



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4730 Name Kenneth Pottle ~~son~~ Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Kenneth Pottle</u> |
| 2. What is your full Address? | 2. <u>English H^{rs}</u>
<u>2 Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> years - <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fireman</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, Kenneth Pottle 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.

a. 26. 4. 18 Kenneth Pottle SIGNATURE OF RECRUIT.
J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Kenneth Pottle 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 English H^{rs} on this 26 day of April 1918

Signature of Attesting Officer James H. Spence

† 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).....

C.R. 4730

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer's Records from 7-7-19.

4730 Pte. Kenneth Pottle.

C.R. 4730

Extract from Daily Orders Part 21 Unit The Royal Rifle
Regt. Depot St. John's, June 15th, 1919.

The discharge of the Undersated on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 25-6-19.

4730 Pte. Kenneth Pottle.

C.R. 4730

Extract from Daily Orders Part 11 Depot, St. John's,

Date 12-6-19.

4730 Pte. Kenneth Pottle

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4730

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 28/4/19 and reached
Hazeley Down Camp 28/4/19.

#473 0 K.2 Pottle.

C.R. 4730

Extract from Daily Orders Part II Unit The Royal Welch Regt.
By Lt. Col. T.G. Nathan, D.S.O. Commanding 1st Bn. 3-11-48.

The following joined the B. Co. 3-11-48.

4730 Pte. K. Pottle.

3 Coy.

C.R. 4730

Extract from Nominal Roll Re-inforcement Draft No.55 Embarked Folkestone,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazel of Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4730 Pte. Pottle, K.

MP.

C.R 4730

Extract from Daily Orders part 11, from Unit The Royal
Field Regt. St. John's dated June 14th, 1918.

#4730 Pte.K.Pottle.

Embarked for overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal
Wald. Regt. St. John's, dated April 29, 1918.

#4730 Pte. K. Pottle.

Attested for General Service with the Royal "Fld. Regt.
from 26/4/18.

K Pottle

C.R. 4730

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PARC 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 7. Former Trade or Occupation } Fisherman
2. Regtl. No. 4330 3. Rank. Pte 7a. If the soldier claims previous service in Army, he should state—
4. Name Pottle Kenneth (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. 20
6. Posted for duty on Apr 26/18 at St. Johns
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 ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(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.
- hie
hie
hie
hie

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? } h a

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.)

He complains of
no disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

Station *Hazeley D. Camp*

Date *4-19*

Sgt
Rt.

W F Prosser Capt R.A.M.C.
 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

No. 16051/1719.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

to
Officer Commanding,
2nd Bn. Royal Nfld. Rgt.,
Winchester.

4730
ABM

October 7th, 191 ⁸

Oct. 16th 191 ⁸

Subject: 4730, Pte. K. Pottle,

With reference to the following telegram (8545) from the Hon. Minister of Militia, received

"pay to 4730, Pte. K. Pottle, £2.1.0.

Draft £2.1.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Munnell Maj.
Chief Paymaster & O. i/c Records.

Witness
E. Manning

Receipt hereunder.

A. Barton / **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n
Royal Newfoundland Regiment

Received the sum of £2-1-0

Two pounds one shilling on account of cable remittance from Newfoundland.

K. Pottle
No. 4730 Rank Pte.

5503/272

1st. Batt. Ryl Nfld. Regt.

B.E.F.

8th April 9

4730. Pte. K. Pottle

124 ✓

4730. Pottle K.

£3. 2. 0.

To:- The Chief Paymaster.,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4730	Plt	Little K.	£2.50	K Little

I have the honour to be, Sir,
Your obedient servant.

Date

July 1/18

K Little

Atolle, Ken.

#730

Gay Sept.

July 8, 1919

#4730 Pte, Kenneth Pottle,

English Hr., T.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 the War
Service Gratuity.

Yours truly

Captain
Paymaster & U.i/c Records.

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 *Pottle*

3. Rank *Pte* 4. Regt. No. *47th*

5. Address in full to which future payments of gratuity are to be forwarded. *Capt. St. JB*

6. Date of enlistment in the Regiment. *April 26/18*

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. *SO*

9. Address in full of such dependents. *SO*

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Fourteen months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *not applicable*

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.....

\$72.68. Clothing Etc

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 Rest?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

June 23/18 Demobilization

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

France Belgium and Germany

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

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

Signature of Applicant: *H. Oettle*
 Place of Residence: *Eng. Unit No. 16*
 Declared before me at: *St. Johns nfd*
 This *9th* day of *June* 19*19*.....

Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.
John McCaughy

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

July 7, 1919

#4730 Pte. Kenneth Pottle,

English Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2709.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4730 Rank Private Name Rottle Kenneth
 Intended place of residence Boyle St.
 2. Occupation Disturber
 Classification of soldier E Medical Category A.E.

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 JUN 9 1919 *H. Mous* Commanding Discharge Depot

Date ST. JOHN'S JUN 9 1919 *H. Mous* 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 and date ST. JOHN'S JUN 9 1919 *K. Rottle* Signature of soldier

ST. JOHN'S

W. J. Leator 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 and Date ST. JOHN'S JUN 9 1919 *K. Rottle* Signature of soldier

ST. JOHN'S

JUN 9 1919

W. J. Leator Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service JUN 23 1919 Plus 14 days Service 438

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 JUN 23 1919 *R. H. Lat* Officer Commanding Discharge Depot

Date JUN 23 1919 *R. H. Lat* The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place ST. JOHN'S JUN 23 1919 *M. Bowley* Officer in Charge Records

Date JUN 23 1919 *M. Bowley* The Royal Newfoundland Regiment

2782079/2709



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 *Pottle, Kenneth*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4730*

Intended address *Englist, Hr. S. B.*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Adam*

Christian name of Mother *Jean*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Englist Hr. 1899. Sec 11th*

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 Pottle

(Rank)

Ho.

Station

ST. JOHN'S.

Date

6.6.19.

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

The Royal Newfoundland Regiment

Class for Demobilization:

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.6.19

Regimental No. 4430

Name .. Sotter Kenneth

Address .. England N^o

Present Medical Category A

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

Members of Board {

RH Last Capt
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Geo Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 750 Rank Pvt. Name Pottle Kenneth
 Date of Enlistment 26-11-18 Address English St District Trinity
 Occupation Houseman Classification for Discharge E Medical Category H
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 7-6-19 O. C. Discharge Depot K. Pottle

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

K Pottle

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied Ambleton

Date 9-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1689.656* to his home at *English Hill* and Release Certificate No. *2506* issued.

Date *9-6-19*

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 *7-7-19*

Date *7-7-19*

J.H. [unclear]
Depot Paymaster.

Discharge approved for *23-6-19*

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
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 *9-6-19*

J.A. Knowlton
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date

R.H. [unclear]
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

H. Pottle

Signature of Man.

J. A. Sawdapt

Signature of the Vocational Officer or his Representative.

Reg. No.

4730

Place

21 - Johns

Date

JUN 9 1919

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

MEDICAL HISTORY

Surname

Pottle

OF

Christian Name

Kenneth

Table I.—GENERAL TABLE.

Birthplace:—Parish

English Is.,

County

T.B., nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>26</i> day of <i>April</i> 191 <i>8</i>		day of 191	
	at <i>St John's, nfld.</i>		at	
Declared Age	<i>19</i> years — days		years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>6</i> inches		feet	inches
Weight	<i>138</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <i>37</i> inches		inches	
	Range of Expansion... <i>4</i> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</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>Lamar Pottle</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St John's, nfld.</i>		at	
	on <i>26</i> day of <i>April</i> 191 <i>8</i>		on day of 191	
Joined on Enlistment	Corps.	<i>The Royal nfld Regt.</i>	Corps.	
	Regtl. No.	<i>4730</i>	Regtl. No.	
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. 332 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 352 (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 Horse Artillery 7. Former Trade or Occupation } Driver
2. Regtl. No. 4730 3. Rank. plc 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos. Driver
4. Name Pottle Kenneth
(Surname) (Christian Names)
5. Age last birthday. 20
6. Posted for duty on apl 26/18 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 ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | } na. | |
| (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, &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 complaint of no 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.

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.

Repostition

W.E. Procter *Capt Rame*

Station .. *Hazeley Town*
 Date .. *30/4/19*

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 Ald. Regiment

DEMOBILIZATION

No. 4730 Rank

Name Scott A

Warned for demobilization on

JUN 9 1919

Casualty Form—Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Pottle Christian Name Kenneth

Religion Method Age on Enlistment 19 years 11 months

Enlisted (a) 29/4/18 Terms of Service (a) DURATION Service reckons from (a) 24/4/18

Date of promotion to present rank 10/10/18 Date of appointment to lance rank

Extended () Re-engaged () Qualification (b) P.O. W.
or Corps Trade and Rate

Occupation Fisherman Signature [Signature] Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked		<u>26 OCT 1918</u>	
		Disembarked		<u>3 NOV 1918</u>	
		Joined Battalion			
		<u>Arrived in UK.</u>		<u>9/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

Next of kin Father, Naam Pottle, English St. B. Med

4 430 H. Pottle English Har
10473 April 13rd
/19

Dear Sir:-

Would you please
forward my Mothers
separation allowance papers
as I want to get them
filled in (Mrs A. Pottle)

Yours truly,

ex Pte. 4 430 H. Pottle
English Harbour
Trinity Bay
Nfld.

~~So~~ please be advised that
in view of the fact ~~that~~ ^{she was}
~~as a result~~ ^{was going} ~~the~~
published in the local N. P.
for a period of three months
~~to the effect~~ that no apprais.
for D. Ct. would be received
after Mar. 31.20 your request
to have form forwarded by ^{complete}
cannot be complied with. ~~AMH~~

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B 121.
39.

Regiment of

Royal Engineers

Signature of O. C. Company

Wm. Churchill King

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>Pattie Kenneth</i>	Age on	19	years		<i>Engineer</i>	
Joined		Date	Place and Date	of Enlistment	Religion		
Joined		Date	Period of	with Colours	73 years.		Place of Birth
Joined		Date	with Reserve	365 years.	<i>English</i>		<i>Newcastle</i>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John's</i>	<i>7</i>	<i>19</i>		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

4730

DEMOBILIZATION OF

Reg. No. 4730 Rank Pvt. Name Pottle, Kenneth

Date of Enlistment 26-11-18 Address English St. District Trinity

Occupation Fisherman Classification for Discharge E Medical Category A1

Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	<input checked="" type="checkbox"/>	N.F. Med.	D.F. 1	<input checked="" type="checkbox"/>
B 178	W 3494	B 122	<input checked="" type="checkbox"/>	Board 1st	" 2	
B 178a	D 400A	B 1915	<input checked="" type="checkbox"/>	do 2nd	" 3	<u>5</u>
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 7-6-19 for O. C. Discharge Depot. K. Pottle

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

K. Pottle

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing Supplied~~

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1687.656* to his home at *Langdon, N.S.* and Release Certificate No. *2506* issued.

Date *9-6-19* *J.A. 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

Date *7-1-19* *J.A. Snowcroft*
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *9-6-19* *J.A. Snowcroft*
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 *JUN 23 1919* *R.H. Sait*
O. C. Discharge Depot.

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

Date *June 19/19* *J.A. Snowcroft*
for O.C. Records

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B. 1687.656 to his home at Englewood, Pa. and Release Certificate No. 2506 issued.

Date 9-6-19 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 7-1-19

Date 7-1-19 J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C. Discharge Depot.

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

2 Form B

Date 9-6-19 J.A. Snow Capt.
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 JUN 23 1919 R.H. Jait Capt.
O. C. Discharge Depot.

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

Date June 19/19 J.A. Snow Capt.
for O.C. Records

Reg. No. *4730* Rank *PLS* Name *Patt, N.*
Attested Address *English Hs*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-78*
Returned on S.S. *Corsecan* Cause *Discharge*

7-6-19
23-6-19

PASSED TO DEMOBILIZATION 3-33