

Richards, L

Drummer

Record

C.R. ✓

Extract from Daily Orders part II,
Depot St. John's dated Feb. 13/1919.

The discharge of the undrafted on
demobilization have been CONFIRMED
by Officer i c Records on noted dates.

Drummer R. Richards.

13-2-19

C.R. /

Extract from Daily Orders part II, depot St. John's
dated January 20th., 1919.

The discharge of the undernoted on Demobilization have
been APPROVED by O. C. Discharge depot on 16-1-19.

#Drummer R. Richards.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. _____ Rank *Innumed* Name *Richards R*
 Date of Enlistment _____ Address *St Johns* District *St Johns*
 Occupation _____ Classification for Discharge *a* Medical Category *a II*
 Recommendation S.M.B. _____ Disability Rating *special*
 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 *16.1.19*
W. Allen Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

R Richards

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*
Joseph A. Lawrence
- (b) ~~Clothing Supplied~~

Date *16-1-19*

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 [Signature] and Release Certificate No. 814 issued.

Date

16-1-19

[Signature]
 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 13-2-19

Date

16-1-19

[Signature]
 Depot Paymaster.

Discharge approved for

16. 1. 19.

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1	For m/b
F 178	W 3494	B 122	Board 1st.	" 2.	1	
B 178a	D 400A	B 1915	do 2nd.	" 3.	2	
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. 1. 19.

[Signature]
 Demobilization Officer.

APPROVED. [Signature]

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Date

JAN 16 1919

[Signature]
 O. C. Discharge Depot.

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

Date

[Signature]
1919

[Signature]
[Signature]

Reg. No. _____ Rank Drummer Name Richards R.

Attested _____ Address _____

Allotment _____ Allotee _____

Date of Allotment _____ Returned from Overseas _____

Embarked for Overseas _____ Cause _____

12.1.18 Vae

16.1.19. **PASSED TO DEMOBILIZATION OFFICER**

16.1.19. **DISCHARGE APPROVED ON DEMOBILISATION.**

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. Rank *S. Sumner* Name *R. Richards*

Intended place of residence. *Grandy's Pond 257*

2. Occupation *Druggist*

Classification of soldier *A* Medical Category *A II*

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

DEMOBILIZATION

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

Place *JAN 16 1919* *Abbey Capt*

Date *JAN 16 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. John's, Nfld* *R. Richards*

..... *16-1-19* *Abbey Capt*

Signature of soldier

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 *Jan 16th 1919* *Robt Richards*

..... *ST. JOHN'S.* *W. B. ...*

Signature of soldier

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *27. 10. 17* No of days on Military

Discharged from service *16-1-19 plus 28 days* Service *47 5 Days*

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* *R. H. ...*

Date *JAN 16 1919* *Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.*

CONFIRMATION OF DISCHARGE

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

Place *St. John's, Nfld* *M. Bowley Capt*

Date *February 12/1919* *Office in Charge
The Royal Newfoundland Regiment*

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. _____ Rank *Discharged* Name *Richards R*
 Date of Enlistment _____ Address *St Johns* District *St Johns*
 Occupation _____ Classification for Discharge *A* Medical Category *Special*
 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 *16.1.19*
W. H. M. Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

R. Richards

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 *Joseph H. ...*

Date *16-1-19*

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 *[Signature]* and Release Certificate No. *814* issued.

Date *16-1-19*

[Signature]
 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 *13-2-19*

Date *16-1-19*

[Signature]
 Depot Paymaster.

Discharge approved for *16. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *16 1. 19*

[Signature]
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents:

JAN 16 1919

Date

[Signature]
 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 a cook.

P Richards

Signature of Man.

Reg. No.

Answer

P Richards Capt

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN S.

Date

Jan 16th

191

1

The Royal Newfoundland Regiment

Class for Demobilization:—

A C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *January 15, 1919*

Regimental No.

Name *Robie Richards* (*D. summer*)

Address *Mundy Pond* *St. John's*

Present Medical Category *special*

Recommended for:—

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

*It is hereby certified that this soldier
has been before a Travelling Medical
Board and has been certified as*

A for Discharge on
.....

Medical category *A II*
..... Members of Board

Date of T.M.B. *15.1.19*

[Signature] Captain
Assistant Adjutant
Discharge Depot—Newfoundland

[Signature] *R.H. [unclear] Capt.*
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
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 *Volter ~~Richard~~ Richards,*

Regiment from which discharged *Royal Newfoundland*

Regimental number *Drummers.*

Intended address *St John*

Height on discharge *5* Feet *5*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey.*

Descriptive Marks

Figure on discharge *Tall.*

Christian name of Father *Abraham.*

Christian name of Mother *Emma.*

Wife's maiden name in full *_____*

Date and place of marriage *_____*

Christian names of children *_____*

Place and date of soldier's birth *St John 10 Dec. 1901.*

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) *R Richards*

Station *St John*

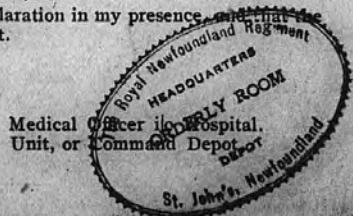
(Rank) *Drummer.*

Date *16.1.19*

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



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..... *Robt* 2. Surname..... *Richards*

3. Rank..... *Drummer* 4. Regt. No..... *None*

5. Address in full to which future payments of gratuity are to be forwarded..... *Robt Richards*

..... *Beaver Ave* *Off. Mundy Pond Rd*

6. Date of enlistment in the Regiment..... *27th 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *None*

8. Relationship of such dependents..... *None*

9. Address in full of such dependent..... *None*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *None*

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

..... *to Depot until reaching Military Age*

..... *But Amistice was signed before that time*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *From 27th 1917*

..... *to January 16th 1919 in Nfld*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....
was rejected owing to being under Military Age on two occasions in 1917

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. *When discharged I received 109.50 as Post Discharge Pay by the Paymaster at the Empires Barracks*

15. Have you been issued with a War Service Badge?..... *no*

16. Have you, during the present war, served in the Imperial Forces. *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *none*

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?.....

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge. *January 16/19* (b) Reason for discharge. *Swing to Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *no*

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..... *none*

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: *Robin Richards*
 Place of Residence: *Beorce Avenue. Off Nundy Road*
 Declared before me at: *Rich's*
 This *12* day of *March* 19*47*

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

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