

DESCRIPTIVE REPORT ON ENLISTMENT

5434

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

Name Llew. Reid
 Apparent age 20 years months. Height 5 feet 5-3/4 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Aubrey Reid
Chapel Arm | Relationship Father.
203. Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)
-----	-----	-----	-----

Particulars as to Children

Christian Names

Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-5-18</u>									
Joined at <u>St Albans</u> on <u>24-1-1918</u>									
<u>Discharged August 9-11-1919</u>									
<u>Embarked St Albans St. Columella to Halifax N.S. 22-7-18</u>									
<u>Will proceed to join 10th forestry Coy. 12th</u>									
<u>to help for demobilization 24-6-19. Arrived 1-7-1919</u>									
<u>Demobilization 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> [date of discharge] <u>1</u> years <u>78</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5434

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

The discharge of the undernoted on demobilization has
BEEN CONFIRMED by Officer I/C Records from noted date

9-8-19.

53

5434, Pte. Llewellyn Reid.

C.R. 5434

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt.
St. John's, July 15, 1919½

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

5434 Pte. L. Reid.

C.R. 5434

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 23rd 1919.

5434 Pte. D.Reid.

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

C.R. 5'4 34.

Extract from Daily Orders part II, Depot Winchester
dated 2-12-18 by Lt. Col., B.J. Barton, D.S.O.
Officer Commanding 2nd., Battalion of the Royal
Newfoundland Regiment.

The u/m men having been transferred to the Newfoundland
Forestry Corps. is struck of the strength of the Batt.
as from 22-11-18.

#5434 Pte. L. Reid.

C.R.

5434

Extract from Daily Ord re Part 11, from Unit The Royal
Mfld. Regt^t St. John's, dated July 25, 1918.

The following man ^{is} ~~was~~ ^{to} be sent for overseas on H.M.S.
"Columella" July 22, 1918.

#5434 Pte. Llewellyn Reid.

C.R. 5434

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 27th, 1918.


#5434 Pte. L. Reid.

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

J. Reid

5434


P. + R. ①



Reid, L

5434

Ray Dept.



August 14, 1919

#5434 Pte. Llewelyn Reid,
Chapel Arm, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3712.

Yours truly,

Captain & Quymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5434 Rank Pte Name Rees L
 Intended place of residence Chapel Arm

2. Occupation Drumman
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier

[Signature]
 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, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 443

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 26 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 9/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

2713 207915414

The Royal Newfoundland Regiment

Class for Demobilization: —

16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5434*

Name

Field L. Lumbly

Address

Chapel Arm

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) Starting Medical Board

Members of Board

O. C. Discharge Depot.

J. Paterson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 34 Rank Prv Name Reid L

Date of Enlistment 2-1-18 Address Chapel Row District St. John's

Occupation Instrument Classification for Discharge 1 Medical Category A

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

L Hs Reid
X
miss lost 15/8

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 160

(b) Clothing Supplied

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **Y013 2378R** to his home
 at **St Johns** and Release Certificate No. **3539** issued.

Date **12-7-19**

J.A. Lawrence
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to **9-8-19**

Date **12-7-19**

J.A. Lawrence
 Depot Paymaster.

Discharge approved for **26-7-19**

Forwarded with following documents to O.C Discharge Depot.

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

Date **12-7-19**

J.A. Lawrence
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date **JUL 26 1919**

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

Reid L.

Signature of Man.

J. P. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 3436

Place

ST. JOHN'S.

Date

12-7-19

191

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

MEDICAL HISTORY

Surname Reid OF Reid Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish Chapel Arm. Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>24th</u> day of <u>May</u> 191 <u>8</u>	at	day of 191
Declared Age		<u>20</u> years		years
Trade or Occupation		<u>fisherman</u>		
Height		<u>5</u> feet <u>5 3/4</u> inches		feet inches
Weight		<u>116</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>33 1/2</u> inches		inches
	Range of Expansion	<u>2 1/2</u> inches		inches
Physical Development				
Vaccination Marks	Right	<u>/</u>	Right	
	Left	<u>/</u>	Left	
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. J. ...</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>24th</u> day of <u>May</u> 191 <u>8</u>	at	day of 191
Joined on Enlistment	Corps	<u>Royal Nfld. Regiment</u>	Corps	
	Regtl. No.	<u>5434</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 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. 9.

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. *1. Royal Hampshire* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *S.P. 34* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Reed* (Surname) *L. Lewis* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24*
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. *1911*
12. Place of origin of disability. *in*
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?

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.)

Ide Complaints of no disability

In all cases such as facial injuries, ears, 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.

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

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Re-patriation

W.S. Prochner

Capt R.A.M.

Station *Hazley, Bour*

Medical Officer in charge of case.

Date *10.14.19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Reid, Llewellyn*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5434*

Intended address *Stapellam, I.B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Aubrey*

Christian name of Mother *(Dead)*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Stapellam, I.B. Feb. 16 - 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)

Llewellyn X Reid
his mark
J. J. Walsh - Plc

(Rank)

Plc

Station

ST. JOHN'S.

Date

1-7-19

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.



Station

Date

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

~~54 34~~ Reid.

Debilis;

Recommend Fresh Br

Chol 33 1/2 in. for a month or two to recuperate.

Spas. 1 1/2 in.

Men Chol 32 in.

W. K. S.
Chol. Recs.

August 18, 1919

Mr. Llewelyn Reid,
Chapel Arm, T B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of war Service Gratuity

Yours truly

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *R* 2. Surname *Reid*
3. Rank *Pte* 4. Regt. No. *5434*
5. Address in full to which future payments of gratuity are to be forwarded *Chapel arm, S.B.*
6. Date of enlistment in the Regiment *Nov. 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
8. Relationship of such dependents
9. Address in full of such dependents
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service ~~only~~ in Nfld. If so, give dates and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *Fourteen mos*
..... 13.

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?

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

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

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

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

19. Are you now serving in the R.A.F.?
If not give:- (a) Date of discharge
(b) Reason for discharge

July 20/19

Demob

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.

England

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

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

Signature of Applicant: *L. X. Reid*
 Place of Residence: *Chapel Arm*
 Declared before me at: *St John's*
 This *17* day of *July* 19...*19...*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *John McLaughlin*

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

ST. JOHN'S, July 16th /19

Royal Newfoundland Regiment.

Billeting Account,

To Pte. L. Reid

Billeting Soldiers as undermentioned

from July 1st /19 to July 16th /19

5434 Pte. L. Reid 16 60

ACCOUNT	
CH. NO.	<u>3100</u>
INITIALS	<u>Reid</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
CASH	<u>16 60</u>

Certified correct for \$

R. J. Reid
Billeting Officer.

Mark Wit Car

The Department of Militia:

The sum of Six Dollars / 6.00 Dollars is due

Mr. Albany Fred Chapel Am T. B. for

Reg. No. 5434 Rank. Plt Name. Fred Chapel Am

from Company to Chapel Am

Account for / 6.00
2/19/19 J. Snow Capt.

TRANS
CH. NO. 9331 INITIALS Am
INITIALS
INITIALS

Discharge Officer
Discharge Depot - New Zealand

address

Mr Aubrey Reid
Chapel Stm

Trinity Bay

[Handwritten signature]

No. _____

901

TRAVELLING WARRANT

Date _____

JUL 12 1919

The Royal Newfoundland Regiment

Please issue 1st Class Passage and Meals for

No. _____

3434

Rank _____

TC

Name _____

Reid S.

From -

ST. JOHN'S

- To _____

Chapel Arm

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Snow Capt.

SIGNATURE OF ISSUING OFFICER.

Discharge Depot - Newfoundland

Mr. Aubury Reid

Amount

\$6.00

address Chapel Arm

Trinity Bay

October 8, 1919

Mr. Aubrey Reid,
Chapel Arm,
T.B.

Dear Sir:

I enclose cheque
for \$6.00, amount due you for driving
Pte. L. Reid to his home.

Yours truly,

Major
Paymaster

LM/
Enc. 1

The Royal Newfoundland Regiment

5434

DEMobilIZATION OF

Reg. No. 54434 Rank Pl. Name Reid L.
 Date of Enlistment 11-8-18 Address Chapelham District St. J.
 Occupation Intercom Classification for Discharge H Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 11-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*L. Reid
 Reid
 1000 10/8*

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 12-7-19

O i/c Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ^{9015 2378R} to his home at ^{25 York} and Release Certificate No. ³⁵³⁹ issued.

Date ¹²⁻⁷⁻¹⁹

J.A. Lowcraft
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to ⁷⁻⁸⁻¹⁹

Date ¹²⁻⁷⁻¹⁹

J.A. Lowcraft
Depot Paymaster.

Discharge approved for ²⁶⁻⁷⁻¹⁹

Forwarded with following documents to O.C Discharge Depot.

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

Date ¹²⁻⁷⁻¹⁹

J.A. Lowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date ^{JUL 26 1919}

K.R. Cooper Collet
O. C. Discharge Depot.

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

Date ^{Aug 7/19}

Reg. No. *1434* Rank *Pl* Name *Lieut. L.*

Attested Address. *Chapel Arms*

Allotment..... Allottee ..

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

Returned on S S. *Casandra* Cause *Discharge*

12.7.19

26.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

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*
2. Regtl. No. *5434* 3. Rank..... *Plt*
4. Name *Reid*..... *Myman*
(Surname) (Christian Names)
5. Age last birthday..... *24*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisher*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action . (b) on field service
(c) on duty . (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) 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 this 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. Procmier, Capt R.R. Lane

Station *Lozely Down*

Medical Officer in charge of case.

Date *19/1/19*

* 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