



FIRST NEWFOUNDLAND REGIMENT

A.C.

No. *3287*

ATTESTATION OF
Name *Frederick Perry* Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <i>Frederick Perry</i> |
| 2. What is your full Address? | 2. <i>Supassey</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>19</i> Years <i>7</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Cook</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>yes</i> |
| 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. <i>yes</i> |

I, *Frederick Perry* 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.

Choo 30/6

Frederick Perry SIGNATURE OF RECRUIT.

A. J. Storer Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Frederick Perry* do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this *30* day of *November* 191*5*

Signature of Attesting Officer *A. J. Storer Capt*

† 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*5*

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).....

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3287 Name Frederick Perry Corps A.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Frederick Perry</u> |
| 2. What is your full Address? | 2. <u>Supassey</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Cook</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Frederick Perry 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.

Choo 30/6 Frederick Perry SIGNATURE OF RECRUIT.
A. J. Pharo Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frederick Perry 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.

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on this 30 day of November 1915

Signature of Attesting Officer A. J. Pharo Capt

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

Date..... 1915 } Approving Officer.
Place.....

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

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This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Fredrick Perry
aged 19

conducted at C. S. B.

Date: Nov 30 16

Recruiting Officer:

NO OF TEST

FINDING

1

No

2

No

3

No

4

No

5

No

6

No

7

yes

8

yes

9

No

~~No~~

10

n

11

n

12

n

13

n

14

n

15

n

16

n

17

n

18

n

19

n

20

n

21

n

22

n

23

n

24

n

25

n

26

n

27

n

28

n

29

n

30

n

31

n

32

n

33

yes

5' 6"

148

35-41

4000

with

None

1 sec

Sept arm

3287

Father Joseph Perry Inspector
None

D. W. Borden

Signature of Medical Examiner:

NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 3287

Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Recd	By	Sent	by	Check

Dated

April 26th, 1919

To

Joseph Perry, Trepassey

Regret to inform you that Record Office, London,
officially reports **No. 3287, Private Fredrick Perry**
at South Western Hospital Stockwell, London suffering from
scarlet fever

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chgo Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 3287

Extract of Telegram from Syn., London to Military.
dated April 24th/19.

I-----

South Western Hospital, Stockwell, London
SCARLET FEVER, 3287 Perry.

C.R. 3287

Extract from Daily Orders part II, The Royal Wfld.
Regiment dated 16-6-19. By Lieut. Col. B.J. Barton,
D.S.O. Officer Commanding 2nd. Battalion.

The following having reported to this Camp is taken on the strength
and posted to "G" Company.

3287 Pte. F. Perry.

C.R. 3287

Extract from Casualties from Pay & Record Office, London
dated 24/4/19.

3287, Pte. F. Perry on leave from the 2nd Battalion
was admitted to 3rd London General Hospital 23/4/19
suffering from sore throat. He developed Scarlet
Fever and was transferred to the Southern Western
Hospital, Stockwell, same date.

Authority:

O.C. 3rd. L.G.H.

C.R. 3287,

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY officer i/c records from noted date. 30-7-19.

3287, Pte. F. Perry.

C.R. 3287

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Dept from 16-7-19

3287 Pte. F. Perry.

C.R. 3287

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

3287 Pte. F. Perry

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

C.R. 3287

Extract from Casualties received from the R.C.A.C. London
Mx 5-6-19.

3287 Pte. F. Perry was discharged from the 3rd. London
G. Hospital on 4-6-19 and granted furlough to 13-6-19.
He is marked fit for I. Duty.

C.R. 3287

Extract from Orders by Major B.T. Mathias, D.S.O. Comdg.
1st Batta. R.Nfld. Regt. 2/8/18.

The u/m has been evacuated.

3287 Pte. F.Perry.

5
C.R. 3287

Extract from Casualties received from Pay and Record Office,
London, dated Nov. 8th 1918.

m 3287 Pte. F. Perry

Was at 54th G.C.S as working patient on 29/10/18.

Authority:-

3rd Echelon: Reply to P & R O. Memo 17136/67.

3287

C. . .

EXTRACT FROM DAILY ORDERS PART 11.

IN THE FIELD DATED 21-9-18 BY ?

3287 PTE. F. PERRY

Ad. Hptl. VENEREAL 24/7/18 to 11/9/18.

C.R. 3287

Extract from War List. No. H. A. 28891

3287 Pte. F. perfy

TRANS. TO DUTY CAS. CL. STATION ex 7 GEN H WIMEREAX

11 Sept. 1918.

V.D.G., MILD.

FOUNDED AND SICK N.C.Os. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3287



LABOUR CORPS - NOTTINGHAM

LIST NO H.A.26738

11470 Sjt. Bond.T.	4/Scott.Rif.att Lab.Cps.Base Dep.	VDG.Mild....Adm.7	Gen.H.Wimereux 24 July 18.
217054 Pte. Baldwin.W.J.	37 R.Fus.att Lab.Cps.Base Dep.	-do- Adm.7	Gen.H.Wimereux 24 July 18.
274121 Pte. York.T.R.	850 A.E.Co.	ICT.Hand.R..Dis.to	Duty Cl."A" ex 14 Gen.H.Wimereux 24 July 18.
515822 Pte. Collins,J.	89 Lab.Co.	Balanitis....adm.51	Gen.H. Etaples 23 July 18.
510523 Pte. Lowry.R.	949 -do-	V.D.S.Mild...Adm.51	Gen.H. Etaples 23 July 18.
475961 Pte. Sloor.J.	771 Dv.Emp.Co.	V.D.G.Mild..Dis.to	Duty ex 51 Gen.H.Etaples 23 July 18.
99344 Pte. Saunders. E.	156 Lab.Coy.	-do-	Dis.to Duty ex 51 Gen.H.Etaples 23 July 18.
477414 Pte. Wadsworth.R.	173 Lab.Co.	DuH.....Re-Adm 55	Gen.H.Boulogne 24 July 18.
542540 Pte. McMillan.J.	984 Dv.Emp.Co.	Influenza Mild.Dis.to	Duty ex 56 Gen.H.Etaples 24 July 18.
227083 Pte. Seabrook.A.	737 A.E.Coy.	-do-	Dis.to Duty ex 56 Gen.H.Etaples 24 July 18.

1542A W
2691

ROYAL ARMY MEDICAL CORPS

LIST NO H.A.26738

99774 Pte. Jefferson.R.W.	RAMC.3 Gen Hos.	Cellulitis.....Adm.3	Gen.H. Le Treport 24 July 18.
364365 Pte. Ley-R.G.	RAMC.3 Gen.Hos.	Arm-R.Mild. Influenza.....Dis.to	Unit ex 3 Gen.H.Le Treport 24 July 18

WINCHESTER - RECORD OFFICE

LIST NO H.A.26738

2742 J/C. Biddle.J.	3/Rif.Bd.	Influenza Mild.Dis.to	Duty ex 56 Gen.H.Etaples 24 July 18.
S/34875 Pte. Williamson.F.	1/-do-	-do-	Dis.to Duty ex 56 Gen.H.Etaples 25 July 18.

NEWFOUNDLAND CONTINGENT

LIST NO H.A.26738

3287 Pte. Perry.P.	1/Hfd.Inf.	V.D.C..Mild....Adm. 7	Gen.H.Wimereux 24 July 18.
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C.R. 3287

Extract from list of wounded and sick N.C.O's and men of the
Expeditionary Force - France, dated Feb. 30th 1918. List No. H.A.
19705

3287 Pte. Perry, F²

Dis to Duty ex NZ Sty. H. Wisques 13 Feb. 18.

C.R. 3287

Extract from Nominal Roll Draft No. 34 embarked Southampton 1/12/17
from 2/1st Newfoundland Regiment to 1/1st Newfoundland Regiment
B.E.F.

3287 Pte. Perry, F.

M.P.

C.R. 3287

Extract from Of letters and men Embarked St. John's 21-2-17

Sailed Halifax S. S. NORTHLAND 27-4-17.

3287

~~#3000~~ Pte. F. Perry

C.R. 3287

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt., St. John's, Nov. 30th, 1916.

3287 Pte. Fred Perry

Attached to the Strength from Nov. 30th, 1916.

J. Perry

C.R. 3287

~~1111~~



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Fred Perry, Regl. No. 3287, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins

May 1st 1917

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, and AMOUNT (each person). The table contains one entry for 3405, Sister Mrs (Ketty) Perry, 26 Corners Lane, St. John's, with an amount of 60. A Total Allotment of \$5 is noted at the bottom right of the table.

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

(Sig.) [Signature: A Strong Lt.] Officer Commanding Company St John's D. Company 1917

(Sig.) 3287 Fred Perry Pte (Rank)



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Fred Perry, Regl. No. 3287,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins Feb 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3405	Sister in Law	Mrs (Ketty) Perry	26 Codners Lane St. Johns	60
Total Allotment, \$				

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.) W Strong Lt.
 Officer Commanding
 for St Johns D. Company
Jan 11 1917

(Sig.) 3287 Fred Perry
 (Rank) Pte

Sep 30/1917

Dear Sir

Would you please forward
the following message and oblige
me by doing so.

To Mrs G Perry
26 Godmers lane
St Johns
N 7 5 D

Please cable five Pound
through Ministry off Militia

~~32 87 Ste G Perry~~
~~N. N 7 5 D Regt~~
ays Scotland

Cable 922 Sent.

7

PAY & RECORDS OFFICE	
Ref. No.	5607
Rec'd.	3 OCT 1917
Acc'd.	4/10/17
Ans'd.	
File No.	✓

HJA

Admitted 23 11 19

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016,
(In Book of 200)

No. Date 4. 6. 19 191

- * (1) To the Officer i/c Records 58 Victoria Street
- * (2) The Officer Commanding 11th Hussar Bn
- * (3) The Paymaster 58 Victoria Street Station

* Strike out that which is inapplicable.

Regimental No. 327

Rank and Name Lieut Perry H

Regiment or Corps R. Regd - 1

has been granted a furlough from 4. 6. 19 to 13. 6. 19

His address while on leave will be 58 Victoria Street S.W.

Nearest Railway Station Victoria

I consider he is fit for

- * I. DUTY.
- * II. COMMAND DEPOT.
- * III. EMPLOYMENT.

* Strike out that which is inapplicable

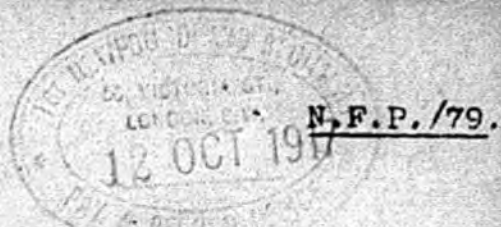
Officer in charge J. J. ... Hospital Registrar, R.A.M.C.T. Station

Four copies to be made, and one copy sent to the ... and the ...

In the case of men of the Royal Air Force, Royal Engineers and Army Ordnance Corps, two copies of Army Form W.3016 will be sent to the ... to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

No. 10369/597

NEWFOUNDLAND CONTINGENT



From:
Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To:
Officer Commanding,
2/1st. Newfoundland Regt.
Ayr, N. B.

8th, October 191 7

191

Subject: 3287, PTE. F. PERRY

ANSWER

With reference to the following telegram from the Hon. the Minister of Militia, (5690) received 6/10/17,-

Receipt hereunder

Cham
Officer Comdg. Battn.
1st Newfoundland Regiment

"Pay to 3287 Perry five pounds".

Cheque £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of five pounds of F Perry on account of cable remittance from Newfoundland.

H.A. Dinwood
Major,
Chief Paymaster & O. i/c Records.

Fred Perry
No 3287 Rank Private

No. 4385/167

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

To: Officer Commanding,
1/Bn. Royal Newfoundland Regt.
B.E.F.

19th March 1919

5-4-1919

3287 Pte Perry F.

With reference to the following telegram from the Minister of Militia, / / (81)

"Pay to- 3287 Perry.
£5:0:0

- Kindly advise whether this remittance should be
- (1) forwarded to you for payment to this Soldier;
 - (2) retained to credit of his account; or
 - (3) otherwise dealt with.

Chief Paymaster & O. I/c Records

3287 Pte F Perry

This man wishes this amount retained to the credit of his account please

13/3/1919

[Signature]

A
Offs. Cook

Herry, K

3287

Hay Dept.

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 *Frederick* 2. Surname *Perry*
3. Rank *Rt Lieut* 4. Regtl. No. *3287*
5. Address in full to which future payments of gratuity are to be forwarded. ~~Frederick Perry~~
C/o Mrs. J. Perry 26 Codrers Lane St. Johns
6. Date of enlistment in the Regiment. *December 1916*
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. *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *thirty one months and 3 weeks*

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.

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

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.

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?

19. Are you now serving in the Regt.? If not give - (a) date of discharge. (b) Reason for discharge.

no

July 31/19

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.

France & Germany

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.

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: *F. Perry*
 Place of Residence: *Trepassey, Southern Shore,*
 Declared before me at: *St John*
 This *17* day of *July* 19*19*.....

Signature of Barrister of the *John M. G. G. G.*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *J.P.*

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

July 31st 1919.

#3287, Pte. F. Perry.

Trepassey.

Dear Sir:

Enclosed please find Discharge Certificate

3264

Yours truly,

Capt. & Paymaster.

RS/.

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

July 15/19

Regimental No. *3287*

Name

Perry Frederick

Address

Srepassy

Present Medical Category

A-1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

H. Peterson
Senior Medical Officer

W. B. Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3287 Rank Mr Name Perry
 Date of Enlistment 30-11-16 Address St. Marys District St. Marys
 Occupation Cook Classification for Discharge E Medical Category A10
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

F Perry

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

A 60.00

Alfred Croston Lt

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82440 to his home
 at Trepassey and Release Certificate No. 3640 issued.

Date 17-7-19

Ambrose
 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 30-7-19

Date 17-7-19

[Signature]
 Depot Paymaster.

Discharge approved for 16-7-19
 Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 17-7-19

Ambrose
 Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

JUL 16 1919

Date

N.R. Cooper Capt.
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

F. Perry

Signature of Man.

Amelton

Reg. No. 9287

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

16-7-19

191

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
------------	-------	--------------------	-------------------

Name Perry J. Trepassy No. 3287 Rank Pte R. N. R. or Regiment.

Home Address Trepassy City Address _____

Age 22 Height 5 ft. 0 ins. Complexion Dark Eyes Brown Hair Black Character _____

Date of enlistment 30-11-16 Where enlisted ST. JOHN'S Where seen service France

Ship returned by Casandra Date of return JUL 1 1919 How Long 2 1/2 yrs

Birthplace Trepassy Date of discharge JUL 16 1919 Religion R.C.Y.

Name and address next of kin Father Joseph Trepassy

Cause of disability _____

Condition which prevents the soldier from earning a full livelihood _____

Degree of incapacity (Please state in fractions) Eng. Board _____ Newfoundland Board _____

Probable duration of incapacity _____

Is final disability likely to prevent return to previous occupation? _____

Recommendation of Newfoundland Board _____

Members of Board _____

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment cook

Regular trade or profession _____

Average earnings previous to enlistment \$40 Any other income _____

Name and address of last employer Bouring Bros

If in receipt of sick benefits or other insurance—name of society _____ Amt per mo. \$ _____

At what age left school? 12 What grade, standard, &c., was he in? II Plandand

Has he had any further education since leaving school, if so what? _____

Whether given Vocational Training while in Hospital in England. If so, what subjects? _____

If unable to follow previous occupation, name preference _____

References _____

Witness W. J. Leaton Duns I declare that the above statement is correct.

Date JUL 16 1919 Signature J. Perry

Recommendation by interviewer as to classes likely to be of use, and general remarks:

PENSION—Class _____ Amount per month, \$ _____ Period granted for _____ Dating from _____

First Payment date _____

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

MEDICAL HISTORY

Surname Perry OF Christian Name Fredrick

Table 1.—GENERAL TABLE.

SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>30th</u> day of <u>November</u> 191 <u>6</u>	on	day of 191
Declared Age	at <u>St John's N.Y.R.S.</u> 19 years <u>7 months</u>	at	days
Trade or Occupation	<u>Cook.</u>		
Height	5 feet 6 inches	feet	inches
Weight	148 lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>41</u> inches		inches
	Range of expansion... <u>6</u> inches		inches
Physical Development			
Vaccination Marks	Right	Left	Right
	Arm	<u>1 scar.</u>	
When Vaccinated	<u>1911. 5 years ago</u>		
Vision	R.E.—V= <u>6/6</u>	R.E.—V=	
	L.E.—V=	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)			
(Rank)			
Enlisted	at <u>St John's</u> on <u>30</u> day of <u>Nov</u> 191 <u>6</u>	at	day of 191
Joined on Enlistment	Corps. <u>1st N.Y.R.S.</u>	Regtl. No. <u>3287.</u>	Corps.
	<u>Regt.</u>		Regtl. No.
Transferred to			
Became non-effective by			
(Signature)			
(Rank)			



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	Brief Details, and Signature
Dec 1916	Vaccination LP
11-1-17	LP
17-1-17	LP
24-1-17	LP
	$\begin{array}{r} \text{I.A.B.} \\ \hline 3 \\ \hline \end{array}$
<p>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>6</u> for Discharge on Demobilisation. Medical category</p>	
<p>July 15/19 Date of 1919. Discharge Depot - Harrogate</p>	

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
S.S. Hensel Windsor N.S.	Jan 31 Feb 3/17	Feb 3/17			

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..... *Regt. 1st Armd. Div.* Former Trade or Occupation } *Cook*
2. Regtl. No. *3257* 3 Rank..... *T/Cor* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Perry F*
(Surname) (Christian Names)
5. Age last birthday... *21* ...
6. Posted for duty on. *Dec. 15/16* at... *St. 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
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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? } n.a.

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.)

n.a.
 He complains of no disability-

16. Was an operation performed? If so, when and what was its nature? n.a.
17. If not, was an operation advised and declined? n.a.
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? n.a.
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? n.a.

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

D. P. Proenier. C. P. Paine
 Medical Officer in charge of case.

Station *Hazley D. Camp*
 Date *18/6/1915*

* 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.

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* } *Cook*
 2. Regtl. No. *3287* 3. Rank..... *2nd Lt* }
 4. Name *Ferny* }
 (Surname) (Christian Names)
 5. Age last birthday..... *21*
 6. Posted for duty on *See 10/16* at *St John's*
 in category (or grade).....
 7. Former Trade or Occupation }
 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.
 (d) Particulars of Pension or Gratuity (if any)
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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.
 12. Place of origin of disability.
 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
nil
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? }

na
na

In all cases such as facial injury, ear, eye, nose and throat, disability, 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?

na
na
na
na

20. Do you recommend—
(a) Discharge as permanently unfit?
(b) Change to United Kingdom?

Reparation

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

W. Procunier - Capt - R.A.M.C.
Medical Officer in charge of case.

Station Hagley & Camp
Date 13/6/19

* 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.

ORIGINAL

No. 9897

N.F.P./51.

NEWFOUNDLAND CONTINGENT

No. 451

To: **The Minister of Militia.**
St John's,

" " Company.

NEWFOUNDLAND
 MEMORANDUM OF STOPPAGES/~~CREDITS~~ on account of

Fine by Civil Police Court.

NOTE:- Charge under

Column

Credit

Pay & Record Office London

Regtl No.	Rank & Name		Particulars & Authority	AMOUNT					
				£	s	d	£	s	d
✓ 3287	Pte	Perry.F	Debit A/c of man concerned, the amount of £1.10.0 being fine paid by this office to Marlborough Street Police Court. W.I. as per Voucher.8049 11.7.19 <i>OK</i> <i>451</i>				1	10	0
							1	10	0

CHECKED.
OK
 25.7.19

Pay & Record Office,
 58, Victoria Street,
 London, S.W. 1.

A. C. Minshall Maj.

July 24th

1919

Chief Staff Officer (London).

CERTIFIED that the above Stoppages/~~Credits~~ have been made in the Pay Book " " Co'y for Period / / to / /

Dated at _____

1919.

" " Company,

Battalion.

Complete and return ORIGINAL, retain DUPLICATE.

DUPLICATE.

No. **The Minister of Militia, D** **C O N T I N G E N T** N.F.P./51.
St John's, **NEWFOUNDLAND** **No. 457**
 To: **NEWFOUNDLAND** **" " Company.**

MEMORANDUM OF **Fine** by **DIVISIONAL Police Court** of

NOTE: Charge on **Pay & Record Office London** Column
 Credit

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d	s	d	
3287	Pte Perry.F	Debit A/c of man concerned, the amount of £1.10.0 being fine paid by this office to Marlborough Street Police Court. W.I. as per Voucher.8049 11.7.19		1	10	0		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CHECKED. <i>E.N.</i> 25.7.19. </div>				1	10	0		

Pay & Record Office,
 58, Victoria Street,
 July 24th, S.W. 1.

A. J. Minshall
 Chief Staff Officer (London).

1919

Chief Staff Officer (London).

CERTIFIED that the above Stoppages/Credits have been made
 in the Pay book " " Co'y for Period / / to / /

Dated at

1919

C C. " " Company.
 Battalion.

No. 3239



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Fred Perry*, Regl. No. *3287*

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins *Feb 1st 1917*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3405</i>	<i>Sister in Law</i>	<i>Mrs (Ketty) Perry</i>	<i>26 Codrers Lane St. Johns</i>	<i>60</i>
Total Allotment, \$				

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.) *W. Strong Lt.*
 for Officer Commanding
St. Johns Co. Company
Jan 4 1917

(Sig.) *3287 Fred Perry*
 (Rank) *Pte*

ST. JOHN'S, July 16th 119

Royal Newfoundland Regiment.

Billeting Account,

To Plt. F. Perry

Billeting Soldiers as undermentioned

from July 1st 119 to July 16th 119

3287 - Plt. F. Perry 16 60

AMOUNT	
CH. NO.	3145
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for 16 60

A.J

M. Blouish
Billeting Officer.

F. Perry

Receipt for Army Book 64

No. 3287 Name Greenlade

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

Name S. Greenlade

Date 26.7.20.

Place Manuels

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



Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pvt Surname Perry Christian Name Fredrick
 Religion R.C. Age on Enlistment 19 years 2 months
 Enlisted (a) 30-11-16 Terms of Service (a) Duration Service reckons from (a) 30-11-16
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 or Corps Trade and Rate
 Occupation Cook Signature of Officer [Signature]

Report		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
Date	From whom received				
			Embarked	<u>Stamptown</u>	<u>[Signature]</u>
			Disembarked...	<u>Rouen</u>	<u>[Signature]</u>
			Joined Battalion	<u>11.12.17</u>	
<u>12-1-18</u>	<u>O.C. [unclear]</u>	<u>To [unclear]</u>		<u>20.2.17</u>	<u>B213</u>
<u>5-6-18</u>	<u>88 FA</u>	<u>Ag. Scobie</u>		<u>30.12.17</u>	<u>B25555</u>
<u>12-1-18</u>		<u>To duty</u>	<u>West</u>	<u>7-1-18</u>	<u>B206265</u>
<u>12-1-18</u>	<u>O.C. [unclear]</u>	<u>Rejoined BN</u>		<u>7-1-18</u>	<u>B213</u>
<u>12-1-18</u>	<u>88 FA</u>	<u>Co. P.W.O. [unclear]</u>	<u>[unclear]</u>	<u>12-1-18</u>	<u>B206265</u>
	<u>N. J. [unclear]</u>		<u>Wagner</u>	<u>13-2-18</u>	<u>Ad 19705</u>
<u>4.8.18</u>	<u>[unclear] 1100</u>	<u>adm V.D. & mild.</u>	<u>Lozereux</u>	<u>24-7-18</u>	<u>HG 16738</u>
	<u>54 CCS</u>	<u>Emp as working party</u>	<u>Fiez</u>	<u>12-8-18</u>	<u>EA 6732</u>
		<u>To duty</u>		<u>20/1/18</u>	<u>B.P. 9457</u>
	<u>[unclear]</u>	<u>Rejoined from</u>	<u>Rouen</u>	<u>22/1/18</u>	<u>[unclear]</u>
		<u>Front</u>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Report		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
Date	From whom received				
21.12.18	Unit.	Rejoined.	Field	18.12.18	B213
		Transferred to England		16/1/19	WS tel. 810
		for duties.			MO 2A.

front

Thos. Hill

Officer i/c in
G.H.Q.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
1917.

Regiment of 1st. Newfoundland

Number of Sheet First
Signature of O. C. Company Chas. C. C. C.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Perry, Frederick</u>	Age on	<u>19</u> years <u>7</u> months	<u>Cook</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's Nfld</u> <u>30.11.16.</u>	Religion	
Joined	Date	Period of { with Colours <u>2</u> ^{<u>293</u>} years. with Reserve <u>365</u> years.		<u>R.C.</u>	
Joined	Date			Place of Birth	
Joined	Date				

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>Barr</u>	<u>27.7.17</u>	<u>Pte.</u>		<u>Absent from Tattoo until</u> <u>11.05 P.M. 27/7/17.</u>	<u>Capt. Smith</u>	<u>3 days C.B.</u>	<u>27/7/17</u>	<u>Lt. Frost</u>	<u>C.S.F.</u>
<u>Barr</u>	<u>13.8.17</u>	<u>"</u>		<u>Absent from S. 1st</u> <u>Parade from Colbung</u>	<u>Cpl. Kendall</u>	<u>2 days C.B.</u>	<u>14.8.17</u>	<u>Capt. Robertson</u>	<u>R.</u>
<u>Barr</u>	<u>28.8.17</u>	<u>"</u>		<u>While on active service, hesitating</u> <u>to obey an order given by an N.C.O.</u>	<u>Lt. Kean</u>	<u>168 Hrs. Det.</u>	<u>29.8.17</u>	<u>Lt. Col. Whitaker</u>	<u>C.S.F.</u>
<u>Barr</u>	<u>18.10.17</u>	<u>"</u>		<u>Leaving working party</u> <u>without permission</u>	<u>Lt. Kean</u>	<u>5 days C.B.</u>	<u>20.10.17</u>	<u>Capt. S. Robertson</u>	<u>Forfeits 1 days pay by R.W.</u>
<u>Barr</u>	<u>20/10/17</u>	<u>Pte.</u>		<u>Not answering defaulters call</u> <u>from 2.30 P.M. till 9.30 P.M.</u>	<u>Cop. Wardlaw</u> <u>Lt. Stin</u>				
<u>Barr</u>	<u>21/10/17</u>	<u>"</u>		<u>Failing to answer defaulters</u> <u>calls from 2.30 P.M. till 9.30 P.M.</u>	<u>Lt. Neville</u> <u>Lt. Stin</u>	<u>96 hrs. F.P. No. 2</u>	<u>22.10.17</u>	<u>Lt. Col. Whitaker</u>	<u>Forfeits 2 days pay by R.W.</u>
				<u>Demobilized St. John's</u>		<u>30.7.19</u>			
				To be carried over					

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3287 Rank Plt Name Pettery 4
 Intended place of residence Drapassay

2. Occupation Cook
 Classification of soldier E Medical Category AI

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 17 1919

[Signature]
 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 17 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date

JUL 16 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30 11 16 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 973

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

JUL 16 1919

[Signature]
 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 30/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

AGB 2049/3264

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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 *Fredrick. O'neil*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3287*

Intended address *Treppany*

Height on discharge *5 Feet 6*

Color of hair on discharge *Black*

Complexion *Sunk*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Joseph*

Christian name of Mother *Deed*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Treppany 12-12-ages 22-1897*

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) *J. Kerry*

(Rank) *Plt*

Station **ST. JOHN'S.**

Date *July 10th 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.

Date

The Royal Newfoundland Regiment

93287

DEMobilIZATION OF

Reg. No. 3387 Rank. *Private* Name *Perry*
 Date of Enlistment: 30-11-16 Address *Trapansey* District *P. H. Mary*
 Occupation *Cook* Classification for Discharge *F* Medical Category *H.I.*
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. F36	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: 15-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

F. Perry

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

Alma Crockett

Date: 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2440 to his home at Trepansey and Release Certificate No. 3640 issued.

Date 17-7-19

Ambleton Lt
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 30-7-19

Date 17-7-19

W. H. H.
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	M.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 17-7-19

Ambleton Lt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 16 1919

Date

K. R. Lodge Capt
O. C. Discharge Depot.

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

Date July 28 1919

W. H. H.

Reg. No. *30287* Rank *Plt* Name *Perry, F.*
Attested Address *2repaddy.*
Allotment? Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Catandora* Cause *Discharge.*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

15 7 19
16 7 19