



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5205 Name Absalom Samson Corps CofC.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Absalom Samson
2. What is your full Address? 2. Lat 10. 12 ay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Yesternan
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? 11. Yes

I, Absalom Samson 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.

Absalom Samson SIGNATURE OF RECRUIT.
J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Absalom Samson 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 20 day of May 1918

Signature of Attesting Officer C. B. Dick Lieut.

†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

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

Date May 20 1918
Place St. John's } Approving Officer.

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

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

G.R. 5205

Extract from Daily Orders Part 11 Royal Newfoundland
Regiment Dated Aug. 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilization has
been CONFIRMED by officer i/c Records from noted date
9-8-19.

5205, Pte. Absalom Samson.

C.R. 5205

Extract from Daily Orders Part 11 unit the Royal Nfld. Regt.
St. John's, July 15, 1919.

The Discharge of the Undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5205 Pte. A. Samson.

C.R. 5205

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 3rd 1919.

5205 Pte. A. Samson

Reported at Headquarters 1-7-19 ex "Cassard" which sailed
Glasgow 24th June, 1919.

C.R. 5205

Extract from Daily Orders part 11, from Unit The Royal
2
Regt. Reg. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5205 Pte. Absalom Samson.

C.R. 5205

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 21, 1918

#5205 Pte. A. Samson

Attest for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

A. Lawson

C.R.

5205

PK 10

Sawson, A

5205

Receipt

August 14, 1919

#5205 Pte. Absalom Samson,
Flat Islands, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3668.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5205 Rank. PTC Name. Samson A
 Intended place of residence. Flat Islands Bonaville
 2. Occupation Fireman
 Classification of soldier. E Medical Category. A¹

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 12 1919
 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 12 - 7 - 19
 Signature of soldier: Samson A
 Signature of witness: M. Lousin

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 12 - 7 - 19
 Signature of soldier: Samson A
 Signature of witness: James O. Newman Sp.

STATEMENT OF SERVICE

7. Enlisted for service. 20-5-18 No. of days on Military Service. 447
 Discharged from service. 26-7-19 Plus 14 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 26 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
 Date August 9/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

MB 207413668

✓
30
31
9
8

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

MEDICAL HISTORY

OF

Surname

Samsan

Christian Name

Abalom

Table 1.—GENERAL TABLE.

Birthplace:—Parish

Flat Island P.P.

County

Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>20</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>S. Plus</i>	at		
Declared Age	<i>22</i> years	—	days	years days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>4 1/2</i> inches		feet	inches
Weight	<i>132</i> lbs.			
Chest Measurement	Girth when fully expanded	<i>34</i> inches		
	Range of Expansion	<i>4</i> inches		

Vaccination Marks	Right	Left	Right	Left
	/		/	

When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Samsan*

(Rank) *Major* Medical Officer.

Enlisted at *S. Plus* on *20* day of *May* 191*8*

Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<i>The Royal Bds</i>			
	<i>Nfld Regt</i>			

Became non-effective by

(Signature)

(Rank)

Table II.—Only for admission to hospital, or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admission and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Brazley Down	3	2	1914	2	19	19	Influenza	11	Discharged to duty.	B. S. P. N. M. O. CAPT., R. A. M. C.
MAGDALEN CAMP HOSPITAL WINCHESTER. 22.	7	4	1914	4	19	19	I. C. T. Fac L.	8	Caused tooth extracted Recovered fit 157100 unit	Edmund Head. Temp Capt. R. O. M. C.



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 *Samson, Abdon*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1201*

Intended address *Flat Island, N. B.*

Height on discharge *5* Feet *10"*

Color of hair on discharge *Dark*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Samuel*

Christian name of Mother *Susannah*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Flat Island, N. B. 20.11. 1897.*

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) *Abdon Samson* (Rank) *Plt.*

Station *ST. JOHN'S.* Date *7.7.19.*

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.



Medical Officer i/c Hospital, Unit, or Command Depot.

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 Regiment* 7. Former Trade } *Fisherman*
or Occupation }
2. Regtl. No. *205* 3. Rank... *Pl.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Samson Albalon*
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off-duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (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 venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

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

W.E. Proctor, Capt R.A.M.C.

Station *Bagley Down*

Date *3/11/19*

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5209 Rank Rt. Lt. Name Sagnon, A.
 Date of Enlistment 20.5.18 Address St. John's District St. John's
 Occupation Interpreter Classification for Discharge E Medical Category I
 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.	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 July 19/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

at samson

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600

(b) Clothing Supplied

O i/c. Re-clothing.

Date 12-7-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2435 to his home at Flaxford and Release Certificate No. 3553 issued.

Date 12-7-19 J.A. 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 9-8

Date 12-7-19 J.A. Snowcraft
Depot Paymaster

Discharge approved for 26-7-19
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
B 179c	B 120	M 93		

Date 12-7-19 J.A. Snowcraft
Demobilization Officer

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date N.R. Cooper 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.

W. B. Samson

Signature of Man.

J. A. Knowlton
Signature of the Vocational Officer or his Representative.

Reg. No. 5205

Place

ST. JOHN'S.

Date

12-7-12

191

The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5205*.....

Name

Samm

Aberley

Address

Flat Island. BP

Present Medical Category.....

A7

Recommended for:— { (a) Immediate discharge

(b) Standing Medical Board.....

Members of Board {

RH Lait Major
O.C. Discharge Depot.

Peterson
Senior Medical Officer

See Berden
M. O. Depot

August 18, 1919

Mr. Absalom Samsen,
Flat Islands, B.B.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of 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..... *Abraham* 2. Surname..... *Jamson*

3. Rank..... *Pte* 4. Regtl. No. *5705*

5. Address in full to which future payments of gratuity are to be forwarded..... *Flat 20 B B*

6. Date of enlistment in the Regiment..... *May 20/18*

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

8. Relationship of such dependents..... *See*

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

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 Hfld. If so, give dates and particulars of such service..... *England only*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *1 yr 1 mo*

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?

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 R.A.F.? If not give: (a) Date of discharge (b) Reason for discharge. Have already received

July 1919

Dismissed

slump

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.

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 *Widow only*

21. (c) Are you receiving treatment from the Civil Re-Establishment Com. (2) If so are you in receipt of full pay and allowances from that Committee?

No

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.A.F.? If not give: (a) Date of discharge (b) Reason for discharge. Have already received

Abraham Samson

Signature of Applicant:

Place of Residence:

Flat D B B

Declared before me at:

St Johns

This

12

day of

July 1919

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

John In Cahthy

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due

.....

.....

.....

Certified correct.

Signature

Flat Island

✓
Oct 25th
1919

5700

Dear Sir.

Referring to you for my
cheque which I havent received
sense august 18

yours truly

J. M. Howley
Captain and
paymaster.

absalom samson

mailed Nov. 7

5205

November 8, 1919

Abesalom Samson,
Flat Island.

Dear Sir:

With reference to
your letter of 25/10/'19, cheque was
mailed to you on November 7th.

Yours truly,

Lieut.
For Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet One

Signature of O. C. Company P. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5205 Bamson, Albalon</u>	Age on	<u>22</u> years <u>00</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>20.5.18</u>	Religion	
Joined	Date			<u>C. P. E.</u>	
Joined	Date	Period of	} with Colours <u>82</u> years. } with Reserve <u>36⁵</u> years.	Place of Birth	
Joined	Date			<u>Hal St. B. B.</u>	

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</u>	<u>St John's</u>	<u>9</u>	<u>8</u>		

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5205 Rank Plt Name Samson A
 Date of Enlistment 20.5.18 Address Flat, Islands District Bongorata
 Occupation Fisherman Classification for Discharge C Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <u>3</u>
B 178	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 July 19 19 O. C. Discharge Depot H. H. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. if samson

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 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2435 to his home at Hammond and Release Certificate No. 3553 issued.

Date 12-7-19 J.A. 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 9-3-19

Date 12-7-19 J.A. Snowcraft
Depot Paymaster

Discharge approved for 26-7-19

Forward following documents to O C Discharge Depot.

N.F. P/36		B 121	N.F. Med.	D.F. 1
F 178	W 394	B 125	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	P n K	do 4th	" 5
B 179b	B 103	ha 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 12-7-19 J.A. Snowcraft
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

JUL 26 1919

Date L.R. Coogee Capt
O. C. Discharge Depot.

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

Date Aug 7/19 J.A. Snowcraft

Reg. No. *5205* Rank *Pfc* Name *Sampson, A.*

Attested Address *Flat 226*

Allotr Allottee

1. of Returned from Overseas *III 1 1919*

Lucas Cause *Discharge*

11-7-19
26-4-19

PASSPORT **EXPIRES**

.....

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 W. S. uniform band* } Former Trade } *Statesman*
or Occupation }
2. Regtl. No. *5205* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *Samson* } *absalem*
(Surname) (Christian Name)
5. Age last birthday: *23*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service. | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

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

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

The complainant 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?

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

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

Station *Hazley, Down*

Date *3/4/19*

* 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