



THE ROYAL NEWFOUNDLAND REGIMENT

PP

H

5384

No. *5395* Name *George W. Berry* Corps *Meath*

ATTESTATION OF

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------------|
| 1. What is your name? | 1. <i>George W. Berry</i> |
| 2. What is your full Address? | 2. <i>Indian Hill,
Fogo Dist.</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>23</i> Years <i>7</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Wherman</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> |

George W. Berry 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.

George W. Berry SIGNATURE OF RECRUIT.

W. R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

George W. Berry 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 *John's* on this *23* day of *May* 191*5*.

Signature of Attesting Officer

†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

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

5384

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

Name George W. Berry
 Apparent age 23 years 3 months Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Indian Isld Fogo | Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards linked engagement reckons from <u>23-5-18</u>									<u>Lance Sgt.</u>
Joined at <u>St. Helens</u> on <u>May 23-1918</u>									
<u>Discharged August 21 1919</u>									
<u>Transferred to St. Helens from to Halifax N.S. 22-9-18.</u>									
<u>to file for demobilization 24-6-19</u>									
<u>Arrived to Newfoundland 1-7-1919</u>									
<u>Demobilization St. Helens 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 75 days
 " " Pensions " " " " " " " " " " " "

S. Perry

C.R. 5384

P. t. R. p

C.R. 5384

Joe Batts Arm.
Oct., 4th 1919

Hon., Minister Militia,
Militia Dept.,
St. Johns.

Hon. Sir:-

Please send me my issue of
Service Ribbon as per advertisement
in the paper.

And Oblige

Yours obediently

Geo. W. Perry.

George W. Perry.
Joe Batts Arm.

5384

Revised Post
8/10/19 J.

C.R. 5384

Extract from Daily Orders Part II Royal Newfoundland Regiment. Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records from noted date 4-8-19.

5384, L/C. G. Perry.

C.R. 5384

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.C. Discharge Depot with effect from 19-7-19.

5384 L/Cpl. G. Perry.

C.R. 5384

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

5384 B/Cpl. G. Perry.

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

C. R.

5384

Extract from Daily Orders ~~Part VII~~ By Major M.S. Sullivan
Commanding Nfld. Forestry Co. 26-11-18.

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

5384 B/Cpl. G. Perry

C.R. 5384

Extract from Nominal Roll ~~Retained~~ for Overseas At. St.
John's Sept. 22, 1918.

5384 Perry George.

C.R. 5384

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. ~~St. John's~~, dated August 17th, 1918.

5384. L/C. G. Perry.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5384

Extract from Daily Orders sent 21 Unit The Royal 222d.
Sigs. Sst. John's, dated Aug. 14th, 1918.

5384 Pte. G. Perry.

To be 1/Spl. from 14-8-18.

C.R. 5384

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated May 25, 1918.

#5384 Pte. George W. Perry.

Attested for General Service with the Royal Wfld. Regt.
from 25.5.18

The Chief Paymaster,
Royal NFD Regt.,
London.

Has a telegraphic transfer for £6 been received at your
office for 5384 L/c Perry, please.

Hazeley Down Camp,
Winchester.
7-5-19.

Fl. M. Emerson

O.D. '0' COY.
21st ROYAL NEWFOUNDLAND REGT.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

1919 JUN 10

1438

Penny Geo

5384

Ray Dept

August 4th 1919.

#5384, L/C.G.Perry.
Indian Islds. Fogo

Dear Sir:

Enclosed please find Discharge Certificate
3336.

Yours truly,

Capt. & Master.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5384 Rank 2/Plt Name Perry G
 Intended place of residence Indian Head

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 5 1919

A. M. Smith
 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 5 1919

G. Perry
 Signature of soldier

J. A. Newcroft
 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

George Perry
 Signature of soldier

James O'Keefe
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 439

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

R. Cooper Capt.
 Officer in Charge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 4/1919

Mr. Rowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

CO 432079/15336

9
30
21
4
76

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

5.7.19

Regimental No. *5384*...

Name

Perry George

Address

Indian Island

*H/c
Log 0*

Present Medical Category

A 1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

W. Brown
Senior Medical Officer

J. W. B. Dew
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5334 Rank Lt Name G. Perry
 Date of Enlistment 22.5.18 Address St. John's District Logo
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	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 5.7.19

for J. H. Corbett Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Date 5-7-19

O/jc. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82173 to his home at Indian Field and Release Certificate No. 3263 issued.

Date 5-7-19

J.A. Knowlton
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 5-8-19

Date 5-7-19

R. [Signature]
Depot Paymaster.

Discharge approved for 21-7-19

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	<u>B256-1</u>	

Date 5-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUL 21 1919 Eligible for War Service Palmito
for 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.

Geo. Perry.

Signature of Man. ✓

J. P. Knowlton.

Signature of the Vocational Officer or his Representative.

Reg. No. 5384

Place

St. Johns

Date

7-7-19.

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

MEDICAL HISTORY

OF

Surname

Perry

Christian Name

George M.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Inian Isles, St. George's

County

Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>25th</i>	<i>May</i>		191
	at	<i>St. John's</i>	at	
Declared Age	<i>23</i>	years		days
Trade or Occupation	<i>Fisherman.</i>			
Height	<i>5</i>	feet	<i>10</i>	inches
Weight	<i>147</i>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>36</i>		inches
	Range of Expansion	<i>4</i>		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		

When Vaccinated

Vision *R. E.—V= 6/24 6/24*
L. E.—V= 6/24

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *L. Amundson*
 (Rank) *Major* Medical Officer.

Enlisted at *St. John's* on *23rd* day of *May* 191

Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
<i>May 191</i>	<i>Regiment</i>	<i>5354</i>		

Became non-effective by

(Signature) on day of 191

(Rank)

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazleday Down	15	3	19	16	3	19	Tonsillitis	1	Transferred to Magdalen Camp Hoop for operation	<i>B. S. W. V. W. C.</i> CAPT. R. A. M. C.
MAGDALEN CAMP HOSPITAL WINCHESTER 53874.	16	3	19	27	3	19	do.	14	sp. " not considered necessary. Recovered.	<i>Brusardhead</i> CAPT. R. A. M. C.



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 *George W. Perry*

Regiment from which discharged **Royal Newfoundland**

Regimental number *384*

Intended address *Indian Island. Fog. Dist.*

Height on discharge *5 Feet 11*

Color of hair on discharge *Light brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *Tall*

Christian name of Father *Jessie*

Christian name of Mother *Sarah*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Indian Island. 14-5-age, 24-1895*

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) *George Perry*

(Rank) *L/c*

Station **ST. JOHN'S**

Date *July 4-7-19*

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



Station

Date

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

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* }
 7. Former Trade or Occupation } *Disciplinarian*
2. Regtl. No. *5384* 3. Rank *L Cpl* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Perry George W*
 (Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on *May 23 1918* 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 (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
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.*

The Complaints And Disability

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.)

16. Was an operation performed ? If so, when and what was its nature ? *na.*
17. If not, was an operation advised and declined ? *na.*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? *na.*

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. B. Procurier
 Medical Officer in charge of case.

Station *Hazelley Depot*

Date *11/16/19*

* 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

29/3/19

To be Discharged from Hospital ~~to-morrow.~~

Unit.	Squadron battery, or company	Regtl. No.	Rank and Name.	
27 fhd.	"C"	5384	L/c	Perry. J.

[Signature]
 Major R. M. C.T.
 Officer in Charge

WINDALEN CAMP HOSPITAL
WINCHESTER.

28/3/19

August 12, 1919

Mr. George Perry,
Indian Islands,
FOGO.

Dear Sir:-

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

Yours truly.

Captain & ^{Rayner}ster.

345-6

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 20th. 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. *George* 2. Surname. *Perry*

3. Rank. *Lt. Col.* 4. Regt. No. *5384*

5. Address in full to which future payments of gratuity are to be forwarded. *Indian Islands - Foggs Det.*

6. Date of enlistment in the Regiment. *23rd May 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
Not Applicable

8. Relationship of such dependents. *Not Applicable*

9. Address in full of such dependents. *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*

11. Were you on active service only in field, if so, give dates and particulars of such service. *No*

12. Give total length of time which you served on active service, whether in field or overseas. *One year one month and thirteen days*

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?

Not Applicable.

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge.

Yes.

Not applicable.

(b) Reason for discharge.

Not applicable.

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.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *George Perry.*
 Place of Residence: *Indian Islands.*
 Declared before me at: *St. John's N.S.*
 This *fifteenth* day of *July* 1919:....
East Mallwood N.S.
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
.....	<i>4 mos</i>	<i>280.00</i>
.....
.....
Certified correct.			Paymaster	<i>B</i>

Receipt of the same should be acknowledged hereon.

Received British War Medal

5384
Signature George W. Perry

Date Nov. 2nd 1921

Address Indian Fields,

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

W.D. Hicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Perry Year 10</i>	Age on	<i>23</i> years <i>3</i> months	<i>Insiderman</i>	<i>14-5-18. Promoted to 4/6pl.</i>
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined	Date		<i>St John's</i>		
Joined	Date	Period of	with Colours <i>1 1/2</i> years.	Place of Birth	
Joined	Date		with Reserve <i>3 1/2</i> years.	<i>St John's</i>	

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Perry's Rank</i>	<i>9-9-18</i>	<i>4/6pl.</i>		<i>Oversleeping Leave From Rank 27-8-18 To Extension of Leave</i>	<i>Capt. Hiscock</i>		<i>9-9-18</i>	<i>Capt. R. H. Tait</i>	<i>Forfeit 4 Days Pay</i>
				<i>Demobilized St John's</i>	<i>4 8/19</i>				

To be carried over.

The Royal Newfoundland Regiment

D
5384

DEMobilIZATION OF

Reg. No. *5384* Rank *Lt* Name *Perry, G*
 Date of Enlistment *23.5.18* Address *Indian Falls* District *Logg*
 Occupation *Fisherman* Classification for Discharge *6* Medical Category *A.I.*
 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	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		<i>B.256.1</i>		

Date *5.7.19*

G. *J. N. Porter, Capt.*
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. *G. 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~~

5-7-19
 Date

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2173..... to his home at 1400 9th St..... and Release Certificate No. 32632..... issued.

Date 5-7-19.....

J.A. Howland
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 5-8-19.....

Date 5-7-19.....

J.A. Howland
Depot Paymaster.

Discharge approved for..... 21-7-19.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....	<u>B256-1</u>	

Date 5-7-19.....

J.A. Howland
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919.....

J.R. Cooke Capt
O. C. Discharge Depot.

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

Date July 21 1919.....

J.A. Howland - 1-2

Reg. No. *53 92* Rank *LC* Name *Ferry Geo*
Attested Address *Indian Isld*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas *JUL 1 1910*
Returned on S.S. *Cassandre* Cause *Discharge*

5-7-19
21-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal New Zealand*
2. Regtl. No. *5384* 3. Rank..... *Serjt*
4. Name *Penny* *George E. D.*
(Surname) (Christian Names)
5. Age last birthday..... *23*
6. Posted for duty on *MAY 23/18* at *S. J. Hut.*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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? *He complains of no disability*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

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. E. Proctor *Captn*

Medical Officer in charge of case.

Station *Hazley Down*

Date *11/6/19*

* 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

C.R. 5384

f

Battle Harbor,

July 28/20;

W. F. Rendell, Lieut, Col.,

Chief Staff Officer

Department of Militia.

St. John's.

Dear Sir:-

If I understand correctly I am to receive a "war service medal", according to your notice given in the "Trade Review" July 17 th; I might say I have not received ~~none~~ such.

I am Sir;

Yours very truly

Geo. W. Perry

B. as. am.

August 6th., 1920

Pte. George W. Perry,
Battle Hr.,
Labrador

Dear Sir:-

I have to state in reply to your letter of 28th July reference to war service medals, that you are entitled to the British War Medal, which will be forwarded to you as soon as this Department receives it from the War Office, which is not expected to be for some time yet. The riband in respect of this Medal was mailed to you some time ago.

Incidentally I might mention that the Notice in the press did not refer to service medals.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

Officer in Charge of Records.
Dept. Militia
St. John's.

Dear Sir.

I am in receipt of British
War Medal for 5384 Pte. G.W. Ferry
which should be 5384 Lts. G.W. Ferry
if it needs to be changed please
notify me to that effect.

Very truly yours
G.W.F.

George W. Ferry.
Indian Fields.

5384

Nov. 19 1921.

George W. Perry Esq.
Indian Islands.

Dear Sir:-

Receipt for British War Medal in respect of 5384 L/c. G.W.Perry, received with thanks.

We quote an extract from a 'Circular Memorandum to all Officers in Charge of Records', paragraph D, regarding ranks.

'D. Ranks only (not appointments) as defined in para. 282 King's Regulations, E.G. Warrant Officer Cl.11. not Company Sergeant Major; Pte, not L/Cpl; Cpl, not L/Sgt; C.Sgt, not C.Q.M.S; etc.etc.'

Hoping the above information will be satisfactory to you,

Yours Faithfully,

Lieut.

Officer i/c. Records.