

Redmond, L

Drummer

Records

C.R.

Extract of Daily Orders Part II, Depot St. John's dated  
Jan. 15th 1919.

Discharge confirmed on demobilization

The discharge of the undernoted man on demobilization has been  
confirmed by the Officer i/c records on noted date.

Drummer R. Redmond

Discharged 14-1-19

C.R.

Extract from Daily Orders part 11, Depot  
St. John's dated december 18th., 1918.

Drummer R. Redmond.

The above mentioned discharge on demobilization have  
been approved by O. C. Discharge depot from noted  
dates. He is removed from Depot Strength and  
transferred to discharge ~~depp~~ pending confirmation  
by Officer i/c Records.

17-12-18.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. .... Rank Drummer Name Redmond - R. P.  
 Date of Enlistment 10.4.18 Address St. John's District St. John's  
 Occupation Student Classification for Discharge A Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 16.12.18 .....

W. H. C. Discharge Depot.  
W. H. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment. <sup>h</sup>

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

R. P. Redmond

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 8.67

(b) ~~Clothing~~ Supplied Joseph R. H. Lawrence

Date 16-12-18 .....

O i/c. Re-clothing.



Reg. No. \_\_\_\_\_ Rank Drummer Name R. Edman N.

Attested \_\_\_\_\_ Address \_\_\_\_\_

Allotment \_\_\_\_\_ Allottee \_\_\_\_\_

Date of Allotment \_\_\_\_\_ Returned from Overseas \_\_\_\_\_

Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

12.1.18 Nac.

16/12/18 **PASSED TO DEMOBILIZATION OFFICER**

17/12/18 **DISCHARGE APPROVED ON DEMOBILISATION.**



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. .... Rank *Private* Name *Redmond - R.P.*  
 Date of Enlistment *10.4.18* Address *St Johns* District *St Johns*  
 Occupation *Student* Classification for Discharge *A* Medical Category *1E*  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 *16.12.18* .....

*W. H. C. Capt*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*R.P. Redmond*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable *£67.00*

(b) ~~Clothing Supplied~~ *Joseph H. Snowling*

Date *16.12.18* .....

O i/c. Re-clothing.





## 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 Clerk.*

*R. R. [unclear]*

Signature of Man.

Reg. No.

*C. D. [unclear] Capt.*

Signature of the Vocational Officer or his Representative.

Place

*St. John's*

Date

*16/12/18*

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*L. Curran*

*St. John's*

# The Royal Newfoundland Regiment

Class for Demobilization:—  
**A.**

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *13/12/18*

Regimental No. *Drummer*

Name *R. P. Redmond*

Address *St. John's*

Present Medical Category *A II*

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as A for Discharge on Demobilisation. Medical category A II*

- (a) Immediate discharge .....
- (b) ~~Standing Medical Board~~ .....

*13.12.18*  
Date of T.M.B.

Members of Board

*Captain*  
Assistant Surgeon

*R. H. Sait*  
O.C. Discharge Depot.

*H. Pelican*  
Senior Medical Officer

*St. Burden*  
M. O. Depot



## 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 *Rivlyn Redmond.*

Regiment from which discharged *1st. Newfoundland*

Regimental number \_\_\_\_\_

Intended address *91 Batus Hill St John's.*

Height on discharge Feet

Color of hair on discharge *Light*

Complexion *Light*

Color of eyes *Blue*

Descriptive Marks *scar on left knee*

Figure on discharge *Thin*

Christian name of Father *Patrick*

Christian name of Mother *Bridget*

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

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

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

Place and date of soldier's birth. *St John's Nfld March 22<sup>nd</sup> 1900.*

Nature and locality of civil employment required *grocery business.*

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) *R Redmond* *Drummer*

(Rank)

Station *Prince Rupert* Date *Dec. 16/18*

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.

*R. A. Smith*  
Medical Officer of Hospital  
Unit, or Command Depot.

Station

Date