



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5725 Name Ebenzer Peyton Corps Both

Questions to be put to the Recruit before Enlistment

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. What is your name? | 1. <u>Ebenzer Peyton</u> |
| 2. What is your full Address? | 2. <u>Blunt Corn NW B</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Cumberman</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, Ebenzer Peyton 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.

Ebenzer Peyton SIGNATURE OF RECRUIT.

77-18

Corp. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ebenzer Peyton 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 7 day of July 1918.

Edwards Lieut 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.....191

Place..... St John's } 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

5725.

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

Name Ernest Peyton
 Apparent age 21 years 0 months. Height 5 feet 9 1/4 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jonathan Peyton
Burnt Arm NW 18 | 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 limited engagement reckons from <u>2-7-18</u>									
Joined at <u>St. John's</u> on <u>July 2. 1918</u>									
<u>Discharged August 8/1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22-9-18</u>									
<u>To the hospital for disinfection 24-6-19</u>									
<u>Arrived the hospital 1-7-1919</u>									
<u>Demobilization St. John's 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge] <u>1</u> years <u>38</u> days									
" " Pensions " " " " " " " " " " " "									

Reg. No. 5725 Rank Pvt Name Rayton Ebenzer Hoy
Attested 2-7-08 Address Subst Army Hill
Allotment 60 Allottee Jonathan Peyton Father
Date of Allotment 1/28 Returned from Overseas
Embarked for Overseas **SEP 22 1918** Cause

3-7-08 Vac, ^{sk} June 2-8-08. And 2-9-18 3-15-19-19.

Returned from leave 2-7-18

C.R. 5725

extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 19th 1919.

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

5725, Pte. E. Peyton.

C.R. 5725

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

The discharge of the Undernoted on Demobilization has been
APPROVED by C.O. Discharge Depot with effect from 25-7-19.

5725 Pte. E. Peyton.

C.R. 5725

Extract from Daily Orders For Unit The Royal Wfld.

Regt. St. John's, July 26, 1919.

5725n Pte. C. Payton.

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

C.R. 5725

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

5725 Pte. Peyton Ebenezer.

C.R. 5725

Extract from Daily Orders part 11, Depot. St. John's
dated July 3rd., 1918.

#5725 Pte. Ebenezer Peyton.

Attested for General Service with the Royal Newfoundland
Regiment 2-7-18.

BC.

C.R. 5725

Extract from Daily Orders by Major H.S. Sullivan, Commanding
~~2nd Newfoundland Forestry Company~~
Commanding Newfoundland forestry Companies, 26-11-18.

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

5725 Pte. Peyton, B.

5725

E. Peyton

C.R.

5725

~~PAID~~

c.

No 5416/528.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
23, Victoria Street,
London, S.W. 1.

To: Officer Commanding.
2nd/Bn. Ryl Nfld Regt.

Winchester.

3rd March 1919

March 6th 1919

5725 Pte Payton. E.

With reference to the following
telegram from the Minister of
Militia / / (54.)

Receipt hereunder.
Kearney
LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. ___ Batt'n.

"Pay to- 5725. Payton.

£4. 2. 3..

Cheque £4. 2. 3. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of £4.2.3.
Four, two & three pence respect of
telegraphic remittance from the
Minister of Militia.

A. D. Minnerley
Chief Paymaster & O. i/c Records.

E. Payton
No. 5725 Rank Pte.

Witness Geo. Perry d/c

Heyton, C

5725

Ray Sept.

August 8th 1919.

#5725, Pte. S. Peyton,
Burnt Arm. Mill.

Dear Sir:

Enclosed please find Discharge Certificate
3650.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3725 Rank Pfc Name Payton E
 Intended place of residence Burnt Arm Tuilligals
2. Occupation Lumberman
 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 11 1919

H. M. H.
 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 11 1919

E. Payton
 Signature of soldier
Chas. W. Weston
 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 11 1919

E. Payton
 Signature of soldier
James Newman
 Signature of witness SPA -

STATEMENT OF SERVICE

7. Enlisted for service 2-7-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 403

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

H. R. Cooper Capt
 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 8 1919

H. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

CAF 20791 3650

The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. ... 5725

Name Perkins, Eleanor

Address Bundarm

.....

Present Medical Category A1

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R. J. [Signature]
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5725 Rank Pls Name Pepton E
 Date of Enlistment 3-7-18 Address Quint Blm District J Gato
 Occupation Lumberman Classification for Discharge E Medical Category A1
 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. E Pepton

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 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{B2316} to his home
 at Arnis arm and Release Certificate No. 3476 issued.

Date 11-7-19

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 8-5-19

Date 11-7-19

J.A. Knowlton
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

J.A. Knowlton
 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 25 1919

N.R. Cooper Cabot
 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.

E. Rayson

Signature of Man.

J. A. Howel

Signature of the Vocational Officer or his Representative.

Reg. No. 5725

Place

St. Johns

Date

11 27 - 18

191

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

MEDICAL HISTORY

OF

Surname

Reyton.

Christian Name

Ebenzer

Table I.—GENERAL TABLE

Birthplace:—Parish

Burnt Arm 1 S B County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	2	July	1918	1918
	at	<i>St John's</i>	at	
Declared Age	20	years		
Trade or Occupation	<i>Lumberman</i>			
Height	5	feet 9 1/4		
Weight				
Chest Measurement	Gift when fully expanded	36		
	Range of Expansion	3		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	<i>49</i>	R.E.—V=	
	L.E.—V=	<i>16/9</i>	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)	<i>L. Munro</i>			
(Rank)	<i>Major</i>	Medical Officer		Medical Officer
Enlisted	at		at	
	on	2 day of July	1918	on
	Corps		Regtl. No.	Corps
Joined on Enlistment	<i>Regt 7210</i>	<i>5725</i>		
Transferred to	<i>Regt</i>			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Payton, Ebenezer*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5725*

Intended address *Burnt Arm. N.D. B.*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Birthmark on left thigh.*

Figure on discharge *Tall*

Christian name of Father *Jonathan*

Christian name of Mother *Rebecca*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Burnt Arm. N.D. B. Feb. 2, 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)

Ebenezer Payton

(Rank)

R/5

Station

ST. JOHN'S.

Date

7-7-19

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 Regt.* Former Trade or Occupation } *Lumberman*
2. Regtl. No. *5725* 3. Rank *1st Lt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Pyton* *Ebenezer* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
5. Age last birthday *22*
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 (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*

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 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?

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.

Repatiation

W. E. Procuire. Capt. R. A. M. E.

Station *Hagley Down*

Medical Officer in charge of case.

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. Ebenezer Peyton,
Burnt Arm, N.D.B.

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... *Chenezer* 2. Surname... *Payton*
3. Rank... *Pte* 4. Regtl. No. ... *5725*
5. Address in full to which future payments of gratuity are to be forwarded... *Burnt Arm N.S.B.*
-
6. Date of enlistment in the Regiment... *July 1, 1918*
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... *—*
9. Address in full of such dependents... *—*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *—*
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... *12 months and 3 weeks* *1 1/2*

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. *Jan 27/19* (b) Reason for discharge. *Demob*

no

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.

Emp. Lines

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: *E. Repton*
 Place of Residence: *Brentford* *n.w.B.*
 Declared before me at: *St John*
 This 11 day of *July* 19...*18*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McCarroll*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *Two*
Edwards

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5725</i> <i>Edwards</i>	Age on	years	months		
Joined		Date of Enlistment				Trade
Joined		Date				Religion
Joined		Date				Place of Birth
Joined		Date				Period of
		} with Colours		years.		
		} with Reserve		years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>8</i> <i>5</i> <i>19</i>			

To be carried over.

Army Form B. 121.

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. *5735*
- 3. Rank... *R/S*
- 4. Name *Reyton* *Elozema*
(Surname) (Christian Names)
- 5. Age last birthday... *32*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Lumberman*
- 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 ?
- 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.
- 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

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? }

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

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.

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.

Repatriation

W.S. Procter

Coffey Rame

Station *Hazley Down*

Medical Officer in charge of case.

Date *10/14/19*

* 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

51725

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5725 Rank Plr. Name Reyton, E.
 Date of Enlistment 3-7-18 Address Levent, Oram District S. Y. G. G.
 Occupation Lumberman Classification for Discharge F. Medical Category PHI
 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	1
B 178	W 3494	B 122	Board 1st	" 2	3
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

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

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~~

[Signature]

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2316 to his home at Arnis Ann and Release Certificate No. 3476 issued.

Date 11-7-19

J.A. Lawcraft
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 8-8-19

Date 11-7-19

J.A. Lawcraft
Depot Paymaster

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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	<i>2 Form B</i>
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

J.A. Lawcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 25 1919

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

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

Date Aug 2/19

W.H.