



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5576 Name Kenneth Pink Corps C of E

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

- |  |  |
|--|--|
| 1. What is your name? .....<br>2. What is your full Address? .....<br>3. Are you a British Subject? .....<br>4. What is your age? .....<br>5. What is your Trade or Calling? .....<br>6. Are you Married? .....<br>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....<br>8. Are you willing to be vaccinated or re-vaccinated? .....<br>9. Are you willing to be enlisted for General Service? .....<br>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....<br>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? ..... | 1. <u>Kenneth Pink</u> .....<br>2. <u>Cape La Hune Dist. St. John's</u> .....<br>3. <u>Yes</u> .....<br>4. <u>22</u> Years <u>0</u> Months .....<br>5. <u>Fisherman</u> .....<br>6. <u>No</u> .....<br>7. <u>No</u> .....<br>8. <u>Yes</u> .....<br>9. <u>Yes</u> .....<br>10. Name .....<br>Corps .....<br>11. <u>Yes</u> ..... |
|--|--|

I, Kenneth Pink 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.

Kenneth Pink SIGNATURE OF RECRUIT.  
Pte. R. Power Signature of Witness.

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

I, Kenneth Pink 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 answered 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 1 day of June 1918.

Signature of Attesting Officer C. O. Dicks Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
 If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191.....  
 Place ..... } Approving Officer.

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

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

DESCRIPTIVE REPORT ON ENLISTMENT

5576

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

Name Kenneth Pink  
 Apparent age 22 years 0 months. Height 5 feet 4 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 1/4 inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Pink  
Cape La Hune | Relationship Father  
Fortune, Dist. 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 lighted engagement reckons from <u>1-6-18</u>									
Joined at <u>St. John's</u> on <u>June 1-1918</u>									
<u>Discharged August 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22-9-18</u>									
<u>To file for demobilization 24-6-19</u>									
<u>Arrived to England 1-7-1919</u>									
<u>Demobilization St. John's 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> [date of discharge]									
Pensions " " " " " " " " " " " "									

Reg. No. 5576 Rank. Pte Name. Pink K.  
Attested 1-6-18 Address Cape La Hine F.B.  
Allotment ~~60~~ 60 Allottee John Pink (Father)  
Date of Allotment 15-7-18 Returned from Overseas  
Embarked for Overseas SEP 22 1918 Cause

34.8 Vacc. 1st June 20/18, 2nd June 27/18 3rd June 21-8-18  
S.R. 23-6-18-3-7-18. Returned 29-7-18

C.R. 5576

extract from Daily Orders Part II Royal Newfoundland  
Regiment depot St. John's dated Aug. 20th 1919.

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

5576, Pte. Kenneth Pink.

C.R. 5376

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

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

5576 Pte. K.Pink.

C.R. 5576

Extract from Daily Orders Detachment Unit The Royal Field.

Regt. St. John's, July 3rd, 1919.

5576 Pte. K.Pink.

Reported at Headquarters 1st-19 of "Cassanfra" which  
sailed Glasgow June 24th, 1919.

C.R. 5576

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's dated June 5, 1918.

#5576 Pte, K . Pink.

Attested for General Service with the Royal Nfld. Regt.  
from 1.6.18



C.R. 5576

Extract from Daily Orders by Major H.S. Sullivan, Commanding  
Bnld. Forestry Companies 26-11-18.

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

5576 Pte. E. Pink



C.R. 5576

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

5576 Pte. Pink Kenneth.

K Pink.

C.R. 5576

~~1480~~

"Copy"

N.F.P./11.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 576 (Rank) Pte (Name) Kenneth Pink

hereby agree, until further notification by me, and in required 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 payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	c
<u>Father</u>	<u>John Pink</u>	<u>Cape La hune Hermitage Bay</u>		<u>60</u>
				<u>60</u>

This Allotment to take effect from and including July 15<sup>th</sup> 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L.10, 9/12/16.

(Sig.) (Sgd) W G James 2/Lt  
Officer Commanding,  
"F" Company.

Dated at

St Johns  
June 27<sup>th</sup> 1918

(Sig.) (Sgd) Kenneth Pink  
Allotter. Pte

Pink, L

5576

Gay Sept.

August 12, 1919

#5576 Pte. Kenneth Pink,  
Cape LaHune, M.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3701.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5376 Rank PLC Name Pink R  
 Intended place of residence Cape La Hene  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of  
**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S .....  
 Date JUL 12 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S .....  
 Date JUL 12 1919 .....  
 Signature of soldier K. Pink  
 Signature of witness A. Johnston

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S .....  
 Date JUL 12 1919 .....  
 Signature of soldier K. Pink  
 Signature of witness James O. Newman

### STATEMENT OF SERVICE

7. Enlisted for service 1-6-18 ..... No. of days on Military  
 Discharged from service JUL 26 1919 ..... Plus 14 days Service 435

### 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 26 1919 .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S .....  
 Date August 9/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

2079/3701



# The Royal Newfoundland Regiment

Class for Demobilization:—

*g.*  
*b.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 11/19*

Regimental No. *5576*

Name

*Pink Kenneth*

Address

*Cape La Houppe*

Present Medical Category

*A i*

Recommended for:— (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

O. C. Discharge Depot.

*J. P. Parsons*  
Senior Medical Officer

*J. W. Curden*  
M.-O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3376 Rank Plt Name Pink K  
 Date of Enlistment 1-6-18 Address Cape St. John District B. Signal  
 Occupation Gasman Classification for Discharge Ty Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 288.....	B 121.....	N.F. Med.....	D.F. 1.....	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.....			

Date 11-7-19 O. C. Discharge Depot St. John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

St. John's

Particulars passed to Vocational Officer for information and action.

Date 11-7-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

St. John's

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2427 to his home at base La Huer and Release Certificate No. 3548 issued.

Date 12-7-19

*J. H. Snowcroft*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-5-19

Date 12-7-19

*J. H. Snowcroft*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 12-7-19

*J. H. Snowcroft*  
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 26 1919

Date .....

*A. 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

*J. H. Snow*  
Signature of Man.

Reg. No. ~~1025~~ 3376

*J. H. Snow*  
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 12-7-19 191



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

# MEDICAL HISTORY

OF

Surname Perin

Christian Name Kenneth

Table I.—GENERAL TABLE.

Birthplace:—Parish Cape St. John N.B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June		191
	at	<u>St. John's</u>	at	
Declared Age...	22	years		days
Trade or Occupation	<u>Fisherman</u>		years	days
Height	5	feet 4 1/4	feet	inches
Weight	124		lbs.	lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3 1/2	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V =	<u>6/6</u>	R. E.—V =	
	L. E.—V =	<u>6/6</u>	L. E.—V =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Amund Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	1 day of <u>June</u>	on	day of 191
		Corps.		Corps
		Regtl. No. <u>576</u>		Regtl. No.
Joined on Enlistment	<u>Royal Newfoundland Regiment.</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





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

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

1. Unit and Corps. *Royal Newfoundland Regt.* 7. Former Trade or Occupation } *None*
2. Regtl. No. *1376* 3. Rank *ptc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Pink* *Kenneth* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

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 Disability*

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

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

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

*Reparation*

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

Medical Officer in charge of case.

Station *Hazeley Down*

Date *12/4/19*

\* 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.



## 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 *Kenneth. Pink*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5576*

Intended address *Cape. Le. Hune*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Margaret*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cape. Le. Hune 4-5- age 23 - 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)

*Kenneth. Pink*

(Rank) *Plt*

Station

**ST. JOHN'S.**

Date *July 9th 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 of Hospital.  
Unit, or Command Depot.

Station

Date

August 16, 1919

Mr. Kenneth Pink,  
Cape Lufkin,  
BURGEO

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... *Kenneth* 2. Surname... *Finke*.....

3. Rank... *Pte*..... 4. Regtl. No... *5576*.....

5. Address in full to which future payments of gratuity are to be forwarded... *Cape La Hune*.....

6. Date of enlistment in the Regiment... *June 1/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No.*.....

8. Relationship of such dependents... *No*.....

9. Address in full of such dependents... *No*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No.*.....

11. Were you on active service only in Hfld. If so, give dates and particulars of such service... *England & Italy*.....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1 year*.....

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.

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?

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

..... *No* ..... *July 17, 19* ..... *Discharged* .....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

..... *No* ..... *England only* .....

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

..... *No* .....

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



*his*  
*Kenneth X Lusk*  
*Mark*

Signature of Applicant:

Place of Residence:

*Cape Lathune*

Declared before me at:

*St Johns*

This

*12*

day of

*July* 19*19*.....

19.....

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

*John M. Carthy*  
*J.P.*

POST DISCHARGE PAY.

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

.....

.....

.....

Certified correct.

By Barrister



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Kenneth Pink, Regl. No. 5596

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 17 1/2 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins July 15<sup>th</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4554	Factor	John Pink	Cape Lahune Ammits Bay	60 <sup>c</sup>
Total Allotment, \$				60 <sup>c</sup>

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]  
Officer Commanding  
Company

(Sig.) [Signature]

(Rank) Pvt.

[Signature]  
Jun 27 1918



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Kenneth Prook, Regt. No 5596

hereby agree, until further notification by me, and in similar official form to make an Allotment of \$125 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins July 15<sup>th</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4554	Factor	John Prook	Cape Lahune Leamitafe Bay etc.	
Total Allotment, \$				60 00

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.) [Signature]  
Officer Commanding

(Sig.) [Signature]  
(Rank) Pte.

S.I. Jones  
27 1918

## 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

C. D. Dicks  
Lieut

Regimental Number and Name		Enlistment		Type	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
5576	Kenneth Pink	22			
Joined	Date	Place and Date of Enlistment	St. John's		
Joined	Date	1/6/18	6	18	
Joined	Date	Period of	with Colours	70	years.
Joined	Date		with Reserve	365	years.
				Place of Birth	
				Cape R. Nune	+B

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
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				Demobilized	St John's	9	8/19		
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To be carried over.

Army Form B. 121.

Receipt of the same should be acknowledged hereon.

Received British Gas meter 16<sup>th</sup> of February

Signature Ernath Pinks 5576

Date 17<sup>th</sup> of February

Address Capt La Hunt.

[P.T.O.]



**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* } Former Trade or Occupation } *Fisherman*  
 2. Regtl. No. *5376* 3. Rank..... *Plt* }  
 4. Name *Piper*..... *Kenneth* }  
 (Surname) (Christian Names)  
 5. Age last birthday..... *23*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

*No 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.

*Repatriation*

*W.S. Proctor*

*Call Name*

Station *Hazley Down* .. .. .

Date *10/4/19* .. .. .

Medical Officer in charge of case.

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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3576 Rank Pr. Name Frank J. Pink  
 Date of Enlistment 1-6-18 Address Cape St. John District St. John's  
 Occupation Submarine Classification for Discharge F. Medical Category A.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

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 12-7-19 O i/c: Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2427 to his home at Cape La Huse and Release Certificate No. 3548 issued.

Date 12-7-19

*J. A. Snow capt.*  
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 1-5-19

Date 12-7-19

*J. A. Snow capt.*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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	D 120	M 93		

Date 12-7-19

*J. A. Snow capt.*  
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 26 1919

Date .....

*N. R. Coode Capt.*  
O. C. Discharge Depot.

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

Date Aug 7/19

*[Signature]*

Reg. No. *1276* Rank *Plt.* Name *Pied. J.*  
Attested ... Address *Cape. La. Hunt.*  
Allotment ... Allottee ...  
Date of Allotment ... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*12 7 19*  
*26 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**