



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5256 Name Rupert Tower Corps RC

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

- 1. What is your name? ..... 1. Rupert Tower
- 2. What is your full Address? ..... 2. 114 Tower St City
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. None
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 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. Yes

I, Rupert Tower 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.

Rupert Tower SIGNATURE OF RECRUIT.  
R. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Rupert Tower 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 21 day of May 1918

Signature of Attesting Officer W. Dicks

### †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 May 21 1918 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).....



Reg. No. 5256 Rank Pte Name Power, R. B.  
Attested 21-5-18 Address St Johns  
Allotment 60 Allottee Mr John Power (Father)  
Date of Allotment 1-8-18 Returned from Overseas  
Embarked for Overseas **JUL 22 1918** Cause

22-5-18 St Johns  
13-7-18 Promoted to Lance Corporal.

C.R. 5256

Extract fro, D. O. Pt. II. Unit the 1st Regt. dated  
10-5-19. by Lieut. Col. M.J. Barton, D.S.O. Officer  
Commanding End. Enj

The following promotions will take place on today's date.

5256 Cpl. R. Power

to be acting Sergt.

C.R. 5256

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by officer i/c records from noted date  
~~1919~~ 29-7-19.

5256, Sgt. R. Power.

C.R. 5256

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from follow-  
ing date  
15-7-19.

5256, Sgt. R. Power.

C.R. 5256

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

5256 Sgt. R. Power.

~~231~~

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

C.R. 5256

Extract from Orders by Lt. Col. B.J. Barton, D.S.O.  
Commanding 2nd Battalion Royal Newfoundland Regiment,  
22/4/19.

The undermentioned N.C.O. is confirmed in rank as from  
22/4/19.

5256, Cpl. (A/Cpl) R. Power as Corporal.



C.R. 5256

Extract of ORDERS BY LT. COL. BARTON, D.S.O.,  
COMMANDING 2nd Battalion Royal Newfoundland Regiment,  
20/11/18.

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#5356 L/C. R. Power.

"B" Coy. To be Acting Corporal.

C.R. 5256

Extract from Daily Orders By Lt. Col. B.J. Barton, D.S.O.  
Commanding 2nd Batta.

PROMOTION

5256 R Power.

To be Lance Corporal as from 25-9-18.

C.R.

5256

EXTRACT FROM DAILY ORDERS PART 11 BY LT.COL., B.J. BARTON,  
COMMANDING END BATTALION R.NFLD.REGT., 4-10-18.

5256 Pte. R. Power.

TO BE LANCE CORPORAL AS FROM 23-8-18 AND NOT 23-9-18  
AS STATED IN ABOVE ORDER.

C.R. 5256

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

The following men embarked for overseas on H.M.S.  
"Columbella" July 22, 1918

#5256 Pte. Rubert Power.

CF 5256

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 13, 1918.

#5256 Pte. R. Power.

To be Lance-Corporal from July 13, 1918.

C.R. 5256

Extract from Daily Order part 11, from Unit The Royal  
Hfld. Reg. St. John's, dated May 22, 1918.

#5256 Pte. Rupert Power,

Attested for General Service with the Royal Hfld. Regt.  
from 21.5.18

~~Power R~~  
~~Heats~~

G.R.

5-256  
~~5257~~

~~SLP~~

**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 Cavalry* } Former Trade or Occupation } *clerk*
2. Regtl. No. *5256* 3. Rank... *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ramer* *Rupert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *20*
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? }

*No Complaints of no disability*

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.)*

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?

*Repatriation*

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

*W.E. Procunier* *Capl. R.D.M.C.*

Station *Wagleydown*

Medical Officer in charge of case.

Date *4/4/19*

\* 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.



Hower, J

5256

Ray Dept.

July 29th 1919.

#5256, Sgt. R. Power.

114, Gower Street .

Dear Sir:

Enclosed please find Discharge Certificate # 3460.

Yours truly,

Capt. W. A. Symaster.

RSP/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5256 Rank Sgt- Name Power R.  
 Intended place of residence 114 Gower St-

2. Occupation blank  
 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 15 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 15 1919 .....  
 Signature of soldier R. Power  
 Signature of witness Amblouster

### 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 15 1919 .....  
 Signature of soldier R. Power  
 Signature of witness James O'Brien 11  
30  
29  
90

### STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 ..... No. of days on Military  
 Discharged from service JUL 15 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 i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S .....  
 Date JUL 15 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 July 29/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

and 152079/3460

# The Royal Newfoundland Regiment

Class for Demobilization: E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 5256

Name Power Rupert

Address Sower St

Present Medical Category A-1

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

Members of Board

D.R. Cooley Capt.  
O. C. Discharge Depot.

Watson  
Senior Medical Officer

W. Burden  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5536 Rank Plt Name Power R  
 Date of Enlistment 2-15-18 Address St. John's District St. John's  
 Occupation Clk Classification for Discharge E<sub>1</sub> Medical Category A-1  
 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 14-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*R. Power*

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 15-7-19

O i/c. Re-clothing.





St. John's  
114 Lower St  
2-9-19

of Records  
milita Bldg, City

Dear Sir. —

Please give the bearer  
Const J. Power, the 2<sup>nd</sup>  
installment of my gratuity  
and oblige yours truly.

R. Power.

# 525-6

## 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.

*R. Power*

Signature of Man.

*M. Blonstein*

Reg. No. 6256

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **15-7-78** 191

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

# MEDICAL HISTORY

Surname Pawer OF Christian Name Rupert

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Johns County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>31<sup>st</sup></u> day of <u>May</u> 191 <u>8</u>	at <u>S. Johns</u>	on	day of 191
Declared Age	<u>19</u> years	<u>19</u> days	years	days
Trade or Occupation	<u>Clerk</u>			
Height	<u>6</u> feet <u>3 1/2</u> inches		feet	inches
Weight	<u>160</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches

Vaccination Marks	Right	Left	Right	Left
	Arm	<u>Scars</u>		
Number				

When Vaccinated 7 Nov 1910

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

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lamm Peterson  
 (Rank) Major Medical Officer. Medical Officer.

Enlisted at S. Johns on 31 day of May 1918  
 Corps Regtl. No. Corps Regtl. No.

Joined on Enlistment The Royal Nfld Regt 1256

Transferred to

Became non-effective by (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 *Power Rupert.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5256*

Intended address *Power St. St. John's.*

Height on discharge *6* Feet *4.*

Color of hair on discharge *Fair*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall.*

Christian name of Father *John.*

Christian name of Mother *Mary Ellen*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *H. Grace, Sept 11, 1898*

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) *Rupert Power.* (Rank) *Agt.*

Station **ST. JOHN'S.** Date *14-7-19*

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.



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

Date



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? }

*See Complaints 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.

15. What is his present condition?

*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature?

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?

*Repatriation*

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

*W. E. Proctor* *Capt Ramo*  
Medical Officer in charge of case.

Station *Hazley Barr*

Date *2/4/19*

\* 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.

St John's.  
114 Lower St

3-11-19

of Records  
Militia Bldg.

Dear Sir,-

Please pay the bearer  
Const. J. Power the fourth  
installment of my  
gratuity and oblige.

Yours truly

R. Power.

of R

5256.





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... *Robert* ... 2. Surname... *Power* .....

3. Rank... *Sgt* ..... 4. Regtl. No... *5206* .....

5. Address in full to which future payments of gratuity are to be forwarded... *114 Power St* .....  
*St Johns* .....

6. Date of enlistment in the Regiment... *May 2/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *ll* .....

8. Relationship of such dependents... *ll* .....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *ll* .....

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

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

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

..... *no* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *no* .....

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

..... *no* .....

16. Have you, during the present war, served in the Imperial Forces.

..... *no* .....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *no* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

..... *no* .....

(b) If so, was such reversion in consequence of misconduct or inefficiency?

..... *no* .....

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

..... *July 15/19* (b) Reason for discharge. *illness* .....

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.

Signature of Applicant: *R. Power.*  
 Place of Residence: *114 Jones St St Johns*  
 Declared before me at: *St Johns.*  
 This *10* day of *July* 19*19*.....

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

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

St John's  
114 Lower St  
Oct 6<sup>th</sup>/19

of Records  
Militia Bldg  
City -

Dear Sir - Please pay  
the bearer Const. J. Power  
the third installment  
of my Gratuity and  
oblige.

Yours truly  
R. Power.

5256

5256

St. John's,

JUL 19 1918

(Date)

# 1st Newfoundland Regiment

## BILLETING ACCOUNT

To *L/cpl R. Power*

Billeting soldiers as undermentioned

from JUL 12 1918 to JUL 19 1918

32 M

*L/cpl R. Power*

6.00

ACCOUNT	<i>Board Dressing</i>
CH. NO	<i>260</i>
INITIALS	<i>JP</i>
IND. LEDGER	INITIALS
PAY LEDGER	<i>JP</i>
GEN. LEDGER	INITIALS

*JP*

Certified correct for \$ *6.00*

*C. Dicks*  
Billeting Officer

*C. N. S.*

*R. Power*

*JP*

ST. JOHN'S, JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Serjt. R. Power

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

5256 Serjt R. Power 15. 50

AMOUNT	3022
PAID TO	
PAID BY	
PAID TO	
PAID BY	

Certified correct for \$ 15.50

M. Blouin

Billeting Officer.

R. Power

clerk.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 01

Regiment of Royal Newfoundland Regt Signature of O. C. Company R. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>Repeat Power.</u>	Age on	19. years	<u>Clerk</u>	13-7-18.	Promoted To Lance Corporal
			months			
Joined	Date	Place and Date of Enlistment		Religion	20-11-18	do of Corporal
Joined	Date				19-5-19	do " of Sergeant
Joined	Date	Period of	with Colours / 70 years.	Place of Birth		
			with Reserve / 3 1/2 years.	<u>St John</u>		

1st Lt. Capt  
2nd BN ROYAL NEWFOUNDLAND REGT

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 29-19</u>					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5256 Rank Plt Name Power R  
 Date of Enlistment 21.5.18 Address Spivey St District St. John's  
 Occupation Clk Classification for Discharge F Medical Category H.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-7-19

H. M. H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

R. Power

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 Ambleworth

Date 15-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at Gower St and Release Certificate No. 3634 issued.

Date 15-7-19 *Ambrose*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-7-19

Date 15-7-19 *H. M. S. L.*  
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

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

*2 Form B*

Date 15-7-19 *A. M. S. L.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 15 1919 *D. R. Cooper*  
O. C. Discharge Depot.

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

Date Aug 11 1919 *[Signature]*

Reg. No. *15716* Rank *Sgt* Name *Power R.*

Attested ..... Address *Waver St '4'*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

*157 19*

PASSED TO DEMOBILIZATION OFFICER

*157 19*

DISCHARGE APPROVED ON DEMOBILICATION.