



FIRST NEWFOUNDLAND REGIMENT

3926

ATTESTATION OF

No. 3926 Name Vater Rose Corps Meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Vater Rose
2. What is your full Address? 2. 905 1/2 Avenue
St. John's Nfld
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 9 Months
5. What is your Trade or Calling? 5. machinist
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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? } II. Yes

I, Vater 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.

V. Rose SIGNATURE OF RECRUIT.

2-8-17

Emmoughlan Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Vater 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.....

on this 2 day of August 1917
Signature of Attesting Officer H. Daley

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... }
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Water Rose
 Apparent age 18 years 9 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Rose
Golf Ave. St John's | 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 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>2-8-17</u>									
Joined at <u>St John's</u> on <u>August 2-17</u>									
<u>Discharged</u> <u>29-1-19</u>									
Embarked <u>St John's R. Hoizelet</u> to <u>Halifax N.S.</u> <u>3-17</u>									Embarked for <u>St. John's</u> <u>27-3-18</u> <u>Joining Bath</u> <u>France</u> <u>4-4-18</u> <u>Admitted 44 ccb</u>
<u>Transferred to 1st</u> <u>16-4-19</u> <u>Arrives</u> <u>Halifax</u> <u>19-4-19</u> <u>To hold</u>									
<u>for demobilization</u> <u>22-5-19</u> <u>Arrives</u> <u>Halifax</u> <u>11-6-19</u>									<u>Demobilization</u> <u>St John's</u> <u>29-6-19</u>

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 332 days
 " " Pensions " " " " " " " " " " " "

C.R. 3926

Extract from Daily Orders Part 11 Unit The Royal WFLD.

Regt. St. John's, June 30, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY officer i/c Records from 30-8-19.

VATER.

3926 Pte. ~~Walter~~ Rose.

C.R. 3926

Extract from Daily Orders Part II Unit The Royal
Bnld. Regt. St. John's, June 19th, 1919.

The discharge of the undersigned on demobilization has
been APPROVED by G.O. Discharge Depot with effect from
15-6-19.

15-6-19

3926 Pte. V. Rose.

C.R. 3926

Extract from Daily Orders Part II Depot, Sjt. John's,

Date

June 18th 1919.

3926, Pte. V. Rose.

Reported at Headquarters

1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

MARCH 14th 1919.

John R. Rose, Esq.,
Golf Avenue.

Dear Sir:

I beg to acknowledge receipt of your letter of the 11th inst., with reference to the repatriation of your son, #3926 Pte. Vater G. Rose, whom you need for the purpose of starting out in business. I may say that we have telegraphed the authorities on the other side, requesting them to send him home at an early date, if possible, and upon receipt of a reply, I shall again communicate with you.

Yours faithfully,

Minister of Militia.

Hon J. R. Bennett
Min of Militia,

Gold. Ave
St. Johns
N.S. Mar 11/19

Hon and Dear Sir. C.R. 3926

Will you kindly
inform me @ your earliest convenience, if it is
possible to have my son. 3926 Pte Peter G. Rose
released from any military duties, that he may now
be engaged in, on the other side, and sent home. and
draft. I am about to start out in business for myself
@ an early date, and my son who is a skilled lathe man
and motor mechanic is indispensable for the
general success of this venture, trusting for a favourable
reply.

I have the honour to be Sir

Your Obedient Servant

John R. Rose

C.R. 3926

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 40; 80 Other Ranks
from 2nd. Bn., Royal Newfoundland Regiment, Winchester, to 1st.
Bn., Royal Newfoundland Regiment, B. E. F.

Embarked Southampton, 27/3/18.

3926 Pte. V. Rose.

C.R. 3926

minutes from National Roll [REDACTED] numbered 20. John's
for [REDACTED], per S.A. "Florinal" Oct. 2, 1917.

3926 Pte. V. Rose.

C.R.

3926

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt., St. John's, Aug. 2nd, 1917.

V. Rose
3926 Pte. X. Rose

Attested August 2nd, 1917.

V. G. Rose.

3926

P. + P. U.

No. 6393/945

D

099275

N.F.P. / 70.

From. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bact. Ryl. Nfld. Regiment
Winchester

29th April 1919

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3926 Pte V. Rose

With reference to the following telegram from the Minister of Militia / / (154).

"Pay to-3926 Pte V. Rose
£2-0-0

Cheque £2-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minnells Maj.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

William Herbert Adge
Officer Commdg. Batt'n.

Received the sum of Two
pounds (£2.0.0) in respect of telegraphic remittance from the Minister of Militia.

W. Rose
No 3926 Rank Private
Witness *W. Bell* S/Sgt

No. 4250/163

From: NEWFOUNDLAND

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

N.F.F./80

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
Office, 58, Victoria Street,
1/Bn Loyal Newfoundland Regt.
ENGLAND.
B.E.F.

15th March 1919

3926 Pte. Rose V.

With reference to the following telegram from the Minister of Militia, / / (79)

"Pay to- 3926 Rose.

£5. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. J. [Signature]
Chief Paymaster & O. i/c Records

NEWFOUNDLAND CONTINGENT
58 VICTORIA ST
LONDON, S.W. 1
2 APR 1919
PAY & RECORD OFFICE

29-3-1919

3926 Pte J. Rose

This man wishes this amount retained to the credit of his account please

A. W. [Signature]
LIEUT. COL.

COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

Deposited
15/3/19 *[Signature]*

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. *3976* 3. Rank. *Pte* 7. Former Trade or Occupation } *Jeweller.*
4. Name *Rose, N* 7a. If the soldier claims previous service in Army, he should state—
 (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *20*
6. Posted for duty on *7/16/17* 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. *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*

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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 ?

na

In all cases such as facial injuries, eye, ear, nose and throat, disabilitia, &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.)

no complaints 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. Procuier Capt R.A.M.C.
Medical Officer in charge of case.

Station St. D. Camp...

Date 18/5/19...

* 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

22. 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 part of the soldier
- Give details:

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

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

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

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

(a) An attendant for his journey home?

(b) Transport from railway station to his home?

(c) The constant attendance of another person in his own home?

Signatures:—

Station *Lozeley D. Camp* } President or Chairman.
 Date *18/5/19* } Members.

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

Station
 Date
 Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

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

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

Station
 Date
 O.C. Discharge Centre.

Rose, U.S.

3926

Aug sept.

June 29, 1919

#3926 Pte. Water Rose,
#18 Golf Avenue,
City

Dear Sir:-

Please find enclosed Discharged
Certificate No. 2527.

Yours truly

Captain
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5926 Rank Pvt Name Rose V.

Intended place of residence 13 Golf cove.

2. Occupation Machineist

Classification of soldier E Medical Category A 1

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 13 1919 *Jr. [Signature]* Comanding 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 JUN 13 1919

ST. JOHN'S

V. Rose
Signature of soldier

[Signature]
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 JUN 13 1919

ST. JOHN'S

V. Rose
Signature of soldier

James O. Sheoman
Signature of witness *SP-1*

STATEMENT OF SERVICE

7. Enlisted for service 2.8.17 No of days on Military

Discharged from service 15.6.19 plus 14 days Service 697

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 15 1919 *R.H. Last Man*
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

Date

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.

Date June 29/1919 *[Signature]*
Officer i/c Records
The Royal Newfoundland Regiment

[Handwritten signature]
27/20/19/2527

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 *12.6.19*

Regimental No *3926*

Name *Rose. Vater* Rank *Pte*

Address *Goby Avenue*

Present Medical Category *A1*

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

Members of Board {

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

S. P. ...
Senior Medical Officer

T.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3926 Rank Pvt Name Rose, V. G.
 Date of Enlistment 2-8-17 Address 13 Collyer District St. John's
 Occupation Machinist Classification for Discharge H 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
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 12-6-19 for H. W. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.
V 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 \$6000
- (b) Clothing Supplied all clothing

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 13. Golf course St Johns and Release Certificate No. 2705 issued.

Date 13-6-19 *J.P. Snowcraft*
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 29-6-19

Date 13-6-19 *# Mrs H*
Depot Paymaster.

Discharge approved for 15-6-19
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 13-6-19 *J.P. Snowcraft*
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 Gratiuity
Date JUN 15 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

3986 U.G. Rose

Signature of Man.

J. H. Crawford

Signature of the Vocational Officer or his Representative.

Reg. No.

Place

St Johns

Date

191

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

MEDICAL HISTORY

OF

Surname Re

Christian Name V. G.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County _____

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	Right	Left	Right	Left
Examined	on <u>2</u> day of <u>Aug.</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>18</u> years <u>9</u> days		_____ years _____ days	
Trade or Occupation	<u>Machinist.</u>		_____	
Height	<u>5</u> feet <u>6</u> inches		_____ feet _____ inches	
Weight	<u>131</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>37</u> inches		_____ inches	
	Range of Expansion... <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arma	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= L.E.—V=	
	(a)	_____	(a)	_____
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	
(b) Slight defects but not sufficient to cause rejection	_____		_____	
Approved by (Signature)	_____		_____	
(Rank)	_____		_____	
Enlisted	at <u>St. Johns</u> on <u>9</u> day of <u>Aug.</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st Fd. Co.</u> <u>3926</u>		_____	
Transferred to	<u>Reg</u>		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Signature]	_____		_____	
[Rank]	_____		_____	



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 *Walter S. Rose*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5926*

Intended address *13 Golf Ave. St. John's.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's. 16th Oct 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) *W. S. Rose*

Pte.
(Rank)

Station **ST. JOHN'S.**

Date *11/6/19*

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 Nfld. Regiment

DEMOBILIZATION

No. 397 Rank

Name *Rae H*

Warned for demobilization on

JUN 13 1919

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. *320* 3. Rank. *Platoon*
4. Name *Rose* (Surname) *V* (Christian Names)
5. Age last birthday *20*
6. Posted for duty on *June 2/14* at *St. Johns* in category (or grade).....
7. Former Trade or Occupation } *Jeweller*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
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

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

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

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | } <i>na.</i> | |
| (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.)

no complaint 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?

} *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. J. Procuier. Capt R.A.M.C.
Medical Officer in charge of case.

Station *D. D. Lamb.*

Date *17/6/44*

* 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

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

22. 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 part of the soldier .. .. . | ..... | ..... |

Give details:

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

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

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

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

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

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

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

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

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

29. Does the soldier require:—

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

Signatures:—

Station *London D. Camp* } President or
Date *18/6/19* } Chairman.
..... } Members.

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

Station } Only applicable
Date } in cases of
Officer in charge, Central Hospital. } Patients in
Hospitals.


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

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

Station
Date O.C. Discharge Centre.

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *Pte* Surname *Rose* Christian Name *V.*
 Religion *Meth* Age on Enlistment *18* years *9* months
 Enlisted (a) *2.8.17* Terms of Service (a) *duration* Service reckons from (a) *2.8.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Mechanic* *L. F. Garland 2nd Lieut.* Signature of Officer.

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>27 MAR 1918</i>		
			Disembarked... <i>29 MAR 1918</i>	Joined Battalion <i>4.4.18</i>	
	<i>44 CES</i>	<i>Ad Discharge</i>		<i>17/10/18</i>	<i>CO 2186</i>
	<i>do</i>	<i>To duty</i>		<i>14/11/18</i>	<i>CO 9246</i>
		Joined	Field	<i>27-11-18</i>	<i>B. 213</i>
<i>17.1.19</i>	<i>2nd Army</i>	<i>Joined No 1 Demob Camp as Staff</i>	<i>Cologne</i>	<i>3.1.19</i>	<i>CR 121300/11/16</i>
		<i>Granted leave to W.R. 2/2/19 to 23/2/19</i>			<i>B213. 15/2/19</i>
	<i>Jan</i>	<i>Trans to England for Demob</i>		<i>1/4/19</i>	<i>CO 8100 810</i>
					<i>mob 4A</i>
					<i>Officer i/c Infantry Section No 1</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

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 *Peter* 2. Surname *Rose*

3. Rank *Plt* 4. Regtl. No. *3926*

5. Address in full to which future payments of gratuity are to be forwarded *Plt 3 Golf Ave St Johns*

6. Date of enlistment in the Regiment *August 27/17*

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

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Aug 27/17 to June 19/19*

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.

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.? *No* If not give - (a) date of discharge *June 13/19* (b) Reason for discharge *Disability*

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 Feb 1918 to Sept 1919. Passchendaele, Arras, Ypres, etc.

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.

Signature of Applicant: *U Rose*
 Place of Residence: *13 golf ave, St. John's*
 Declared before me at: *St. John's, Nfld.*
 This *13th* day of *June* 19*.1.9...*
John M. Arthur

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

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This _____ day of _____ 19... ..

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

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

Signature of Applicant:
 Place of Residence:
 Declared before me at:
 This _____ day of _____ 19... ..

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

3926 Rose

P.M.

Please make next pay. W. S. G.

16/7/19

[Signature]
W.S.G.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 70 ⁰⁰/₁₀₀

July 16 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. loss
balance

O'Rose
J. C. S.

Ch. No. 3104	Initials JCU
Pay Ledger 209	Initials Wn
Gen. Ledger	Initials

Regtl. No. 3926 Rank

C.R.

3926

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 3926... NAME. *W. G. Rose*.....

DATE. *Jan 8-20*
PLACE. *St. John's*.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st Newfoundland.

Number of Sheet First.

Signature of O. C. Company H. H. H. 7/10

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Rose. Water.</u>	Age on	<u>18</u> years <u>9</u> months	<u>Mechanic.</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	Period of	<u>2-8-17</u>	<u>Meth.</u>	
Joined	Date	with Colours	<u>332</u> years.	Place of Birth	
Joined	Date	with Reserve	<u>365</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>St. John's</u>	<u>23-8-17</u>	<u>Plt.</u>	<u>1st</u>						
<div style="font-size: 2em; font-family: cursive;">Demobilized St. John's 29 ⁶/₁₉</div>									
To be carried over									

13926

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3926 Rank Pte Name Rose, V. G.
 Date of Enlistment 2-8-17 Address 15 Collyer District St. John's
 Occupation Machinist Classification for Discharge 4 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 12-6-19 for O. C. Discharge Depot. H. Rose

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

V 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 \$60.00
- (b) Clothing Supplied _____

Alm. Robertson

Date 13-6-19

O. C. Re-clothing

3. Transportation and Release Certificate.

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

Date ... 13-6-19

J. H. Knowlton
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 19-1-19

Date ... 13-6-19

J. H. Knowlton
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

Date 13-6-19

J. H. Knowlton
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

Date JUN 15 1919

R. H. ...
O. C. Discharge Depot.

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

Date June 24/19

J. H. Knowlton
for O.C. Records

Reg. No. *3926.* Rank *Ho* Name *W. J. ...*

Attested Address *Self memo.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Cossican* Cause *Discharge*

12-6-19

PASSED TO DEMOBILIZATION OFFICER

15-6-19

DISCHARGE APPROVED ON DEMOBILISATION.