



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4829 Name Benj. Romaine Corps S. G.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Benj. Romaine</u> |
| 2. What is your full Address? | 2. <u>Bonaville</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>32</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>miner</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 <u> </u>
Corps <u> </u> |
| 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, Benj. Romaine 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.

Benjamin Romaine SIGNATURE OF RECRUIT.

1.5.18

James G. Gurney Signature of Witness.

ORATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Benj. Romaine 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 5th day of May 1918.

Signature of Attesting Officer James G. Gurney

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 5th May 1918
Place St. John's } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Bey, Romaine
 Apparent age 32 years — months. Height 5 feet 9 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. J. Romaine
Bonavista Relationship Mother

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 limit of engagement reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Embarked on board ship on July 31 1919</u>									
Embarked <u>St. John's train to Halifax N.S. 11-6-18</u>					Embarked for <u>B.C. 26th 18</u>				
Disembarked <u>Traverse 36-10-18</u>					Joined <u>Battery 3-4-1918</u>				
Lower <u>22-4-19</u> Arrived <u>Winchester 23-4-19</u>					To <u>transportation for demobilization 22-5-19</u>				
Arrived <u>Leamington 7-6-1919</u>					Demobilization <u>St. John's 3-7-1919</u>				
Total Service forfeited as above _____									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)					1 years <u>64</u> days				
Pensions _____									

B. Pomaine

C.R.

4829

P. + P. 6

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. *4829* 3. Rank *Private*
4. Name *Romaine Benjamin*
(Surname) (Christian Names)
5. Age last birthday *33*
6. Posted for duty on *May 1/18* at *St. John's*
in category (or grade) *St. John's*
7. Former Trade or Occupation } *Mines*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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 (b) Where (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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? } n.a.

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs when 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.)

He explains no disability.

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

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

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? n.a.

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? n.a.

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.

*Repetition
and W.F. Rowland
Capt. R.A.M.C.*

Station

Barley D. Camp

Date

29.4.19

Medical Officer in charge of case.

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

To:- The Chief Paymaster.,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4829	Pte	Pomaine B	£5.50	B Pomaine

I have the honour to be, Sir,
Your obedient servant.

B Pomaine

Date

July 1/18

C.R! 4829

Extract from Daily Orders Part 11 Unit The Royal WFLD. Regt
St. John's, July 7th, 1919.

The discharge of the undernoted ~~MURKIN~~ ^{On} demobilization
has been CONFIRMED by Officer i/c Records with effect from
3-7-19.

4829 Pte. Benj. Romaine.

C.R. 4829

Extract from Daily Orders Part 11 Unit the Royal Wfld.
Regt. Depot, St. John's, June 9th, 1919

The discharge of the Undersigned on demobilisation has been
APPROVED by O.C. Discharge Depot, 19-6-19.

19-6-19

4829 Pts. B. Romaine.

C.R.

4829

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 7th 1919

4829 Pte. B. Romaine.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

C.R.
-4829

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19, embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hazeley Down Camp
23/4/19.

#4829 Pte. B. Romaine.

C.R. 4829

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt., By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4829 Pte. B. Romaine.

0 Coy.

C.R. 4829

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkeston,
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Haseley Down Camp,
Winchester, to 1st Battn, Royal Newfoundland Regiment, B.E.F.

4829 Pte. Romaine, B

MP.

C.R. 4829

Extract from Daily Orders part 11, from Unit The Royal
2214. Regt. St. John's, Dated June 14th, 1918.

#4829 Pte. B. Romaine.

Embarked for overseas with draft 11-6-18

C.R. 4829

Extract from Daily Orders part 11, from Unit The Royal ^Afld.
Regt. St. John's, dated May 2nd, 1918.

#4829 Pte. Benjamin Romaine.

Attested for General Service with the Royal ^Afld. Regt. f on
1/5/18.

No. 4729 Name *Romaine D.* Sqn., Batty., } @ Corps ROYAL NEWFOUNDLAND REG. Date of enlistment } 1/17/18
 or Company } Service or Proficiency Pay }
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. *One* Signature O.C. } Character }
 Company Conduct Sheet } of last drunk } freedom from extra fine } Company, etc. } *10. M. [Signature]*

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
<i>Roman</i>	<i>29/3/19</i>	<i>Pte</i>		<i>Def. of kit</i>	<i>C.A.M.S. Watson</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>Maj Bernard</i>	<i>sdmt</i>

Army Form B. 122

Romaine, B

4829

Aug Sept.

July 3, 1919

#4829 Pte. Benjamin Romaine,
Bonavista, B.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

Captain,
Paymaster & O.i/c Records.

575

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 *Benjamin* *Romayne*

Rank *Chef* A. Regtl. No. *4829*

Address in full to which future payments of gratuity are to be forwarded. *Bonavista, B.B.*

Date of enlistment in the Regiment. *May 1/18*

Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.

Relationship of such dependents. *Elizabeth Romayne*
Mother

Address in full of such dependents. *Bonavista B.B.*

Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

Were you on active service only in Mfld. If so, give dates and particulars of such service. *Overseas*

Give total length of time which you served on active service, whether in Mfld. or Overseas. *From May 1/18 to*

June 5/19 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.....

Nothing allowance & back pay, 7929

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 Regt.?..... If not give? - (a) Date of discharge..... (b) Reason for discharge.....

*June 5/19
Temporary*

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.....

France, Belgium & Germany from Oct 26/18 to Jan 1919

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.

July 3, 1919

#4829 Pte. Benjamin Romains
Bonavista, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2268."

Yours truly

*
Captain
Quaymaster or Officer in Charge Records

B Romane

Signature of Applicant:

Place of Residence:

Bonaville, R.B.

Declared before me at:

St. John's, N.J.

This

5th

day of

Aug

191*9*

John W. Eastley

Signature of Barrister of the Supreme Court, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent:	Gratuity.	due
.....
.....
.....
Certified correct.				Paymaster

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4829 Rank _____

Name Roman B _____

Warned for demobilization on

JUN 5 1919

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. *A.S.29*...

Name *R. Orains* *13 inf.*

Address

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. East *Capt.*
.....
O.C. Discharge Depot.

A. Paterson
.....
Senior Medical Officer

Geo. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4829 Rank Plt Name Romane B.
 Date of Enlistment 1.5.18 Address Bonnyton District Bonnyton
 Occupation Tanner Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 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	
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 4.6.19for H. H. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

B Romane

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 5-6-19

O i/c. Re-clothing: _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1425-
2292 to his home
 at Bonarvista and Release Certificate No. _____ issued.

Date 5-6-19

J.A. Shaw Capt
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 5-6-19

Date 5-6-19

H.H. W.S.H.
 Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st.	" 2	2 Form B.
F 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 5-6-19

J.A. Shaw Capt
 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 JUN 19 1919

R.H. Sait 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

Signature of Man.

Reg. No.

B. Poincine

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

5-6-19

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

MEDICAL HISTORY

Surname Romane OF St John's Christian Name Benjamin

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonaville County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1 day of <u>May</u> 19 <u>18</u>	<u>St John's</u>	day of	19 <u>1</u>
Declared Age	<u>32</u> years <u>7</u> days		years	days
Trade or Occupation	<u>Miner</u>			
Height	<u>5</u> feet <u>9</u> inches		feet	inches
Weight	<u>144</u> lbs.		lbs	lbs
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	<u>Recd.</u>		
When Vaccinated	<u>1918</u>			
Vision	R. E.—V= <u>6/6</u>		R. E.—V= <u></u>	
	L. E.—V= <u>6/12</u>		L. E.—V= <u></u>	
(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>Samuel Paterson</u>			
(Rank)				
Enlisted	at <u>St John's</u>		at	
	on <u>1</u> day of <u>May</u> 19 <u>18</u>		on	day of
	Corps <u></u> Regt. No. <u></u>		Corps	Regt. No.
Joined on Enlistment	<u>The Royal 4829</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	19 <u>1</u>	on
(Rank)				day of
				19 <u>1</u>



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 *Benjamin Romaine*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4829*

Intended address *Bonavista*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Tall*

Figure on discharge *4*

Christian name of Father *Elizabeth*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bonavista, 2nd June, 1885*

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) *B. Romaine*

Rt
(Rank)

Station **ST. JOHN'S.**

Date *4-6-19*

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



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. Regt. No. *839* 3. Rank. *plc.*
4. Name *Romaine* *Benj.*
(Surname) (Christian Name)
5. Age last birthday. *23*
6. Posted for duty on *May 1/18* at *P. H. W. H.*
in category (or grade).....
7. Former Trade or Occupation } *miner*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
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) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 general 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? }

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.)

na
de Compens of no disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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
B. J. Thomas, Capt Rtdms
 Medical Officer in charge of case.

Station .. *Magdy Bourn*

Date *23/11/17*

* 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

Casualty Form—Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REG.Rank *Pte* Surname *Romane* Christian Name *Benjamin*Religion *S. A.* Age on Enlistment *32* years *18* monthsEnlisted (a) *1/8/18* Terms of Service (a) DURATION Service reckons from (a) *1/8/18*

Date of promotion to present rank Date of appointment to lance rank

Extended *S.* Re-engaged *S.* Qualification *S.*
or Corps Trade and RateOccupation *miner* Signature of Officer *P. W. Curran CAP*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	<i>26 OCT 1918</i>		
		Disembarked...			
		Joined Battalies	<i>3 NOV 1918</i>		
		<i>Arrived in UK</i>		<i>13/1/19</i>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(1951) Wt. W 1387 - P 1124, 1,000 0/18, D & S, Form B.103 (E. 1356)

I.P.T.O.

Next of kin Mother, Mrs George Romane Bonaville

No 4427



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Benjamin Romaine, Regl. No. 4829
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4194	Mother	Mrs. George, ^{Sr.} (Elizabeth) Romaine	Bonavista.	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
 A Company
St. John's.
8-6 1918

(Sig.) Benjamin Romaine
 (Rank) Pte.

C.R. 4829

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name. *Benjamin Romaine*

Date. *Nov. 18/19*

Place. *Benavista*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet One

Regiment of Royal New Zealand

Signature of O. C. Company Wm. Churchill *Sic*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	Remaine B	Age on	32	years		months
Joined		Date	Place and Date of Enlistment			Religion
Joined		Date	Period of			Place of Birth
Joined		Date	} with Colours,	24		years.
Joined		Date	} with Reserve	36	years.	Bonanza

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
				Demobilized	H. John's	3 7/19			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4829 Rank Plt Name Romaine B.
 Intended place of residence Bonaville
2. Occupation Mine
 Classification of soldier 2 Medical Category AI
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 JUN 5 1919 for Mr. Hunt
 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.
JUN 5 1919 B. Romaine
 Signature of soldier
M. Clouston
 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.
5-6-19 B. Romaine
 Signature of soldier
W. J. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 429

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S. R. H. ... Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JUN 19 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed M. Bowley, Capt.
 Place St. John's July 31/1919
 Date July 31/1919
 Office of Records
 The Royal Newfoundland Regiment

2013 2079/2268

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44829 Rank PLC Name Romaine B
 Date of Enlistment 1.5.18 Address Bonaiville District Bonaiville
 Occupation Truck Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36.	B 268.	B 121.	N.F. Med.	D.F. 1.
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 4.6.19

for H. H. H. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

B Romaine

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 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1425* to his home at *Bonavista* and Release Certificate No. *2292* issued.

Date *5-6-19*

J.A. Shaw Capt
Demobilization Officer

4. Pay and Allowances.

The here named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *3-7-19*

Date *5-19*

H. M. Smith
Depot Paymaster.

Discharge approved for *19-6-19*

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	
F 178a	D 400A	B 1915	do 2nd	" 3	2 Form B.
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 *5-6-19*

J.A. Shaw Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 19 1919*

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

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

Date *June 10/19*

James H. [unclear]
for Records

Reg. No. *4829* Rank *Plt.* Name *Romain B.*

Attested Address *Bonaville*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

4-6-19
19-6-19

PASSED BY MOBILIZATION OFFICER
SPECIAL BOARD OF MOBILIZATION