



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1103

Name in full John Joseph Price Age 20

Address 7 College Square

Married Single Height 5 2/2" Weight 120

Color Fair Hair Brown Eyes Grey

Other distinguishing marks none

Nearest relative Father, J. Price

Address 7 College Square

Dependents none

Occupation Printer Present Wage 7.00 per month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment 12/15

I, John Joseph Price do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Received for attestation of
John Joseph Price
12/15/14

Declared before me this 15th day of December 1914

John Joseph Price
15/12/14
John Joseph Price

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1105

Name John Joseph Price

Apparent age 20 years months. Height 5 feet 2½ inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Fair, Hair: Brown, Eyes: Gray

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Frederick Price, 7 College Square, St. John's

| Relationship Father

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Person's 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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
					years days	years days	
Service towards limited engagement reckons from <u>12/2/15</u>							
Joined at <u>St. John's</u> on <u>13th February '15</u>							
Total Service forfeited as above							
Total Service towards Engagement to (date of discharge) years days							
" " Pension " (") "							

J. J. Rice

1103

P.R.O.

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No. 1103 Rank Pte.

Name Price J.

Pay	F. Allce	Working	Total
1 00	10		1 10
Less Allotment			50
Net Rate			60

Date 1917	DEBITS	£	s	d	CREDITS	£	s	d
	Balance			1 11	Balance			22/12/16 18 11 1/2
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>			
	A.B. 84.				23/12/16 to 21/6/17 = 181 days.			
	Acquittance Rolls	11	6	5	@ 60 = \$ 108 60	22	6	3
	Hospital Advances			17	Ratio acc. claim 100% 20/9			17 5
	<u>STOPPAGES:</u>				20/6/17 to 29/6/17 = 10 days.			
	Hospital dys @ =				@ 21 = \$			1 0 0
	Forfeited Pay dys @			5				42 14 9
	Miscellaneous			12	22/6/17 to 4/7/17 = 13 days			1 12
	Cables			3	@ 60 = \$ 780			44 6
	<u>P. & R.O. PAYMENTS:</u>							
	Sundry Bills							
	Chash							
	<u>Cheque</u> £ 30			30				
	6/7/17			10				
				0				

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

ARMY FORM W/3016
(In Book of 202)

No. A 28

Date 11th February 1918

11 FEB. 1918

- (1) To the Officer i/c Records, Newfoundland Regt.
58, Victoria St., S.W. (Station).
- (2) The Officer Commanding, Newfoundland Regt.
Hazel Down Camp, Winchester (Station).
- (3) The Paymaster, Newfoundland Regt.
58, Victoria St., S.W. (Station).

Regimental No. 1103

Rank and Name Pte. Price, John.

Regiment or Corps 1st Newfoundland Regt., "D" Coy.

is being transferred to 3rd Lond. Genl. Hpl. to-day.
has been granted a furlough from _____

His address while
on leave will be: _____

I consider he is fit for:

- i. Duty.
- ii. Command Depot.
- iii. Employment.

* Strike out that which is inapplicable.

S. G. W. D. O'Connell Officer in charge Tooting Military Hospital,
Major, R.A.M.C. Tooting, S.E. 17. (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.
In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

Temp. a/o

NO. 1103 RANK SGTNAME J. P. [unclear]CO. DALLOTMENT. 50

Date	P. L. to, etc.	Amount	PAY	Amount
	Dr. Balance		Credit Balance <u>12/3</u> .191	232 67
	Hospital		Exchange " _____ 191	
	A.B. 64		PAY 3 NV RATE	
	<u>Reg. [unclear]</u>	<u>14 18 11 5</u>	From <u>18/3</u> To <u>29/9</u> 195 days	24 0 10 ✓
			<u>60</u> -- 11700	47 3 4 1/2
			From _____ To _____ days	
			From _____ To _____ days	
	P. & R. O Uniform.	<u>224 5 1/2</u>	From _____ To _____ days	
			From _____ To _____ days	

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Rec. No.
O.S. 5705
H.R.P.
£1.10-

Please remit to _____

pte J Rice

the sum of 1 pounds 10 s. (£ 1/10)
on account of any balance that may be due to me.



Regtl. No. 1103 Rank pte

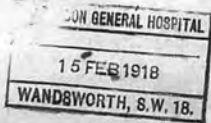
Name Rice

Approved J Mc Hugh Capt.
Officer I/C.,

Hospital.

Dated at 15/2/18

1918



Medical Report on an Invalid.

Station _____

Date _____

1. Unit *Royal West Kent*
2. Regimental No. *1103*
3. Rank *Pte.*
4. Name *PRICE John Joseph*
5. Age last birthday *24 yrs.*
6. Enlisted { on *12 Feb 1915*
at *S. 10th. Regt.*
7. Former Trade } *Painter*
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Low Sp. Gr. (L.P.).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *Dec. 1917.*
10. Place of origin of disability. *Cartrai France.*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
He states that a shell burst, no head set a piece of metal through his left breast bone, fracturing same; with shrapnel wounds at same time of foot; injured. After discharge from Hospital he was sent to Comms Depot when he was discharged in B. 10 months. 1.6.18.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
wounded in action
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *na.*
- (b) constitutional or hereditary, and not aggravated by service during the present war. *na.*
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. *na.*

U.S. 11 E. 5774.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Injured severe on descending front toe, which is contracted, phalangeal joint stiff. free movement at metatarsal-phalangeal joint; three incisions to inner side of foot. Unable to march for long distance on uneven ground. In hospital for further active service.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

n.a.

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

n.a.

16. Was an operation performed? If so, what?

Yes.

17. If not, was an operation advised and declined?

n.a.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

n.a.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

Saw Dach. (Ames Apr. 1917)
Saw Imman (Cambrai Dec. 1917).

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Incluse in report for active service.

W. K.
 Caparso Regt.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made

No. 1103 Rank Plt Name Pice J J

Pay	F.A.	WEG	Total	N.F.P.T.S
100	10		110	
Less Allotment			50	PRB
Net Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance		21 ¹² / ₁₁					10 1 1 ✓
Acquittance Rolls					Pay @ Net Rate	22 ¹² / ₁₁	19 ²¹ / ₁₈	60	60	36 00	7 7 11	-
Hospital Advances		1	17	6	Ration allow							10 0 ✓
A.B. 64.					10 days @ 2/							
P.&.R.O. Payments		1	10	0		20 ¹² / ₁₈	20 ¹² / ₁₈	1	60			2 5 ✓
<i>Check 7576</i>	19/1/14	15	0	0	15 1 6	21 ¹² / ₁₁	27 ² / ₁₁	7	60	4 20	17 3	18-9-0 ✓
<i>Cash 5872</i>	27 ¹² / ₁₁	1	0	0								18-11-5 ✓
					3 11							

5-7-6 ✓

18-7-6 ✓

CHAS. MED.
1911

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 1103 Rank Pte. Name Prie Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS					PARTICULARS					CR.
	£	£	£	s	d	£	£	£	s	d	
						Balance Cr. from					
						Pay 19 days @ \$ 1.00	1	19	00		
						Field Allow 19 days @ \$ $\frac{10}{100}$			11	90	
						Other Allowes days @ \$			120	90	11
						Other Credits:					
						Copy aux to of tr 21303/10					
						Pd 24.12.18					
						Total Credits			1	4	5
						Balance due to Paymaster					
									1	4	5
						Total Debits					
						Balance due by Paymaster					

PERIOD: From 13/11/18 To 24/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co. HAZELEY DOWN CAMP. Dec 11th 1918. (Place) (Date)

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Chief Paymaster & Officer i/c Records.

11

Price, J.

1103

Ray Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1103 Rank Private Name Price J
 Intended place of residence 7 College Sq St Johns
 2. Occupation Painter
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of **DEMOBILIZATION**

ELIGIBLE for POST DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place
 Date JAN 11 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 and date St Johns
11. 1. 19
 ✓ J Price
 Signature of soldier
Asst Quarters Clerk
 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 11-1-19
ST. JOHN'S
J Price
 Signature of soldier
W. J. Eaton RQM
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-2-15 No of days on Military
 Discharged from service 11-1-19 plus 14 days Service 1445 days

APPROVAL OF DISCHARGE

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

ST. JOHN'S
 Place
JAN 11 1919
 Date
R. H. Lait Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St Johns
 Date January 25 1919
M. Howley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

202019/717

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

MEDICAL HISTORY

Surname Price OF Christian Name John



Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 11 day of Feb 1915	at St Johns.	on _____ day of _____ 191	at _____
Declared Age	20 years	days	years	days
Trade or Occupation	Painter.			
Height	5 feet 2 1/2 inches		feet	inches
Weight	120 lbs.			lbs.
Chest Measurement	Girth when fully expanded	31 inches		inches
	Range of expansion	34 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	1911.			
Vision	R. K.—V=		R. E.—V=	
	L. E.—V=		L. K.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)	<u>Clay Macpherson</u>			
(Rank)	Capt.			
	Medical Officer.		Medical Officer.	
Enlisted	at St Johns.		at _____	
	on 12 day of Feb 1915		on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Newfoundland 1103			
Transferred to	Newfoundland			
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

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


Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	18	4	17	5	5	17	G. S.W. V.I. Mact.	17	wound in drainage 14. 4. 17. on 29. 2 septor wound in humerus upon Fraupen 11 Grove Mil Hosp. Tootin.	St Wemyss Capt R.A.M.C.
	5	5	17	20	6	17	"	46	Healed well. Arrived 7 July "	
										MAJOR R.A.M.C (T) REGISTRAR GROVE MILITARY HOSPITAL, TOOTING GROVE, S.W.
Footing Coy RR	9	12	17	11	2	18	S.S.W. TX. 4. phalanges left great toe (shell)	64	Communited fracture both phalanges at joint. abscess inner side & sole of foot, incised.	St Hudson Capt R.A.M.C.
3 RD London Gen Hosp Wandsworth.	11	2	18	19	2	18	" "	8	wound heels. scar on foot-	St Wemyss Capt R.A.M.C.
N. 2 Inf Coy Rifles	5	3	18	12	6	18	" "	99	— " —	Col. B. J. Lamb Lt. Col. R.A.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
11.6.18	B.I. (one) 6 mths. Cause 3/4/18. Lt. Col. R.L. M. [Signature]
27 Nov 1918	Boarded High Seas Court (with 17/1/18) ranked E category. Saw St Joe. (left). [Signature] Capt. [Signature]



It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category E
 8.1.19
 Date of S.M.B. [Signature] Captain
 Assistant Adjutant General Discharge Department

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St Johns Nfld.	Feb 12-18	20 MAR 1915			
T.S. "Stephano"	20 MAR 1915	22 MAR 1915			
T.S. "Ordania"	22 MAR 1915	30 MAR 1915			
Edinburgh Castle	30 MAR 1915				

January 25th., 1919

#1103 Pte. John J. Price,
#7 College Square,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 717."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc '1 1.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1103 Rank Pte Name Price J.
 Date of Enlistment 11.2.15 Address St. John's District St. John's
 Occupation Painter Classification for Discharge B Medical Category 6
 Recommendation S.M.B. Permyquit Disability Rating Less than 20%
 Passed to Demobilization Officer with following documents:-

N.F. P38 <u>94-1</u>	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<u>3463</u> /
B 178a	D 400A	B 1915	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 193	ME 2		" 6	
B 179c	B 120	M 93			<u>AF3016</u> /

Date 11.1.19

W. Price
 O.C. Discharge Depot

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. J. Price

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable. J. Price

(b) Clothing Supplied. J. Price

Date 11-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *737* to his home at *St. John* and Release Certificate No. *737* issued.

Date *11-11-19*

W. B. Dicks
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 *25-1-19*

Date *11-1-19*

W. B. Dicks
Depot Paymaster.

Discharge approved for *11-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 35	B 268	B 121	N.F. Med	D.F. 1	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>
F 17	W 3494	B 122	Board 1st	" 2	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
B 179	D 400B	Form L	do 3rd	" 4	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
B 179a	D 400C	Form K	do 4th	" 5	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
B 179b	B 103	ME 2		" 6	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>
B 179c	B 120	M 93								

Date *13-1-19*

W. B. Dicks
Demobilization Officer.

APPROVED.

Documents as above forwarded to:

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 1 1 1919

Date

R. H. Dicks
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 work as Painter

J Price

Signature of Man.

QBDicks Capl

Reg. No. 1103

Signature of the Vocational Officer or his Representative.

Place

St-Johns nfld.

Date

11/1/19.

191

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 1103, Rank Rtc. Name Price J. Unit ROYAL NEWFOUNDLAND REGT. who was repatrolled to Newfoundland on 11/24/18 Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

		PARTICULARS					PARTICULARS					CR.							
		\$	£	E	s	d						\$	£	E	s	d			
PERIOD: From 23/11/18 to 20/12/18.	Balance Dr. from						Balance Cr. from												
	Allotment 19 days @ 50¢.	9	50	1	19	1	Pay 19 days @ \$ 1.00				19	00							
	Cash Payments:						Field Allow 19 days @ \$ $\frac{10}{100}$				1	90							
	1st Pay					16	6	Other Allow days @ \$				20	90	4	5	11			
	2nd "					1	8	5	Other Credits:										
	Other Debits:																		
	B. Banages						6												
	Misc Stopps						1	5											
	Total Debits						4	5	11	Total Credits							4	5	11
	Balance due by Paymaster									Balance due to Paymaster									

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay-Book of

J. Co.
 (Place) HAZELEY DOWN CAMP. Dec 11th 1918
 (Date)

J. J. King
 O.C. Company.
 to

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London,

Medical Report on an Invalid.Station Hazeley Down Camp, Winchester.Date November 27th, 1918.

1. Unit Royal Newfoundland Regt.
2. Regimental No. 1103
3. Rank Pte.
4. Name Price, John, Joseph.
5. Age last birthday 24 years.
6. Enlisted $\left\{ \begin{array}{l} \text{on } 12 \text{ Feb. } 1915. \\ \text{at } \text{St. Johns, Nfld.} \end{array} \right.$
7. Former Trade } Painter.
or Occupation }
- 7a. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.; Nil.
- (c) Date of Discharge; F
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).*G.S.W. Grt. Toe. ~~(14)~~Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. December 1917.
10. Place of origin of disability. Cambrai, France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- He states that a shell bursting overhead sent a piece of Shrapnel through his left great toe fracturing same, with abscess formation at inner side of foot, incised. After discharge from Hospital he was sent to Command Depot where he was discharged to B.L. six months, 1-6-18.

Vide W.E. B. 178.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Wounded in action.Na.Na.

Incised scar in dorsum of great toe, which is contracted, phalangeal joint stiff free movement at metatarsal. Phalangeal joint; three incisions to inner side of foot. Toe. Unable to march for long distance on uneven ground. Unfit for further service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

(a) In action?

Na.

(b) On field service?

(c) On duty?

(d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

Na.

(c) Opinion?

16. Was an operation performed? If so, what?

es.

17. If not, was an operation advised and declined?

Na.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

G. S. T. Back. (Arras April 1917.)

G. S. T. Forearm. (Cambrai Dec. 1917.)

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as unfit for active service.

M. K. [Signature]
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Date _____

Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to **enable him to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

Scars on back soundly healed.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

G.S. 4.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

less than 20%

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station *St. John's*

Date *Jan 8/19*

Approved

Station

Date



[Signature] President.

[Signature]
[Signature] Members.

[Signature] Administrative Medical Officer.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A and D of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, N (T), F, or E (T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer in Charge Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, so, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board, to the Officer in Charge Records, and Parts B and C, completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W. 3.

PART Soldier's Name Russ John (Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.L.B.

Regimental Number 1103 Rank on discharge Plt Age on discharge 24

Married, widower with children, or single single

Occupation before enlistment Painter

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } College Square Offens N.F.L.B.

Name of Approved Society (if any) _____

PART

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...	<u>Royal N.F.L.B.</u>	<u>3</u>	<u>270</u>	<u>India</u> <u>South Africa</u> <u>Yiddish</u> <u>Germany</u> <u>Belgium</u>	<u>3</u>	<u>210</u>
Disallowed						
Service towards pension						

Number of G.C. badges _____ medals _____

PART

C. Wounds and actions in which received by S.W. Left Great Toe

PART

D. Where born (parish, town and county), and date St Albans N.F.L.B. March 20 1894

Colour of hair on discharge Black Colour of eyes Blue Complexion Fair

Christian name of father Fredrick

Christian name of mother Ellen

NOTE.—Army Forms D, 400 and W, 3463a and b were issued in sets to be paid form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D, 400 and W, 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A, and D, of Army Form D, 400 and on Part A, of Army Form W, 3463a and b are to be completed by the Officer in Charge Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A and D, of Army Form D, 400 and on Part A, of Army Form W, 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full
Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

Station

Rank

Date

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BUCKINGHAM COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para

King's Regulations

or

Transferred to Class

of the Reserve.

Strike out
whichever
is inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Station

Date

191

Officer i/c Records.

Insert P. or P.T.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name... *Price, John* Regt. No. *11123* Rank *Plt.* Unit and Corps... *R.A.F.C.*
(Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering.. ..

g. s. w. left Great Int

2. What is the present condition of such disability or disabilities?

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

- (a) Sanatorium or other 'institution for tuberculosis
 (b) Hospital, and if so, what class?
 (c) Convalescent Home
 (d) Asylum, or
 (e) Other institution
 (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the existing disability has been held to be due to an accident by service in the present war, treatment may be recommended for an incapacity manifestly certified as its consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended? ..

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station }
 Date } Members.

Approved.

Station }
 Date }
 Officer in charge, Central Hospital.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 1103Rank PvtName Pence John

(Surname)

(Christian Names)

Unit and
CorpsRoyal Artillery

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

Gallophi
France
Belgium
Long
Infantry

(b) In what capacity?

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*I was hit while on duty
by a piece of shell which
exploded just over my head
while I was in a dug out
which made me unfit for
active service abroad. I only
can walk at my own time
and pace*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3rd London Gen 25 days
 Yorks and West 46
 Forting rail Hosp 64
 Gen Camp Ruffes 99

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

no

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Painter

- (b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hazley House

Signed (Soldier)

J. Price

Date 22-11-18

Signed

[Signature]

Witness

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Price John
(Surname) (Christian names in full)

A. Unit from which discharged Royal N. F. B.
Regimental Number 1103 Rank on discharge PLA Age on discharge 24
Married, widower with children, or single Single
Occupation before enlistment Painter
Special qualifications (if any) for }
employment in civil life }
Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } College Square St Johns N. F. B.
Name of Approved Society (if any) _____

PART Nature of medical unfitness By SW left Great Ior.
B.

Service with Colours 3 years 270 days, of which 3 years
210 days were served abroad during the present war.

Military character Good
Anything against the soldier to render his recommendation undesirable NO

Date of discharge 27-11-18 1918

Station Hazebourne
Date 22-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the G.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Only for use with Men returned from an Expeditionary Force or from
Garrisons Abroad.

Army Form W. 3016.
(in Books of 250.)

No. _____ Date 17/2/18 admitted 11/2/18 191

(1) To the Officer i/c Records, 58 Victoria St. N.S.

(Station)

(2) The Officer Commanding, Field Command Depot

(Station)

(3) The Paymaster, 58 Victoria St. N.S.

(Station)

Regimental No. 1103

Rank and Name Private

Regiment or Corps 1st Bn. The Buffs

has been granted a furlough from 17 Feb to 28 Feb

His address while on leave will be: 58 Victoria St. N.S.

I consider he is fit for*
* Strike out that which is inapplicable.

- i. Duty.
ii. Command Depot. II
iii. Employment.

Officer in charge 3rd London General Hospital,

The Higher Capt
Registrar, R.A.M.C.F.

W. J. S. WOODHEAD, S. W. (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

This may be used to furnish a warrant to Victoria and give an advance of £1. (one pound).

LAST PAY CERTIFICATE

ORIGINAL. N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 1103, Rank Pk., Name Price, J. Unit ROYAL NEWFOUNDLAND REGT. who was repaired to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS	£ s d					PARTICULARS	£ s d							
	£	s	d				£	s	d					
Balance Dr. from						Balance Cr. from								
Allotment 19 days @ 50 ⁰	19	50	11	19	1	Pay 14 days @ £ 1 ⁰⁰	119	00						
Cash Payments:						Field Alice 19 days @ £ ¹⁰ / ₁₀₀	11	90						
18 Pay.					16	6	120	90	1	4	5	11		
24 th "					1	8	5							
Other Debits:						Other Allces days @ £								
B. Damage						6								
Miss Stopp.					1	5								
Total Debits					14	5	11	Total Credits				14	5	11
Balance due by Paymaster								Balance due to Paymaster						
					14	5	11					14	5	11

From 23/11/18 to 24/12/18

CHECKED
[Signature]
 18/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. Co.
HAZELEY DOWN CAMP.
 (Place) Dec. 11th 1918.
 (Date)

Made up/Checked [Signature] in accordance with information received in the Pay & Record Office LONDON to 19/12/18.
 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Dec. 19th 1918

[Signature]
 WWS

Chief Paymaster & Officer 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 question 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... *John* 2. Surname... *Pruitt*
3. Rank... *Private* 4. Regt. No... *1192*
5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded... *7 Colledge Square St. John's N.F.L.*
6. Date of enlistment in the Regiment... *February 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Mother*
8. Relationship of such dependents... *Mother*
9. Address in full of such dependent... *7 Colledge Square St. John's N.F.L.*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *Yes*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Overseas Over three years*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Over three years Over N.F.L.*

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. *Yes 25 Dollars*

sent from Postal Office

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

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

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. *Yes 25 Dollars*
received. T. also entitled to 18 1/2 days pay & allowance

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.? *No* If not give: (a) Date of discharge. *Jan 25 1919* (b) Reason for discharge. *Demobilization and medically unfit*

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. *Yes*
on Gallipoli St. August to France in July
& October & April & Belgium

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.
(b). If (b), 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: *John Price*
 Place of Residence: *7 Collage square st*
 Declared before me at:
 This *1st* day of *March 1919*

John W. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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
			<i>6 mos</i>		<i>420.00</i>
Certified Correct.					Paymaster.

Medical Report on an Invalid.Station HATLEY DOWN CAMP WINCHESTERDate NOVEMBER 27th., 1918

1. Unit **ROYAL NEWFOUNDLAND**
2. Regimental No. **1103**
3. Rank **PRIVATE**
4. Name **PRICE, JOHN JOSEPH**
5. Age last birthday **24**
6. Enlisted $\left\{ \begin{array}{l} \text{on } \text{FEBRUARY 12th., 1915} \\ \text{at } \text{ST. JOHN'S} \end{array} \right.$
7. Former Trade or Occupation } **PAINTER**
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

GUN SHOT WOUND GREAT TOE (LIP)Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **DECEMBER 1917**
10. Place of origin of disability. **CAMBRIA, FRANCE**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- HE STATES: THAT A SHELL BUSTING OVERHEAD SENT A PIECE OF SHRAPNEL THROUGH HIS LEFT GREAT TOE FRACTURING SAME, WITH ANCHORS FORMATION AT INNER SIDE OF FOOT INCISED, AFTER DISCHARGE FROM HOSPITAL HE WAS SENT TO COMMAND DEPOT WHERE HE WAS DISCHARGED TO B.1 SIX MONTHS 1/6/18**

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

WOUNDED IN ACTION**N. A.****N. A.**

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

YES

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

**G.S.V. BACK (ARRAS APRIL 1917)
G.S.W. FOREARM (CAMBRIA DEC. 1917)**

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

DISCHARGE AS UNFIT FOR ACTIVE SERVICE

(SGD) J. STP. KNIGHT, CAPT. ROYAL WFLD. REGT.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except †

Station _____

Officer in charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rules of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

SCARS ON BACK SOUNDLY HEALED

- 21. (a.) State whether the disability is clearly attributable to—
 - (i.) Service during the present war; **YES**
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **G.S.W.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

LESS THAN 30%

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—
 (a) Discharge as permanently unfit, or **YES**
 (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(SGD) H. S. FRASER President.

Station ST. JOHN'S

J. S. TAIT

Date JAN. 8TH., 1919.

L. PATERSON, MAJOR Members.

Approved Station _____

(SGD) CLUVY MACPHERSON, MAJOR

Date JAN 8 1919

Administrative Medical Officer.

Date _____



Medical Report on an Invalid.

1161

Station ~~WALLEY DOWN CAMP WINCHESTER~~Date NOVEMBER 27th., 1918

- | | |
|---|---|
| <p>1. Unit ROYAL NEWFOUNDLAND</p> <p>2. Regimental No. 1108</p> <p>3. Rank PRIVATE</p> <p>4. Name PRICE, JOHN JOSEPH</p> <p>5. Age last birthday 34</p> <p>6. Enlisted { on FEBRUARY 12th., 1918
at ST. JOHN'S</p> | <p>7. Former Trade } PAINTER
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|---|

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

GUN SHOT WOUND GREAT TOE (LIP)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. **DECEMBER 1917**
10. Place of origin of disability. **CAMBRIA, FRANCE**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- HE STATES: THAT A SHELL BURSTING OVERHEAD SENT A PIECE OF SHRAPNEL THROUGH HIS LEFT GREAT TOE FRACTURING SAME, WITH ABSCESS FORMATION AT INNER SIDE OF FOOT INCISED. AFTER DISCHARGE FROM HOSPITAL HE WAS SENT TO COMMAND DEPOT WHERE HE WAS DISCHARGED TO B.1 SIX MONTHS 1/6/18**
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- WOUNDED IN ACTION**
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- H. A.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- H. A.**

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

INJURED EAR IN BURNING OF GREAT TON WHICH IS CONTRACTED. PHALANXIAL JOINT STIFF FREE MOVEMENT AT METATARSAL PHALANXIAL JOINT. THREE INCISIONS TO INNER SIDE OF FOOT. TOE. UNABLE TO MARCH FOR LONG DISTANCE ON UNLEVEL GROUND. UNFIT FOR FURTHER SERVICE

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

YES

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

**G. S. W. BACE (ARRAS APRIL 1917)
G. S. W. FORREAN (CAMBRIDGE DEC. 1917)**

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

DISCHARGE AS UNFIT FOR ACTIVE SERVICE

(SGD) J. STP. KNIGHT, CAPT. ROYAL Nfld. REGT.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

Officer in-charge of Hospital.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, and in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rules of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

SCARS ON BACK SOUNDLY HEALED

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; **YES**

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **G.S.W.**

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. **LESS THAN 20%**

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or **YES**

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(SGD) W. S. FRASER President.

Station **ST. JOHN'S**

J. S. TAIT

Date **JAN. 8TH., 1919.**

L. PATTERSON, MAJOR

Members.

Approved

(SGD) CLYDE MACPHERSON, MAJOR

Station

Administrative Medical Officer.

Date



The Royal Newfoundland Regiment

COPY

PROCEEDINGS ON DISCHARGE

1. No. 1103 Rank Pte. Name J. Price
 Intended place of residence 7 College Sq. St. John's

2. Occupation Painter
 Classification of soldier B. Medical Category B.

3. The above named man is discharged in consequence of Demobilization
ELIGIBLE FOR POST DISCHARGE PAY.

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place (SGD) C.C. Duley Capt.
 Commanding Discharge Depot
 Date 11-1-19 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 (SGD) J. Price
 Signature of soldier
11-1-19 (SGD) C.B. Dicks, Capt.
 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 (SGD) J. Price
 Signature of soldier
11-1-19 (SGD) W.J. Eaton RQMS.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-2-15 No of days on Military
 Discharged from service 11-1-19 Plus 14 days Service 1445

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 (SGD) R.H. Tait, Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date 11-1-19

CONFIRMATION OF DISCHARGE

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

Place
 Officer in Charge Records
 Date The Royal Newfoundland Regiment

RECEIPT.

CR. 1103

I hereby certify that I have received the 1914-1915

STAR.

No 1103 Name J J Price

Witness J B Gouras

Date 6/12/19

Place St Johns

C.R. 1103

Extract from Daily Orders Part 11 Unit The Royal Mfld.
Regt., St. John's, Jan. 28th, 1919.

The Discharge of the Undernoted on demobilization has been
Confirmed by Officer i/c Records on noted date.

1103 Pte. John J. Price.

Jan. 25, 1919.

C.R. 1103

Extract of Daily Orders Part II, Depot St. John's, dated
Jan. 14th 1919

DISCHARGE APPROVED ON DEMOBILIZATION

The discharge of the undernoted man on demobilization has
been approved by C. J. Dischar Depot on noted dates.

1103 Pte. John J. Price

Discharged 11-1-19

C.R. 1103

Extract from Medical Board held Wednesday Jan. 8th, 1919.

1103 Pte J.J. Price.

Recommended discharge as permanently Unfit.

C.R. 1103

Extract from Daily Orders part 11, Depot St. John's
dated December 23rd., 1916.

The u/s returned from Overseas and reported to Depot 21-12-16

#1103 Pte. J. J. Price.

C.A. 1103

Extract from Nominal Roll of repatriation draft No. 79,
per S. S. GORSICAN which embarked at Tilbury Docks, 12/12/18
from the 2nd., Battalion of the Newfoundland Regiment.

1103 Pte. J. H. Price.



Patriotic Association of Newfoundland

CHAIRMAN:

HIS EXCELLENCY SIR WALTER DAVIDSON, K.C.M.G.
GOVERNOR

VICE-CHAIRMAN:

SIR JOSEPH OUTERBRIDGE

SECRETARY:

VINCENT P. BURKE, M.A., LL.D.

St. John's Newfoundland, 26 February, 1918.

Major W. F. Rendell,
Chief Staff Officer,
Department of Militia.

Sir,

I am in receipt of your letter, No. 1103, of yesterday's date with reference to the case of Mrs. Price of 7 College Square. I am forwarding same to the Secretary of the Trustees of the Patriotic Fund for his consideration.

I have the honor to be,

Sir,

Your obedient servant,

Vincent P. Burke

Hon'y Sec'y, Patriotic Association.

February 25th, 1918.

Secretary,
Patriotic Association,
St. John's.

#1103, Pte. Thomas Price.

Sir:-


Mrs Price of 7 College Square has called at this department to see if she can obtain financial assistance. She was informed that she was not entitled to Separation allowance as her husband is still alive. She states that she has five children the eldest of which is fourteen and the youngest five years and she wishes this matter to be considered.

I am forwarding these particulars for your consideration.

I have the honour to be,

Sir,

Your obedient servant,


Major,
Chief Staff Officer.

WFR/JMP.

C.R. 1183

Extract from Casualties from Pay and Record Office, London
dated Feb. 20th 1918

Discharged Hospital 19/2/18 furlo' to 28/2/18.

1103 Pte. Price, J.

Fit for 11 Comm. Depot.

Authority
A/c U.3016 from Srd L.G.H.

C.R. 1103

Extract from Casualties received from Pay & Record Office
London, dated February 20, 1918.

O.C. 3rd London General Hospital, S.W.18 reports 16/2/18

#1103 Pte. J. Price. ✓

Discharged from Hospital 19/2/18 granted furlough to 28/2/18.
Fit for 11 Command Depot.

C.R. 1103

Extract of Casualties received from Pay & Record Office,
London, dated February 12, 1918.

#1103 Pte. J. Price. ✓

Transferred from Tooting Military Hospital, to 3rd London
General Hospital, 11/2/18. Auth:- A.Fs.W.3016 from
Tooting Military Hospital.

C.R. 1103

Extract from Daily Orders Part 11, UNIT ^{Royal} The Newfoundland Regt.,
dated 29th. Dec. 1917.

STRENGTH.

1103 Pte. J.J. Price

Invalided to U.K. 8/12/17. Wded.

C.R.

1103

Extract of Casualties received from Pay & Record Office, ———
London, dated December 18, 1917.

The following Casualty in the 1/1st. Nfld. Regt. with the
British Expeditionary Force, is reported under various
dates:-

#1103 Pte. J. Price.

Wounded.

✓

C.R. 1103

Extract from Casualties.....List No.H.A. 17179.

1103³pe. Sg. Price.

1st Nfld. R. Adm. 6 Gen. H. Rouen 2 Dec.17.

GSW Foot Severe,

C.R. 1103

Extract of Casualties received from P y & Record
Office, London, dated December 16/17.

#1103 Pte. J. Price. ✓

Wounded 30/11/17.

C.R. 1103

#1103 Pte. John S. Price. ✓

Extract of Casualty List received December 12, 1917.

Gunshot Wound left Foot.

At Tooting Military Hospital.

December 12, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1103, Private John S. Price, has been admitted to Tooting Military Hospital, suffering from gunshot wound in the left foot.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

**Mr. Frederick Price,
7 College Sq.**

C.R. 1103

Extract from Casualties received from Pay & Record
Office, London, 11 Dec. 1917.

Admitted Footing Military Hospital, Footing, S.W. 17. 9-12-17

1103 Pte. J. Price.

G.S.W. Foot severe.

C.R. 1103

Extract of Casualties received from Pay & Record
Office, London, dated December 11, 1917.

#1103 Pte. J. Price. ✓

Gunshot wound left foot severe.

Admitted Tooting Military Hospital, Tooting S.W. 17.

9/12/17.

C.R. 1103

Extract from Nominal Roll of Draft No.29: 51 Other Ranks from 2/1st
Newfoundland Regt., to 1/1st Newfoundland Regt., B.E.F. Embarked
Southampton 7/9/17.

1103 Pte. Price, J.J.

M

April 20, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1103, Private John J. Price, has been admitted to Wandsworth suffering from gunshot wound in the forearm.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Frederick Price,
7 College Sq.

Colonial Secretary.

C.R. 1103

Extract from Nominal Roll of "D" Co. 1st Bn. RQIA.
Regt. Embarked at Devonport for Active Service
20-9-15.

1103 Pte. J. Price.

Disembarked at Alexandria 21-9-15 Proceeded to Abbassia,
Cairo, Same date Embarked at Alexandria for Gallipoli.
13-9-15

C.R. 1103

Extract from Seminal Hall of Draft submitted for clearance
per S.S. Stephens March 20th, 1918.

#1103 Pts. J. Price.

C.R.

1103

John Jos. Price was attested for General Service
with the NEWFOUNDLAND REGIMENT on February 12th. 1915
Regimental No. 1103 was allotted to Pte J.J. Price

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.

Regiment or Corps

Newfoundland

756

Regimental No. *1103*

Rank

Plt Name *Price J*

Enlisted (a) *Feb 11/15*

Terms of Service (a) *1 year*

Service reckons from (a) *Feb 11/15*

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N.C.O.s.

Extended

Duration of the engaged *Aug 11/16*

Qualification (b)



Date	From whom received	Report	Place	Date	Remarks
		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 218, Army Form A, 26, or in other official documents. The authority to be quoted in each case.			taken from Army Form B, 218, Army Form A, 26, or other official documents.
		Embarked St. John's, Nfld.		20.3.15	
		Embarked Alexandria		1.9.15	
		Embarked for Gallipoli		13.9.15	
		Emb'd Port Suez		14.3.16	
		Disemb'd MARSEILLES		22.3.16	
		<i>Unit. 4th Wch Battalion</i>	<i>France</i>	<i>4.7.16</i>	<i>B213.</i>
		<i>Wounded in Action</i>	<i>France</i>	<i>25.1.17</i>	<i>B213.</i>
		<i>Ad. Strana, 3rd. (A. Arm)</i>	<i>43 h.h.l.</i>	<i>15.4.17.</i>	<i>E.D. 7918.</i>
		<i>Back</i>			
		<i>Invalided to England</i>		<i>17.4.17.</i>	<i>W 3183.</i>
					<i>FOR</i>
					<i>0. 1/c No. 1 Reg. Infantry Section</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g., Signaller, Shoebing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service.

Regiment or Corps *1st Newfoundland*
 Rank *Private* Surname *Price* Christian Name *John Joseph*
 Religion *Roman Catholic* Age on Enlistment *20* years *10* months
 Enlisted (a) *St. John's* Terms of Service *(duration of war)* Service reckons from *(date of enlistment)*
 Date of promotion to present rank Date of appointment to lance rank
 Extended *()* Re-engaged *()* Qualification (b)
 or Corps Trade and Rate
 Occupation *Camer* Signature of Officer. *A. Kelly, Capt.*

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.101, 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.101, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <i>Stampton</i>	<i>7.9.17</i>	
			Disembarked... <i>Rouen</i>	<i>7.9.17</i>	
			Joined Battalion	<i>18 SEP 1917</i>	<i>B 213</i>
<i>9/11/17</i>	<i>B.C.</i>	WOUNDED IN ACTION	<i>France</i>	<i>30/11/17</i>	<i>B 213</i>
<i>1/1/18</i>	<i>37 FA</i>	<i>1st G.S.W. Field Troop</i>	<i>Eds</i>	<i>1/1/18</i>	<i>B 213 69</i>
		Transferred to England			<i>W 3083</i>

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]
 MAJOR



G. I/c No. 4 Industry Section
 G.H.O. 211

This form is only to be filled in the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered in the appropriate column of the original form, Standard Form 103, E.C.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Newfoundland

Number of Sheet _____

Signature of O. G. Company _____

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100,20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>Price J.</u>	Age on	<u>20</u> years — months	<u>Painter</u>	
Joined	Date	Date of Enlistment		Religion	
Joined	Date	<u>Feb 12 1915</u>			
Joined	Date	Period of			
Joined	Date	with Reserve		<u>R.C.</u>	

Place	Date of Offence	Rank	Case of Drunk. offence	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Benny Bump Ripon</u>	<u>26/7/19</u> <u>7. 12. 18</u>	<u>PlO</u> <u>Pvt.</u>		<u>Went from 6³⁰ am Parade</u> <u>Absent from Roman Catholic</u> <u>parade at 8.45 AM.</u>	<u>Sgt Lewis</u> <u>Sgt Roberts</u>	<u>4 days & 6</u> <u>2 days CS.</u>	<u>26/7/19</u> <u>8. 12. 18</u>	<u>Capt A. Pugh.</u> <u>Lt C.W. Wrennik</u>	<u>Wk</u> <u>CS.</u>
				<u>Certified Correct & Discharge R.C.C.</u>		<u>Comdng. "E" (Leicestershire) Coy.,</u> <u>No. 2 Infantry Command Bde.</u>			<u>RIPON.</u> <u>8 JUN 1919</u>
				<u>Demobilized St John's 25/19</u>					

To be carried over

The Royal Newfoundland Regiment

1103

DEMobilIZATION OF

Reg. No. 1103 Rank Plt Name Price J
 Date of Enlistment 11.2.15 Address St Johns District St Johns
 Occupation Painter Classification for Discharge B Medical Category C
 Recommendation S.M.B. Permanently Disability Rating Less than 20%

Passed to Demobilization Officer with following documents:—

N.F. P. <u>94</u> 1	B 268	B 121	1	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	1	Board 1st	" 2	3463 1
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	AF 2012 1
B 179c	B 120	M 93				

Date 11.1.19

W. Price Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment. N

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

Particulars passed to Vocational Officer for information and action.

J. Price

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £ 65.00

(b) Clothing Supplied. *Joseph H. Snow Capt.*

Date 11-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home
at *Ad Jahn* and Release Certificate No. *737* issued.

Date *11-11-19**W. Dicks 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 *25-1-19*

Date *11-1-19**W. Dicks Capt*
Depot Paymaster.Discharge approved for *11-1-19*

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

N.F. P38	"	B 208	"	B 121	"	N.F. Med.	"	D.F. 1	"	<i>11-1-19</i>
F 178	"	W 3494	"	B 122	"	Board 1st	"	" 2	"	<i>11-1-19</i>
B 178a	"	D 400A	"	B 1915	"	do 2nd	"	" 3	"	<i>11-1-19</i>
B 179	"	D 400B	"	Form L	"	do 3rd	"	" 4	"	<i>3-4-19</i>
B 179a	"	D 400C	"	Form K	"	do 4th	"	" 5	"	<i>11-1-19</i>
B 179b	"	B 103	"	ME 2	"		"	" 6	"	<i>11-1-19</i>
B 179c	"	B 120	"	M 93	"		"	" 7	"	<i>11-1-19</i>

Date *13-1-19**W. Dicks Capt*
Demobilization Officer.APPROVED. *W.*

Documents as above forwarded to:-

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 1 1919

Date

R. H. Dicks Capt
O. C. Discharge Depot.

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

Date *Jan 17 1919**W. Dicks Capt*
O. C. Discharge Depot.