



FIRST NEWFOUNDLAND REGIMENT

4115

ATTESTATION OF

No. 4115 Name Frank Robson Corps C of E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Frank Robson</u> |
| 2. What is your full Address? | 2. <u>Bygonne Cove White Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Seaman</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>THE DUKE OF THE WAR</u> 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, Frank Robson 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.

9. 12. 1917 Frank Robson SIGNATURE OF RECRUIT.
Robert [unclear] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Robson 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 14 day of Nov 1917
Walter [unclear] Signature of Attesting Officer

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 17. 12. 1917
 Place [unclear] } 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 Private Robert
 Apparent age 19 years 7 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Robert
Baggins 603 White Bay Relationship Son

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-11-17</u>									
Joined at <u>St John's</u> on <u>November 14-17</u>									
Discharged <u>July 12. 1919</u>									
Embarked <u>St John's N. Forget, to Halifax</u> <u>29 1/2</u> Embarked <u>for B to S</u> <u>2-7-18</u> Disembarked <u>same</u> <u>5 7-18</u> Joined <u>Batter</u> <u>9 7/8</u>									
Transferred from <u>Rover</u> <u>22 7/9</u> Arrived <u>Halifax</u> <u>23 7/9</u> To left for demobilization <u>22-5-19</u> Arrived <u>Campanstand</u> <u>16-1919</u>									
<u>Demobilization St John's 12-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-19 (date of discharge) 1 years 241 days
 " " Pensions " " " " " " " " " " " "

C.R. 4115

Extract from Daily Orders Part LI Unit The Royal Rifles.

Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from 12-7-19

4115 Pte. Frank Ropson.

C.R.

4115

Extract from Daily Orders Part II Depot, St. Johns,

Date June 18th 1919.

4115, Pte. F. Ropson.

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. 4115

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.

#4115 Pte. F. Ronson.

C.R. 4115

Extract from Nominal Roll to B. E. F. embarked

Folkestone 2-7-18

#4115 Pte. F. Ropson.

C.R. 4115

Extract from Nominal Roll Draft "H" VCompany embarked
S.S. Florissel. Jan. 29th, 1918.

4115 Pte. Ropson, F.

C.R. 4115

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's Nov. 15th, 1917.

4115 P. Ropson.

Attested for General Service in the 1st Wfld. Regt., posted
to G Coy, and assigned to number as shown, with effect from
Nov. 14/17.

Reg. No. H115 Rank Pfc Name Ropson J.

Attested 14-11-17 Address Duggins Cove White Bay.

Allotment 60 Allotee Jno. Ropson

Date of Allotment 1/1/18 Returned from Overseas _____

Embarked for Overseas _____ Cause _____

Senos 1st 16-11-17 2nd 21-11-17 3rd 26-11-17 Vac 29-11-17
HL 8.1.18 - 18.1.18; RFD. 25/1/18

J. Ropson

C.R.

4115

PRC

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. *4115* 3. Rank..... *Pte*
4. Name *Robson*..... *Frank*
(Surname) (Christian Names)
5. Age last birthday..... *21*
6. Posted for duty on..... *Nov 14/17* at..... *St Johns*
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
- (b) Date of Discharge ;
 (c) Cause of Discharge.
 (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 | } na. | |
| (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? } na.

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?
(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 complains 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.

Repatriation

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.

W. E. Proctor
 Capt R.A.M.C.
 Medical Officer in charge of case.

Station Hazely D.C. Camp
 Date 30-4-19

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

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4115	Pte	Rapson J	\$2 50	

I have the honour to be, Sir,

Your obedient servant.

Date

27-6-18

J Rapson

Rapson, A.

4115

Ray Dept.

July 12, 1919

#4115 Pte. Frank Ropson,

Duggan's Cove,

Great Harbor Deep,

White Bay.

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

Paymaster & U.I/c Records Captain

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... *Frank* 2. Surname... *Rapson*
3. Rank... *Pvt* 4. Regt. No... *4115*
5. Address in full to which future payments of gratuity are to be forwarded... *Duggan's Cove, Great Harbor, Rep. White Bay*
6. Date of enlistment in the Regiment... *November 14, 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
not applicable
8. Relationship of such dependents... *150*
9. Address in full of such dependents... *150*
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... *Twenty months and 2 weeks* 12

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

not applicable

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.

\$ 19 Clothing Etc

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?

no

19. Are you now serving in the Res? If not give:- (a) date of discharge.

no

June 29/19

(b) Reason for discharge.

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.

Duna Belgium Germany

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

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

Signature of Applicant: *Frank Hopson*

Place of Residence: *Duggan's Cove, Great Harbor Deep, White Bay*

Declared before me at: *St Johns Aged*

This *14* day of *June* 19*.19...*

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

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

July 12, 1919

#4115 Pte. Frank Ropson,

Duggan Cove,

White Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #2965.

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4115 Rank Pvt Name Ropson, J.
 Intended place of residence Duggan Cove
 2. Occupation Fisherman
 Classification of soldier E Medical Category A3

DEMobilIZATION.

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

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 14 1919 *Jr* 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 14 1919
 Signature of soldier *J. Ropson*
 Signature of witness *W. J. [unclear]*

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
JUN 14 1919
 Signature of soldier *J. Ropson*
 Signature of witness *W. J. [unclear]*

STATEMENT OF SERVICE

7. Enlisted for service 14-11-17 No of days on Military
 Discharged from service 28-6-19 PLUS 14 DAYS Service 606

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 JUN 28 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.
 Date July 13 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

a 7B2079/2960

The Royal Newfoundland Regiment

Class for Demobilization: —

26/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

13.6.19

Regimental No

H115

Name

Robson Frank

Rank

Address

Harbor Deep

Present Medical Category

A 1

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

RH Lait Capt
O.C. Discharge Depot.

Paterson
Senior Medical Officer

Swinden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4115 Rank Pr Name Popson J
 Date of Enlistment 14-11-17 Address Dugganby District H Barb
 Occupation Fisherman Classification for Discharge 17 Medical Category H1
 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	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 14-6-19 O. C. Discharge Depot. H Barb

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J Popson

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 _____

O i/c. Re-clothing Chelbunston

Date 14-6-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 4727 to his home at Duffans home and Release Certificate No. 2787 issued.

Date 14-6-19 *J.A. Shawcroft*
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 12-7-19

Date 14-6-19 *J.A. Shawcroft*
Depot Paymaster.

Discharge approved for 28-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
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
B179c	B 120	M 93		

2 Form B

Date 14-6-19 *J.A. Shawcroft*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 28 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 ~~_____~~

F. Popson

Signature of Man.

Reg. No.

4115

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

14-6-19

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

MEDICAL HISTORY

Surname Robert OF Christian Name Frank

Table I.—GENERAL TABLE.

Birthplace:—Parish Duggan Corn White Bay County Dfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>14</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>19</u> years	<u>7</u> Mos.	years	days
Trade or Occupation	<u>Postman</u>			
Height	<u>5</u> feet	<u>8</u> inches	feet	inches
Weight	<u>145</u> ¹ / ₂ lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> ¹ / ₂ inches			inches
	Range of Expansion... <u>3</u> ¹ / ₂ inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6</u>		R.E.—V=	
	L.E.—V= <u>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>Lammie Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>	at		
	on <u>14</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Regt</u>	<u>4115</u>		
Became non-effective by	on	day of	191	on
			day of	191
(Signature)				
(Rank)				

The Royal Wld. Regiment

DEMOBILIZATION

No. 415 Rank _____

Name Robson F

Warned for demobilization on

JUN 14 19

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 New Forest* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4115* 3. Rank... *plie* 7a. If the soldier claims previous service in Army, he should state—
4. Name *R. P. P. son* } *Frank* }
 (Surname) } (Christian Names)
5. Age last birthday... *21*.....
6. Posted for duty on *Nov. 14/17* at *St. John's*.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
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.
- nil.*
nil.
nil.
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 | } <i>in a</i> | |
| (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 a*

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?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The complainant of no disability

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

Repatration

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.

Sydney L. Prosser
for
Capt Rame

Medical Officer in charge of case.

Station *Hazeley Down*
 Date *30/4/19*

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

Casualty Form - Active Service.

Regiment or Corp *Royal Newfoundland* *14-5-1897*
 Rank *Private* Surname *Rops* Christian Name *J. Rops*
 Religion *C. of E.* Age on Enlistment *19* years *7* months
 Enlisted on *14-5-1897* Terms of Service *5 years* Service reckons from *at*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended Re-engaged _____ Qualification (by _____
 or Corps Trade and rate _____
 Occupation _____ Signature of Officer _____

Report _____
 Date _____ From whom received _____
 Place of Casualty _____ Date of Casualty _____
 Remarks _____
 Embarked
 Disembarked

Am

(a) In the case of a man who has re-engaged on another date, the date of re-engagement will be entered.
 (b) Agent: Messing Smith & Co. 55, Abchurch Lane, London, E.C. 4, U.K. Form B/103 8/1902

NEXT OF KIN — *John Ropsen Duggan*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
H 121
39.

Regiment of 1st Newfoundland

Number of Sheets ONE

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4115</u> <u>Robson Frank</u>	Age on	<u>19</u> years <u>7</u> months	<u>Soldier</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>14-11-17</u>	
Joined		Date	Period of	with Colours	
Joined		Date		with Reserve	<u>24 1/2</u> years.

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
				<u>Demobilized St. John's, 12/7</u>					

To be carried over



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

Frank Robson

Regiment from which discharged

Royal Newfoundland

Regimental number

4115

Intended address

No 22, White Bay

Height on discharge

5 Feet 8

Color of hair on discharge

Black

Complexion

Dark

Color of eyes

Brown

Descriptive Marks

Figure on discharge

medium

Christian name of Father

John

Christian name of Mother

Martha

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Suggans Cove, March 29th, 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)

Frank Robson

Pte

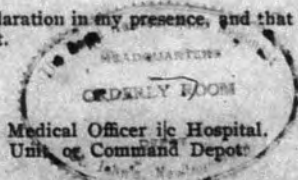
(Rank)

Station

S. Johns

Date 13.6.19

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

The Royal Newfoundland Regiment

4115

DEMOBILIZATION OF

Reg. No. 4115 Rank Private Name Popson J
 Date of Enlistment 14-11-17 Address Dugganloy District St. John's
 Occupation Intercom Classification for Discharge 17 Medical Category A1
 Recommendation S. M. B. 1 Disability Rating 1

Passed to Demobilization Officer with following documents:—

N.F. P136	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 14-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J Popson

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 Amelobon

Date 14-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 3727 to his home at Diggins home and Release Certificate No. 2787 issued.

Date 14-6-19 *J.A. Newcomb*
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.....

Date 14-6-19 *J.A. Newcomb*
Depot Paymaster.

Discharge approved for 27-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	2 Form B
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	
B179c	B 120	M 93			

Date 14-6-19 *J.A. Newcomb*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

R.H. Sait Capt.

Date JUN 24 1919 *R.H. Sait*
O. C. Discharge Depot.

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

Date June 30/19 *J.A. Newcomb*
for Records

