 21 day of	may 1918	on day o	f 191
	Of Corps.	Regtl. No.	Corps .	Regtl. No.
Joined on Enlistment	menogoe	1241		
	Mohegt			
Transferred to				
Became non-effective by				
Aleganic Arabasa, ing arabasa kan mara na maraba	on day of	191	on day o	191
(Signature)			1	
(Rank)			: 75°	

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date works	Initial to sustangly.	Brief Details, and Signatures	that hert of easiers ordered to head 1
		The state of the s	
<b>.</b>			
22-5-11.	Nace of		
5-6-18	Two sp		
13-6-18	" Lo		
20-4-18	" FP		
		It is hereby certified that this s has been before a Travelling M Board, and has been counting for Discharge on Heng tion. Medical category	edioul ed an

#### Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
	i e				
•					
ar garage from the area are against	0.000				

### Medical Report on an Invalid.

Reyal New facendard 7. Former Trade or Occupation 7a. If with previous service in Army, state (a) Former Unit: (b) Regimental No.;

- 2. Regimental No. 5241
- 3. Rank
- 4. Name
- 5. Age last birthday
- 6. Enlisted on at John

- (c) Date of Discharge;
- (d) Cause of Discharge.

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

#### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Zil Zil Zil

- Give your opinion as to the causation of the disability, stating whether in your opinion it is-
  - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion to which it is attributed should be stated, see Notes on page 3).
  - (b) constitutional or hereditary, and not aggravated by service during the present war.
  - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

lia

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

- 14. If the disability is an injury, was it
  - (a) In action?
  - (b) On field service?
  - (c) On duty?
  - (d) Off. duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so,
- 17. If not, was an operation advised and declined? 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?
- 19. Give particulars of any other disabilities to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present

20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? na

na

W. C. Frommos Sys. B. St., Cox The Officer in medical charge of case.

We complains of no disability

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazeley Down

Date /- 5 - 19

Officer in charge of Hospital.

•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.

† Delete this word if no exceptions are to be made.

July 11,1919

#5241 Ptc. Learder Paul.

Deer laland B. B.

Dear Sir :-

Referring to your application I enclose chaque for seventy ollars (\$70.001, being amount of first payment due you on account of the War Service Gratuity.

Lours truly

Captain,

"aymaster & ".i/c ascords

### DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and man of the Royal Newfoundland Regiment, who claims War Survice 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 deshes. 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, PAX & RECORD OFFICE, ST. JOHN'S.
Christian nangy Cauler 2. Suramo. Paul
3. Renk,
B. Address in full to which figure payments of grapulty are to be
forwarded. Well bland, 1513
,
6. Date of enlistment in the Regiment.
7. Name of dependent, if any, to whom Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
***************************************
8. Relationship of such dependents
9. Address in full of such dependents
10. Is said dependent, now, or was said dependent at my time in receipt
of Separation Allowance on account of another soldier?
11. Were you on active service only in Wild I so, give dates and
particulars of such service
• • • • • • • • • • • • • • • • • • • •
12. Give total length of time which you served on active service,
whether in lifthdor oversees. From Och, 28/11
to twe 10/19
<i>O</i>

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers.
- had a second of the second o
14. Have you already received any payment of Post Discharge pay or
War Service Gratuity? If so, state amount you and your dependents
have already received and by whom paid
······································
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Boroes
17.Are you entitled to receive or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state amount received, or to which you are entitled
•••••••••••••••••••••••••••••••••••••••
18.Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrivel in England?
(b) If so, was such reversion in consequence of Misconduct or
inefficiency?
19. Are you now serving in the Rost.?If not give?- (a) date
of discharge
Ochestile zatisto
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
1
21.(c) Are you receiving treatment from the Wivil Ro-Establishment
Com.(b) If so are you in receipt of full pay and allowences from
that Committee
And I che this solemn decleration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if nade under Oath.

Signature of Applicant:

Place of Residence:

Declared before me at:

Signature of Berrister of the
Supreme Court, Stipendiary Hogistrate; Hotary Fublic, Massice of the
Peace, or Commissioner of affidevits.

POST DISCHARGE PAY.

Date paid Faid Peid War Service Ret amount
Soldier. Dependent Gratuity.

Paymaster

Cortified correct.

Nº 4088



# 1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	Name (in f	ull) Leus	Address	AMOUNT (each person)	
ryı	Matter	George &	·Pourt	B. B		5-0
3.00						
	19					
					•	
	6			12/19/2019	+	
		• •				
	0.00			Total Allotment, \$		که