



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3540 Name Robert Roberts Corps Cof.E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Robert Roberts</u> |
| 2. What is your full Address? | 2. <u>Pushthrough</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>store keeper</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

Robert Roberts do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Robert Roberts SIGNATURE OF RECRUIT.
Arthur N. Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Robert Roberts do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration, and taken the oath before me at on this 12 day of March 1915.

Signature of Attesting Officer Mark A. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date 1915 } Approving Officer.
 Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)



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3540

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| 2. What is your full Address? | 2. <u>Pushthrough</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>15</u> Years <u>00</u> Months |
| 5. What is your Trade or Calling? | 5. <u>storekeeper</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Robert Roberts do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Robert Roberts SIGNATURE OF RECRUIT.
Arthur Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
 I, Robert Roberts do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
 The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 12 day of March 1917.
 Signature of Attesting Officer Charles Aylesworth

†CERTIFICATE OF APPROVING OFFICER.
 I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date.....191.....
 Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

C.R. 3540

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
16-5-19.

3540, Pte. Robert Roberts,

C.R. 3540

Extract from Daily Orders part II, Depot
St. John's dated May 2nd. . 1919.

The discharge of the undernoted on demobilisation
has been APPROVED by C. C. Discharge Depot on
2-5-19.

#3540cPte. R.T. Roberts.

4
C.R. 3540

Extract of Preliminary Report of a Medical Board held
on Tuesday Afternoon April 15th. the following was the
finding.

Recommended Discharge from the Army.

3540 Pte. R. Roberts.

R. 3540

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, 11-2-19.

The Undernoted Returned from Overseas and Reported to
Dated 7-2-19.

Reprinted on A.F. 2173.

3540 Pte. Robert Roberts.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number _____	Rcd _____	By _____	Sent _____	by _____	Check _____
-------------------	-----------	----------	------------	----------	-------------

Dated February 10th, 1919.

To Nathaniel Roberts,

Pushthrough.

St Johns

Beg to advise you that 3540 Pte. Robert Roberts arrived by
 Coriscan on Friday, will probably be leaving for home today
 on Glencoe.

J. R. Bennett,

Minister of Militia.

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CONNECTING WITH
THE WESTERN UNION TELEGRAPH COMPANY

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

ST. JOHN'S, N.F.

FEB 8 1919

C.R. 3540

B. 28 PUSHTHROUGH 10/-

HON J R BENNETT

MINISTER MILITIA

STJOHNS.,

PLEASE ADVISE IF 3540 PTE ROBERT ROBERTS CAME BY CORSIKAN

NATHANIEL ROBERTS

181

C.R. 3540

Extract from General Roll of the Royal Artillery.
S. H. Corbridge, Jan. 30, 1919.

3540 Roberts.

C.R. ~~3340~~
3540

Extract of DAILY ORDERS BY LT. COL. B.J. BARTON, D.S.O.,

COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,

The following having reported back from the 1st Battn.
is taken on the strength and posted to "H" Company
from 17/1/19.

#3140 Pte. R. Roberts.

C.R. 3540

Extract from Casualties received from Pay & Record Office
London, Jan. 13, 1919.

The undermentioned was discharged from
Command Depot, Sutton Coalfields, reported to P.&R.O.,
and proceeded on furlough from 11-1-19 to 17-1-19 Report
at Depot on expiry.

3540 Pte. R. Roberts.

C.R. 35-40

Extract from Casualties received from Pay & Record
Office, London, Dec/2th, 1918.

The undermentioned man is still at Command Depot. Sutton-
Cold-Fields.

3540 Roberts.

C.R. 3540

Extract of Casualties from Pay & Record Office, London, dated
Nov. 5/11/18.

#3540 PTE. R. ROBERTS.

Was discharged from No 1 Military Hospl. Canterbury, on 4/11/18
and granted furlough to 11/11/18. Fit for 11 Command Depot.

A.F. W.3016 from Hospital, Canterbury.

- C.R. 3540

Extract from 0 serials received from Pay & Record
Office, London, Sept. 4th, 1918.

The undermentioned was transferred from 3rd L.G.H. to
the V.A.D. Hospital, Ashford, Kent, on 23-9-18.

3540 Pte. Roberts, R.

121.

C.R. 3540

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated Dec. 29th. 1917.

STRENGTH.

3540 Pte. R. Roberts.

Invalided to U.K. 1/12/17. Wded.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated December 6, 1917.

To Mr. Nathaniel Roberts,

Pushthrough.

Record Office, London, today reports No. 2540,

Private Robert Roberts, has been admitted to Wandsworth
suffering from gunshot wound right leg.

R.A. SQUIRES

Colonial Secretary

C.R. 3370

#3540 Pte Rober Rob rts.

Extract of Casualty list received December 6, 1917.
Previously reported Gunshot Wound lower Extremity severe.
now reported ~~at~~ Wandsworth Gunshot Wound right Leg.

C.R. 3540

Extract of Casualty received from Pay & Record
Office, London, dated December 4, 1917.

#3540 Pte. R. Roberts. ✓

Wounded 20/11/17.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

Address

Line
Number

Rcd

By

Sent

by

Check

Dated

November 30, 1917.

To

Mr. Nathaniel Roberts,
Pushthrough.

Regret to inform you that Record Office, London,
officially reports No. 3540, Private Robert Roberts,
was at Fifth General Hospital, Rouen, November twentysecond,
suffering from gunshot wound severe in the lower extremity.

Upon receipt of further information I shall immedi-
ately wire you and trust that next report will be
of his convalescence.

R. A. SQUIRES,

Colonial Secretary.

FOR TYPEWRITER

C.R. 3570

NO. 3540 PTE. ROBERT ROBERTS.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD
OFFICE LONDON DATED NOVEMBER ³⁰~~22~~, 1917.

"AT 5th GENERAL HOSPITAL ROUEN NOVEMBER 22, GUNSHOT WOUNDS.
LOWER EXTREMITY SEVERE."

CR 3540

Extract from Nominal Roll Draft No.32: 111 Other Ranks from 2/1st
Newfoundland Regiment, Ayr, to 1/1st Mfld.Regt., B.S.F. Embarked
Southampton 6/11/17.

3540 Pte.Roberts, R.

MP

C.R. 3540

Extract from Nominal Roll embarked St. John's for Overseas 19-5-17.

#3540 Pte. R. Roberts.

3540

R.

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, March 12th, 1917.

3540 Pta. Robert Roberts.

Attached to the Strength from March 12th, 1917.

R Roberts

CR 3540

RR

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* 7. Former Trade }
or Occupation }
2. Regtl. No. *35403* 3. Rank... *PL* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Roberts* *R*
(Surname) (Christian Names)
5. Age last birthday.....
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
(b) Where (if any)
(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.

12. Place of origin of disability.

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.

Esso Right Leg

*wound in France 20-11-07.
wound now healed*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | Na | |
| (iii.) Climate in pre-war service | Na | |
| (iv.) Ordinary military service before the war | Na | |
| (v.) Serious negligence or misconduct on the man's part. | Na | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

In all cases such as facial injuries, eye, ear, nose and throat disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *two scars about 3 in long, one on outer surface of leg & one on outer surface of leg shows two as depressed above not - Pain on 1 is also depressed in outer surface*
- (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? *no Pain on 1*
17. If not, was an operation advised and declined? *complaint of numbness to waist*
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? *Pain after putting a March a long*
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— *Reparative*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Station *St. John's, Nfld.*

Date *17 JAN 1919*

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

Protheroe
 MEDICAL OFFICER IN CHARGE OF CASE.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Robert Roberts
aged 18 years 10 months conducted at Headquarters
Date: Mar 12 5/17 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no - no
10	no
11	no
12	no
13	no
14	no
15	no
16	no
17	no
18	no
19	1/6 Bone
20	no
21	no
22	no
23	no
24	no
25	no
26	no
27	no
28	no
29	no
30	no
31	no
32	no
33	yes 5 years ago
34	5' 6"
35	1.26
36	34-38
37	12 per month
38	father Mrs Nathaniel Roberts Purkinton
39	yes father

M540

Handwritten initials

Signature of Medical Examiner: Geo Borden

11229/34

Barham Military

... Weybridge, Surrey

R. Roberts

3. 0. 0

12th, July 8

3540 Pte.

Handwritten:
R. Roberts
3540
Pte.

11.7.18

Pay
To Regal Paymaster
58 Victoria St.

Please deliver
me the sum of
three pound (£3)
on account
due on



NEWFOUNDLAND CONTINGENT.	£ 0.
PAY & RECORD OFFICE	58, Victoria St.
Ref. Nos. 1 ✓ 6296	58, Victoria St.
Rec'd 12 JUL 1918	58, Victoria St.
Ref. Nos. 11229/34	58, Victoria St.
EMANCIPATED	58, Victoria St.
Comd	58, Victoria St.
P.S.	58, Victoria St.
R & C	58, Victoria St.
B & C	58, Victoria St.
P.S.	58, Victoria St.

12/7/18

11/7/18

11/25/18

34/12/7/18

26/7/18

To Chief Pay Master
1/c Record Office

Dear Sir

Please pay me the
Sum of 2 Pounds which is
to my credit and oblige

OK. £2-0-0

35.40 R. Roberts

H.R.P. 26/7/18

1st Lt. R. H. Roberts

Recd No. 8269

Barham Military

Hospital

Weybridge

Yours
Yours
Yours

Yours
Yours
Yours



Admitted

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

Army Form W. 8016, (In Books of 200.)

No. _____ Date 23 9 18 18

- (1) To the Officer i/c Records } 58 Victoria St
 - (2) The Officer Commanding } R. Med. Winchester
 - (3) The Paymaster } 58 Victoria St Station.
- * Strike out that which is inapplicable.

Regimental No. 3540

Rank and Name Plé Roberto R

Regiment or Corps R. Med

As been granted furlough from transferred from 23/9/18 to

His address while on leave will be V a D Hsp Ashford Kent

consider he is fit for

Strike out that which is inapplicable.

- I. DUTY.
- * II. COMMAND DEPOT.
- * III. EMPLOYMENT.

Officer in charge G C Hall Hospital. Station.

Four copies to be made, and one copy sent to each Office 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 Army Form W. 8016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer in charge and the Paymaster and O.C. shown in the Schedule.

Roberts, R. I.

3540

Hay sept

May 16, 1919

#3540 Pte. Roberts Roberts,

Pushthrough,

Fortune Dist.

Dear Sir:- Please find enclosed "Discharge Certificate
No. 2196."

Yours truly

Paymaster & O.i-c Records

Captain

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3540 Rank Private Name Roberts R. J.
 Intended place of residence Pushtrough - DASHVILLE
 2. Occupation Storekeeper
 Classification of soldier B Medical Category 2

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 APR. 21 1919

H. M. Lait
 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

APR. 21 1919

Robert Roberts
 Signature of soldier
W. J. Eaton
 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

19. 4. 19

Robert Roberts
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 12-3-19 No of days on Military

Discharged from service at 4-19 Plus 14 days Service 785

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

Date MAY 2 1919

R. H. Lait
 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 May 16/1919

W. J. Eaton
 Officer i/c Records
 The Royal Newfoundland Regiment

W. J. Eaton
 2079/2196

20
30
16
66

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3540 Rank Private Name Robert R. A.
 Date of Enlistment 17 3 17 Address Pushthorpe District St. John's
 Occupation Storekeeper Classification for Discharge B Medical Category E
 Recommendation S.M.B. See certificate for Disability Rating 100% L & R
 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 17.4.19O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Robert Robert

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 Amblowston

Date 19-4-19

O j.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11318 to his home at Warrington and Release Certificate No. 2155 issued.

Date 19-4-19

J.A. Crawford
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 11-3-19

Date 21-4-19

H. M. ...
Depot Paymaster.

Discharge approved for 2-5-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 21-4-19

J.A. Crawford
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 MAY 2 1919

R.H. ...
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
Stovekeeper

Robert Roberts

Signature of Man.

Reg. No. 3540

J. A. Snowling
Signature of the Vocational Officer or His Representative.

Place

ST. JOHN'S.

Date

APR 19 1932

191

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 35440

Name Robert Roberts

Address Pushthrough

Present Medical Category A

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

RH Lait Capt
O.C. Discharge Depot.

Hobson
Senior Medical Officer

DeWarden
M. O. Depot

Army Form B. 179a

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. *Regt. 4th* 7. Former Trade }
 2. Regtl. No. *3540* 3. Rank. *Pvt* }
 4. Name *Roberts R.* 7a. If the soldier claims previous service in
 (Surname) (Christian Names) } Army, he should state—
 5. Age last birthday (a) Former Regts. or Corps ;
 6. Posted for duty on at with Regtl. Nos.
 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 ;
 9. If a Court of Inquiry was held on an injury state :— (c) Cause of Discharge.
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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 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. *by 5 w Right leg*
 12. Place of origin of disability.
 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.

*wounded in France
 20th Nov 1917. wound
 now healed.*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *yes*
- (ii.) Previous active service *n.g.*
- (iii.) Climate in pre-war service *n.g.*
- (iv.) Ordinary military service before the war *n.g.*
- (v.) Serious negligence or misconduct on the } *n.g.*
- man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *two scars about 3 in long one on outer surface of right leg. scar on outer surface of leg is depressed does not pain on pressure one on inner surface is also depressed in crease gives no pain on pressure complains of inability to wear puttees and pain after long marching*

(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?

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

Repatriation
Working now

ROYAL NEWFOUNDLAND REG

Station *WHELEY TRUST CAMP*

Medical Officer in charge of case.

Date *17 JAN 1917*

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

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OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

G.S.N. Right leg

See sect 15. No further info

22. State whether the disabilities are:—

- (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 part of the soldier

(a) Attributable to

(b) Aggravated by

.....
.....
.....
.....
.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

G.S.N.

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

10% Six months

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Yes

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

Station *L. Athy*

Date *Apr 15/19*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *APR 15 1919*

Date *No.*

OR
Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.

President or Chairman.

Members.

Only applicable in cases of Patients in Hospitals.

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

MEDICAL HISTORY

Surname Roberts OF Christian Name Robert A

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____


	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <u>12th</u> day of <u>March</u> 191 <u>7</u>	on _____ day of _____ 191 <u>1</u>		
	at <u>St Johns</u>	at _____		
Declared Age	<u>18</u> years <u>10</u> <u>mo</u> <u>days</u>	_____ years _____ mo _____ days		
Trade or Occupation	<u>Storekeeper</u>			
Height	<u>3</u> feet <u>6</u> inches	_____ feet _____ inches		
Weight	<u>126</u> lbs.	_____ lbs.		
Chest Measurement	Grith when fully expanded	<u>38</u> inches	_____ inches	_____ inches
	Range of Expansion	<u>4</u> inches	_____ inches	_____ inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>one scar</u>			
When Vaccinated	<u>1912</u>			
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>W.E. Proemier</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at _____		
	on <u>12th</u> day of <u>March</u> 191 <u>7</u>	on _____ day of _____ 191 <u>1</u>		
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1st Nfld Regt</u>	<u>3540</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>		
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick list in 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-admission to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd Gordon Post Office Windsorpark	3	12	17	23	9	18	Gilby R. W. 29	29	He had in June 24-11-17 three injections	G. C. Hall Capt. Med.
Ashford G.A.O.	23	9	18	4	11	18	"	42	Now healed. Discharged to Headquarters	Dr. H. C. Hall Capt. Med.
COMMAND DEPOT, SUTTON COLDFIELD.	22	11	18	7	1	19		50	36 Mts.	Am. Hall CAPT. R. A. M. C.

W. H. G. M. C.
 LIEUT. ADJUTANT
 THE COMMAND DEPOT
 SUTTON COLDFIELD
 From Temp
 1378. 19. 12. 18.

Table II.—Only for admission to hospital or to the sick list in 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>3rd London General Hospital Woundsdown</i>	<i>3</i>	<i>12</i>	<i>17</i>	<i>23</i>	<i>9</i>	<i>18</i>	<i>gls R leg grad Titis</i>	<i>29</i>	<i>Healed in place 24.11.17 Three degrees Titis</i>	<i>G. C. Hall Capt RMC</i>
<i>Askefeld (G.A.S.)</i>	<i>23</i>	<i>9</i>	<i>18</i>	<i>4</i>	<i>11</i>	<i>18</i>	<i>"</i>	<i>22</i>	<i>Now healed. Discharged to Headquarters</i>	<i>Dr. M. H. ... Capt RMC</i>
COMMAND DEPOT, SUTTON COLDFIELD.	<i>22</i>	<i>11</i>	<i>18</i>	<i>11</i>	<i>11</i>	<i>14</i>		<i>50</i>	<i>36 Mths.</i>	<i>Dr. M. H. ... CAPT. R.A.M.C.</i>

LIEUT. *Dr. M. H. ...* CAPT. R.A.M.C.
THE COMMAND DEPOT
SUTTON COLDFIELD
From Temp
1878. 19. 12. 18.

May 17, 1919

#3540 Pte. Robert Roberts,
Pushthrough, H.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 the "War
Service Gratuity."

Yours truly

Capt. in.
Paymaster & Officer i/c Records

20065

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 & RECOVERY OFFICE, ST. JOHN'S.

Christian name *Robert* 2. Surname *Roberts*

3. Rank *Plt* 4. Regt. No. *3548*

5. Address in full to which future payments of gratuity are to be forwarded..... *Push through, Hermitage Bay*

6. Date of enlistment in the Regiment..... *March 11/17*

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?..... *No*

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. *From March 11/17 & April 21/19 date of temporary discharge*

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.

Clothing allowance back pay 132.20
Board allowance 58.70

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

No

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

No

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

No

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

No

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

19. Are you now serving in the Res.?

No

(a) Date of discharge? (b) Reason for discharge.

Apr. 27/19
Reservist

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.

France - From Nov. 5/17 to Nov. 23/17 -
Cambrai where I was wounded

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

No

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

ST. JOHN'S, Apr 21st /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. R. Roberts

Billeting Soldiers as undermentioned

from Feb 13th /19 to Apr 11th /19

J. C. R.

3540 · Mr. R. Roberts 58 70

16595 Btm ew

Certified correct for \$ 58 70

J. A. Lawrence
B.S. Robt. Roberts
Billeting Officer.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 23 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Robert Roberts

in respect of his service as No. **3540** Rank **Pte.**

Name **R. Roberts** **Royal Nfld. Regt.**
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received **Oct 6 1921**

Signature **Robert Roberts**

Date **Nov 21 1921**

Address **Pushthrough**

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
309.

Number of Sheet *First*
Signature of O. C. Company *Chas. R. Ingham Lt*

Regiment of *10th Newfoundland.*

Regimental Number and Name	
No.	<i>3540 Roberts, Robert.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>18</i> years <i>10</i> months
Place and Date of Enlistment	<i>St. John's N.F. 12-7-17.</i>
Period of	with Colours <i>2 1/2</i> years.
	with Reserve <i>3 1/2</i> years.

Trade <i>Storekeeper</i>
Religion <i>Cof. C.</i>
Place of Birth

Good Conduct Badges, Service Passes, Efficiency Badges

NEWFOUNDLAND CONTINGENT
56, VICTORIA ST.
LONDON, S.W.
- 6 FEB 1919
PAY & RECORD OFFICE

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<p style="font-size: 2em; font-family: cursive;">Demobilized St. John's, 16/19</p>									
				To be carried over					

Army Form B. 121.



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

Roberts Robert

Regiment from which discharged

Royal Newfoundland

Regimental number

3540

Intended address

Pushthrough

Height on discharge

5 Feet *7*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Medium

Figure on discharge

Christian name of Father

Nathaniel

Christian name of Mother

Sarah

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Pushthrough, 12 August, 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

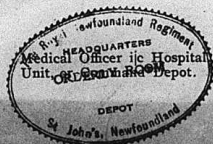
(Soldier's signature in full)

*Roberts Robert**Rt.*

(Rank)

Station **ST. JOHN'S.**Date *12-4-19*

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

DEPOT

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3540 Rank Pvt Name Robert R. A.
 Date of Enlistment 12 317 Address Rushthorpe District St John's
 Occupation Storekeeper Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 100% L.M.D.
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 17th. 1. 19

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Robert R. A. in a position to resume civilian occupation.

Robert R. A.

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 AM. M. ...

Date 19-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *11318* to his home at *Warrington* and Release Certificate No. *2155* issued.

Date *19-4-19*

J.A. Crawford
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 *11-5-19*

Date *11-5-19*

J.A. Crawford
Depot Paymaster.

Discharge approved for *2-5-19*

Forwarded with following documents to O.C Discharge Depot.

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
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B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date *21-4-19*

J.A. Crawford
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 *MAY 2 1919*

R. J. ...
O. C. Discharge Depot.

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

Date *May 5 1919*

J. ...
Records

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY & RECORD
OFFICE LONDON

3540 Pte. Roberts, R.

Cr. Bal. ~~XXXXXX~~ £1-11-6

THIS TRANSFERRED TO PAY OFFICE 11-4-19

Reg. No. *3540* Rank *Pvt.* Name *Robert Robt.*
Attested..... Address *Pushthrough F.I.*
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas *2-19*
Returned on S.S. Cause *Discharge*

11. Oct. 19 *1st. Dis. from the Army.*

APR 18 1919

PASSED TO DEMOBILIZATION OFFICE

2. 1. 19

DISCHARGE APPROVED ON DEMOBILISATION.