



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4961 Name Reginald Rose Corps C of 8

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Reginald Rose</u> |
| 2. What is your full Address? | 2. <u>Port-Aux-Basques</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Bricklayer</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, Reginald Rose 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.

Reginald Rose SIGNATURE OF RECRUIT.

James Atkie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reginald Rose 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 7th day of May 1915.

Signature of Attesting Officer James Stewart

†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 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

4961

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

Name Reginald Rose
 Apparent age 19 years 6 months. Height 5 feet 6 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 John Rose, Port-au-Prince, Basques
 Relationship Father

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 L'epot | 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>7-5-18</u> | | | | | | | | | |
| Joined at <u>St John's</u> on <u>May-7-1918</u> | | | | | | | | | |
| <u>Discharged July 19 1919</u> | | | | | | | | | |
| <u>Embarked St. John's train to Halifax NS 11-6-1918.</u> | | | | | | | | | |
| <u>Reembarked for St. L. 26-10-1918</u> | | | | | | | | | |
| <u>Reembarked France 26-10-1918.</u> | | | | | | | | | |
| <u>Joined Batta. 3rd. Transferred from Rouen 22nd 7th. Arrived Bunkelot 23rd 1919</u> | | | | | | | | | |
| <u>to Newfoundland for demobilization 22-5-1919</u> | | | | | | | | | |
| <u>Arrived Newfoundland 1-6-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... <u>Remobilization St John's 19-7-1919</u> | | | | | | | | | |

Total Service towards Engagement to 19-7-1919 (date of discharge) 1 years 74 days
 Pensions " " " " " " " " " " " "

C.R. 4961

Extract from Daily orders Part II Unit The Royal WFLD. Regt.
St. John's, July 28th, 1919.

The discharge of the unlearned of mobilization has been
CONFIRMED by officer I/c Records from 19-7-19.

4961 Pte. Reginald Rose.

C.R. 4961

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

The discharge of the undernoted on demobilization has been
APPROVED BY O.C. Discharge Depot from 4-7-19.

4961 Pte. R-Rose.

C.R. 4961

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

Date June 18th 1919.

4961, Pte. R. Rose.

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

C.R. 4961

Extract from Daily Orders Part 11 Unit The Royal ^Mfld. Regt.,
By T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

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

4961 Pte. R. Rose.

C Coy.

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

R

4961

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.

#4961 Pte. R. Rose.

C.R. 4961

Extract of Telegram from Syn., LONDON to Military.

Dated April 15th/19.

In answer to your telegram of April 11th #4961, Rose

B.E.F.

C.R. 4961

Extract of Telegram from Military to Syn., London.

Dated April 11th/19.

Inform whereabouts 4961 Rose.

C.R. 4961

Extract from Prisoner Roll Re-Interment Staff No. 15: Richard Folliott,
26/10/18, from 1st Batta, Royal Newfoundland Regiment, Havelock House Camp,
Singapore, to 1st Batta, Royal Newfoundland Regiment, S.S.F.

4961 Pte. Ross, R.

C.R. 4961

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

#4961 Pte. N. ^Rose.

Embarked for overseas with draft 11-6-18

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

#4961 Pte. R. Rose.

Attested for General Service with the Royal Hild. Regt.
from 7.3.28.



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.P. No. 4961

Line No. 24 Sent by _____ Rec'd by _____ Check 9/

Place from Channel 10

To Minister of Militia



Please advise where 4961
Pte Reginald Rose is
anxious

Edith Rose.

[Handwritten signature]
14/4/19
[Handwritten initials]

CR 4961

April 19th 1919

Mrs. Edith Rose
Channel

Dear Madam:-

With reference to my letter of
17th inst. concerning your son, No. 4961, Private
Reginald Rose, I beg to say that we are now in
receipt of reply to our enquiry concerning the
whereabouts of this soldier, stating that he
is with the 1st Battalion in Rouen.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

C.R. 4961

April 14th, 1919

Mrs. Edith Rose
Charmel

Dear Madam:-

I have to acknowledge receipt of your wire of 10th inst. requesting to be informed of the whereabouts of No. 4961, Private Reginald Rose. I might inform you in reply that we in turn have cabled our Record Office, London requesting this information be forwarded to us; and when reply comes to hand, I shall again communicate with you

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

W Rose

C.R. 4961

~~P. 10~~

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. *1st Regt. Newfoundland*
2. Regtl. No. *496* 3. Rank. *Private*
4. Name *Rose* *Reginald*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *May 10/18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Brakesman*
- 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 (d) 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 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."
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 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 complains of no 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?

no
no
no
no

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
referred to R. A. M. B.
no
Capt R. A. M. B.

Station *Bungay D. Camp*
 Date *20-4-19*

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 |
|---------------|------|---------|--------|-----------|
| 1961 | Lt | Rose W. | \$250 | R. Rose |

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

Date

July 1918

R. Rose

Rose, L

4961

Hay & Capt

July 22, 1919

#4961 Pte. Reginald Hoss
Port au Masque.

Dear Sir:-

Please find enclosed Discharge Certificate #3140.

Yours truly,

Captain & Paymaster.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4961 Rank

Name Rose R

Warned for demobilization

JUL 3 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4961 Rank Plt Name Rose R
 Intended place of residence Port-au-Beau

2. Occupation Brakeman
 Classification of soldier E Medical Category A²

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 3 1919

R. H. Lait Major
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 3 1919

R. Rose
 Signature of soldier

J. A. Snow Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 3 1919

R. Rose
 Signature of soldier

James Newman
 Signature of witness
 SPT

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 439

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 JUL 5 1919

R. H. Lait Major
 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 July 19/1919

J. A. Snow Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

ATB 202913140

25
30
19
19

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

2.7.19

Regimental No *4961*

Name *Rose Reginald* Rank *Pte.*

Address *Port-au-Prince*

Present Medical Category

A1

Recommended for: (a) Immediate discharge
(b) Standard Medical Board

Members of Board

R. H. Lait Major
O.C. Discharge Depot.

B. Brown
Senior Medical Officer

W. Berdeu
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4961 Rank Plt. Name Price R
 Date of Enlistment 7-5-18 Address Port George District Burgess
 Occupation Bricklayer Classification for Discharge E Medical Category 1A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | |
|-----------|--------|--------|-----------|---------|
| N. F. 136 | B 208 | B 121 | N. F. Med | D. F. 1 |
| B 178 | W 3194 | 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 2-7-19 O. C. Discharge Depot. M. Price

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. H. Price

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 3-7-19

O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2153 to his home at Fort Am Bague and Release Certificate No. 3166 issued.

Date

3-7-19

J.A. Lumbert
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

3-7-19

J.A. Lumbert
Depot Paymaster.

Discharged approved for

5-7-19

Forwarded with following documents to O.C. Discharge Depot.

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.P. 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 |
| B179c | B 120 | M 93 | | |

2 Form B

Date

3-7-19

J.A. Lumbert
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

JUL 5 1919

R.H. Sait MAJOR
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.

R. Rose

Signature of Man.

J. H. Snowbapt.

Signature of the Vocational Officer or his Representative.

Reg. No. 4196

Place

ST. JOHN'S

Date

JUL 3 - 1919

191



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 Office 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 *Reginald Rose*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2961*

Intended address *Port aux Basques*

Height on discharge *5* Feet *7*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Scar left leg*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Port aux Basques, Nov. 4th 1899*

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)

Reginald Rose

Plto.
(Rank)

Station

H. John's

Date

5-9-19

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

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

MEDICAL HISTORY

Surname

Rose

OF

Christian Name

Reginald

Table I.—GENERAL TABLE.

Birthplace:—Parish Port-aux-Basques County Nfld.

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|-------------------|--------------|------------|
| | on | at | on | at |
| Examined | on 7th day of May 1918 | at St John's Nfld | on | day of 191 |
| Declared Age | 19 1/2 years | — days | years | days |
| Trade or Occupation | Brakeman | | | |
| Height | 5 feet 6 | inches | feet | inches |
| Weight | 145 lbs. | | | lbs |
| Chest Measure- ment | Girth when fully expanded | 36 inches | | inches |
| | Range of Expansion | 4 inches | | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | Arm | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V— | 6/6 | R.E.—V— | |
| | L.E.—V— | 6/6 | 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) | | | | |
| (Rank) | | | | |
| Enlisted | at St John's Nfld | | at | |
| | on 7th day of May 1918 | | on | day of 191 |
| Joined on Enlistment | Corps.. | Regtl. No. | Corps | Regtl. No. |
| | The Royal Nfld Regt. | 4961 | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of 191 | on | day of 191 |
| (Rank) | | | | |

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 F., 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* } Former Trade or Occupation } *Brookman*
2. Regt. No. *4961* 3. Rank *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Ross* (Surname) *Ross, Refined* (Christian Name) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *20*
6. Posted for duty on *May 10, 1918* 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 (b) Date of Discharge;
(c) on duty (d) off duty? (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 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 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.
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.

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.

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.

Reprovision

W. S. Procuier Capt Rame

Station Hazley, B. O. M.

Medical Officer in charge of case.

Date 29/11/19

* 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 Corps *ROYAL NEWFOUNDLAND REG.*Rank *Pte.* Surname *Rose* Christian Name *Reginald*Religion *C.* Age on Enlistment *19* years *6* monthsEnlisted (a) *7/5/18* Terms of Service (a) **DURATION** Service reckons from (a) *7/5/18*Date of promotion to present rank *8.13.18* Date of appointment to lance rankExtended Re-engaged Qualification (b) *Brakesman*
or Corps Trade and Rate.Occupation *Brakesman* Signature of Officer *H. M. Curran*

| Report | | Record of promotions, relocations, transfers, casualties, etc., 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 Battalion | <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, Shipping-Smith, &c

(17501) Wk. W 1887-P 1134. 1,000,000. G.S. D & S. Form B. 103. (E. 1918)

I.P.T.O.

next of kin father, John Rose Fort aux Basques Mtd

July 24, 1919

#4961 Pte. Reginald Ross,
Port aux Basques.

Dear sir:-

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

Yours truly

Captain & Paymaster

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *Bonnes* 2. Surname..... *Rose*
3. Rank..... *Pte* 4. Regt. No. *496*
5. Address in full to which future payments of gratuity are to be forwarded?..... *Port aux Bonnes*
6. Date of enlistment in the Regiment..... *May 18/18*
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..... *no*
9. Address in full of such dependents..... *no*
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..... *Fourteen*
- 13

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

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

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

no

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

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

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 Regt.? If not give:- (a) Date of discharge.

Aug. 11. 1919

no

(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.

France, 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: *Reginald Rose*

Place of Residence: *First Ave Bague,*

Declared before me at: *St Johns road*

This *3* day of *July* 19*19*...

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

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

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt R Rose

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

496 Pte R Rose 31 00

456 R.

| | |
|----------------------|----------|
| ACCOUNT | INITIALS |
| SER. NO. <u>2109</u> | |
| IND. LEDGER | INITIALS |
| PAY LEDGER | INITIALS |
| GEN. LEDGER | INITIALS |

(C)

Certified correct for \$ 31.00

W. Blenstone
Billeting Officer,
R. Rose

2087

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet 1

Regiment of

Royal Newfoundland

Signature of O. C. Company

J. James

| Regimental Number and Name | | Enlistment | Trade | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|------------------|--|------------------------|---|
| No. | | Age on <u>19</u> years <u>0</u> months | <u>Brakeman</u> | |
| <u>4961</u> | <u>Rose Reg.</u> | Place and Date of Enlistment <u>St John's</u> | Religion <u>Coff.</u> | |
| Joined | Date | Period of } with Colours <u>7 1/2</u> years. with Reserve <u>3 1/2</u> years. | Place of Birth | |
| Joined | Date | | <u>Port au Basques</u> | |
| Joined | Date | | | |

| 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 St John's 19 7/19

To be carried over

Army Form B. 121.

14961

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14961 Rank Plt. Name Rose R
 Date of Enlistment 7-5-18 Address Port au Prince District Bungay & Leavelle
 Occupation Brickman Classification for Discharge 4 Medical Category 1171
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. 136 | 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 400H | 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 03 | | |

Date 2-7-19 O. C. Discharge Depot. A. M. St.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. R. Rose

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
 (b) Clothing Supplied M. L. St.

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2153 to his home at Post Am Brique and Release Certificate No. 3166 issued.

Date 3-7-19 J.A. Snowball
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 8-1-19

Date 1-19 J.A. Snowball
Depot Paymaster.

Discharge approved for 5-7-19
Forwarded with following documents to O.C. Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | B 268 | B 121 | N.F. Med | D.F. 1 |
| B 178 | W 3494 | B 122 | Board Ist | " 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 | | |

Form B

Date 3-7-19 J.A. Snowball
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 11/15 1919 R.H. Dair
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. J.L.
Date July 21/19

Re 4961 Rank Ot Name Rose, Ronald
Address Port-au-Prince
Allottee
Date of Allotment _____ Returned from Overseas 29-5-19
Returned on S.S. Corucan Cause Discharge

3-2-19
3-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.