

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5801 Name Frank Payne Corps O/B

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

1. What is your name? ..... Frank Payne
2. What is your full Address? ..... Rose Blanche
3. Are you a British Subject? ..... yes
4. What is your age? ..... 33 Years ..... Months
5. What is your Trade or Calling? ..... Postman
6. Are you Married? ..... no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. ....
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

Frank Payne 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.

Frank Payne ..... SIGNATURE OF RECRUIT.

16-7-18 Corp Raymond ..... Signature of Witness.

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

Frank Payne 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 16 day of July 1918

Signature of Attesting Officer Edwards Liebt

### †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 ..... 191 .....  
 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

5807

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

Name Frank Payne  
 Apparent age 23 years 0 months. Height 6 feet 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Payne  
Rose Bolancho | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>16-7-18</u> Joined at <u>M. Johns</u> on <u>July 16-1918</u>									
<span style="font-size: 2em; font-family: cursive;">Discharged August 9th 1919</span>									
<span style="font-size: 1.5em; font-family: cursive;">Embarked M.S. train to Halifax N.S. 29.18</span>									
<span style="font-size: 1.5em; font-family: cursive;">Left for demobilization 24-6-1919</span>									
<span style="font-size: 1.5em; font-family: cursive;">Arrived Newfoundland 1-7-1919</span>									
<span style="font-size: 1.5em; font-family: cursive;">Demobilization M. Johns 28.1919</span>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9.8.1919 [date of discharge] 1 years 25 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5801 .

extract from daily orders part II Royal Newfoundland Regiment.  
Sept St. John's dated Aug. 30th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/o records from noted date 9-8-19.

5801, Pte. Frank Payne.

C.R.

1085

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

The discharge of the undernoted on demobilization has been  
APPROVED <sup>by</sup> O.C. Discharge Depot, with effect from 26-7-19.

5801 Pts. F. Payne.

C.R. 5801

Extract from Daily Orders Battalion (The Royal Wfld.  
Regt. St. John's, July 2nd, 1919.

5801 Pte. F. Payne.

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

C.R. 5801

Extract from Daily Orders Forwarded By Major H.S. Sullivan  
Commanding Mfld. Forestry Co. 26-11-18.

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

5801 Pte. F. Payne.

C.R. 5801

Extract from Nominal Roll Entitled St. John's for Overseas,  
Sept. 22, 1918. "M".

5801 Pte. Payne Frank.

C.R. 5801

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.,  
St. John's Sept. 24/18.

The following man returned from Special Duty at Mount Pearl.  
19-9-18.

5801 Ptw. Payne F.



C.R. 5801

Extract from Daily Orders Part II Unit The Royal Rifles Regt.

St. John's, dated Sept. 9-18.

The undernoted man proceeded ~~by~~ on special duty to Mount  
Pearl, 9-9-18.

5801 Pte. F. Payne.

C.R. 5801

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated August 19, 1918.

5801 Pte. Frank Payne.

Returned from leave and reported for duty at Headquarters  
18-818.

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 17, 1918.

#5801 Pte. Frank Payne.

Attested for General Service with the Royal Nfld. Regt.  
July 16, 1918.

J Payne

C.R. 5801

J Payne



H  
ayne, J

5801

Hay Sept.

August 12, 1919

#5801 Pte. Frank Payne,  
R se Blanche.

Dear Sir:-

Please find enclosed Discharge Certificate #3677.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5801 Rank Plg - Name Payne F  
 Intended place of residence Rose Blanche  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

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 F. X. Payne  
 Signature of witness W. L. Lousto

### 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 F. X. Payne  
 Signature of witness James Newman

### STATEMENT OF SERVICE

7. Enlisted for service 16-7-18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 390

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, 14 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 in Records  
 The Royal Newfoundland Regiment

W. B. 507913677

16  
29



# 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

*July 11/19*

Regimental No.

*5801*

Name

*Payne Frank*

Address

*Rose Blanche*

Present Medical Category

*Aj*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

*K.R. Cooper Capt.*  
O.C. Discharge Depot.

Members of Board

*H. Johnson*  
Senior Medical Officer

*J.W. Borden*  
~~M.O. Depot~~

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2440 to his home at Road Blanche and Release Certificate No. 3554 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 9-8-19

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	2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
R 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 in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 26 1919

[Signature]  
O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 801 Rank Plt Name Payne F  
 Date of Enlistment 1-10-18 Address St. John's District St. John's  
 Occupation Fireman Classification for Discharge By Medical Category Fit  
 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..... 11-7-19 .....

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Fireman

Frank Payne

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 .....

Am. [Signature]

Date.. 12-7-19

O i/c. Re-clothing.

# 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,

Signature of Man.

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

Reg. No. 3801

Place

Date

12-7-18

191

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

# MEDICAL HISTORY

OF

Surname Payne Christian Name Frank

Table I.—GENERAL TABLE

Birthplace :—Parish Rose Blanche, County Newfoundland.

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined	on <u>16th</u> day of <u>July</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's.</u>	at		
Declared Age	<u>23.</u> years	days	years	days
Trade or Occupation	<u>Fisherman.</u>			
Height	<u>6</u> feet <u>4.</u> inches		feet	inches
Weight	<u>146.</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35 1/2.</u> inches		inches
	Range of Expansion	<u>3 1/2.</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number	<u>—</u>	<u>1 Scar.</u>	
When Vaccinated	<u>8 years ago.</u>			
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>[Signature]</u>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <u>St. John's.</u>	at		
	on <u>16th</u> day of <u>July</u> 191 <u>8</u> .	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld. Regiment.</u>	<u>5801.</u>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(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 Payne*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5581*

Intended address *Mrs. Blanch*

Height on discharge *6* Feet *1*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Thomas*

Christian name of Mother *Annes*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's 17-5. Aug 26. 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) *Frank Payne*

(Rank) *PTE*

Station **ST. JOHN'S**

Date *July 7<sup>th</sup> 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 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 Newfoundland Regt* 7. Former Trade or Occupation } *Tradesmen*
2. Regtl. No. *1801* 3. Rank *pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Payne* *Frank* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on ..... at .....  
 in category (or grade) .....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *mt*
12. Place of origin of disability. *mt*
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. *mt*



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 my 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.

*Reparation*

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

Medical Officer in charge of case.

Station *Hazle 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

August 16, 1919

Mr. Frank Payne,  
Rose Blanche.

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 & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Frank* ..... 2. Surname..... *Payne* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5801* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Rose Blanche* .....
- .....
6. Date of enlistment in the Regiment..... *July 16/18* .....
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 Nfld. 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 Nfld. or Overseas..... *11 mos.* .....
- ..... 1. <sup>2</sup> .....

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 Res?..... *No* If not give - (:) date of discharge... *July 17/19* (b) Reason for discharge... *Dismissed*

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 England 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.

-3-

his

*J. X. Payne*  
*Mark*

Signature of Applicant:

Place of Residence:

*Rose Blanche*

Declared before me at:

*St Johns*

This

*12* day of *July* 19*19*.....

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

*John W. Canty*  
*JW*

POST DISCHARGE PAY.

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

Certified correct.

Raykarter



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. *5801* 3. Rank. *Private*
- 4. Name *Jayne* *Francis*  
(Surname) (Christian Names)
- 5. Age last birthday. *24*
- 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.
- (b) Date of Discharge ;
- (c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(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 invalided at Foreign Stations.

*W. S. Proctor*

*Capt. Howe*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/14/19*

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



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5801 Rank Pvt Name Payne J  
 Date of Enlistment 16-7-18 Address Quebec District St. John's  
 Occupation fisherman Classification for Discharge 1 Medical Category 1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 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 11-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*fisherman*

*Payne*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied .....

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2440 to his home at Rose Blanche and Release Certificate No. 3554 issued.

Date 12-7-19 Demobilization Officer *[Signature]*

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 *[Signature]*

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		

*Form 1*

Date 12-7-19 Demobilization Officer *[Signature]*

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 O. C. Discharge Depot *[Signature]*

Received the above noted documents from O. C. Discharge Depot.  
 Date Aug 7 1919 *[Signature]*