

Newfoundland Forestry Companies

ATTESTATION OF

No. 59 Name John Seymour Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| <p>1. What is your name?</p> <p>2. What is your full Address?</p> <p>3. Are you a British Subject?</p> <p>4. What is your age?</p> <p>5. What is your Trade or Calling?</p> <p>6. Are you Married?</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?</p> <p>8. Are you willing to be vaccinated or re-vaccinated?</p> <p>9. What is your Religion?</p> <p>10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies?</p> | <p>1. <u>John Seymour</u></p> <p>2. <u>Leading Trades</u>
<u>N.D.B.</u></p> <p>3. <u>Yes</u></p> <p>4. <u>20</u> Years <u>3</u> Months</p> <p>5. <u>Lumberman</u></p> <p>6. <u>no</u></p> <p>7. <u>no</u></p> <p>8. <u>Yes</u></p> <p>9. <u>C of E</u></p> <p>10. <u>Yes</u> { Name</p> <p style="margin-left: 100px;">Corps</p> |
|--|--|

I, John Seymour 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.

8 April 28/17 John Seymour SIGNATURE OF RECRUIT.
H. James Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Seymour 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Johns on this 28th day of April 1917.

Signature of Attesting Officer J. J. [Signature]

† 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 1917 } Approving Officer.
Place

† 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: vis:—(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 John Seymour
Apparent age 20 years 3 months. Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded _____ inches
Range of expansion _____ inches

Distinctive marks Gray eyes light Brown hair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Anna Ward
Leading Ticker | Relationship Grandfather

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 _____									
Joined at _____ on _____									
<u>Discharged May 6/19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
" " Pensions " _____ [" "] " " "

Seymour, John

8059

~~John Seymour~~

N.F.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S**.....

Date **25TH. MARCH 1919**.....

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 22 YEARS. |
| 2. Regimental No. 8059 | 6. Enlisted on 29TH. APRIL 1917. |
| 3. Rank PTE. | at ST. JOHN'S. |
| 4. Name SEYMOUR JOHN | 7. Former trade or occupation LUMBERMAN. |

8. Disability

INJURY TO R. SIDE.

History
 HE STATES THAT WHILST AT WORK AT DUNKELD SCOTLAND A FALLING TREE STRUCK HIM & HE WAS KNOCKED TO THE GROUND. WAS CONFINED TO BED FOR ONE MONTH UNDER MEDICAL OFFICER'S TREATMENT.

10. What is his present condition?

NO SIGNS OF CONTUSION OF SIDE PRESENT THERE IS NO PAIN PRESSURE OVER SITE OF
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

**INJURY & NO ACCOMPANIMENTS HEARD ON AUSCULTATION. HEART & LUNGS NEGATIVE. COM
PLAINS THAT HE IS UNABLE TO DO HEAVY WORK OR WALK FAST OWING TO PAIN IN SIDE.**

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Signature **J.B.O'RIELLY,.....**

Rank or Qualification **....CAPT.**

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated by:—
due to

(a) ~~Service during this war.~~ (b) ~~Civilian.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YBS. PULSE 72 TENDER ON PRESSURE GENERAL CONDITION POOR.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

10% 6 MONTHS?

10% 6 MONTHS.

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

N. S. FRASER.....
President

Signatures... **J. S. TAIT**.....

... **L. PATERSON, MAJOR**.....

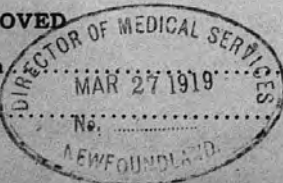
Place .. **ST. JOHN'S**.....

Date .. **MARCH 27TH, 1919**.....

APPROVED

Station.....

Date.....



(SGD) **CLUNY MACPHERSON, MAJOR**.....

Administrative Medical Officer

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

MEDICAL HISTORY

Surname Seymour OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Reading Tickle's Bay

Table with columns for SPECIAL RESERVE and REGULAR ARMY. Rows include Examined, Declared Age, Trade or Occupation, Height, Weight, Chest Measurement, Physical Development, Vaccination Marks, Vision, and Enlisted. Includes handwritten entries for dates, ages, and signatures.

1278

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 27-3-19,

Regimental No. 8059

Name Summons John

Address Leading Trades

Present Medical Category..... F

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R. H. Lait Capt

O.C. Discharge Depot.

L. P. O'Brien

Senior Medical Officer

Geo Burden

M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station ... *St. Johns*

Date *25th March 1919*

1. Unit *Forestry* *Royal Newfoundland*
2. Regimental No. *8059*
3. Rank *Private*
4. Name *Seymour John*
5. Age last birthday *22^{yr}*
6. Enlisted on *29th April 1917*
- at *St. Johns*
7. Former trade or occupation *Lumberman.*

8. Disability

Injury to right side.

9. History

He states that whilst at work at Bushfield, Scotland, a falling tree struck him & he was knocked to the ground. Was confined to bed for one month under M.O.'s treatment.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

No signs of contusion of side present. There is no pain pressure one side of injury, and no accompaniments heard on auscultation. Heart & lungs negative. Complaints that he is unable to do heavy work or walk fast owing to pain in side.

11. Was sanatorium operation advised and refused?

na

12. Do you recommend discharge as permanently unfit?

na

Signature

J. Bohels

Rank or Qualification

Capt.

Remarks if any by Officer in Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x *may* be considered as aggravated by:
due to
(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes. Backgr. tender on pressure
General condition poor.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *10% last months*
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *10% six months*
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

Signatures *[Signature]* President
..... *[Signature]*
..... *[Signature]*
..... *[Signature]* Major

Place *S. Shur*
Date *Mar 27/19*

APPROVED
Station
Date
DIRECTOR OF MEDICAL SERVICES
MAR 27 1919
No.
NEW HAVEN, CT.

..... *[Signature]*
Administrative Medical Officer Major

1278
C.R.

8059

Extract from Nominal Roll of Boressters Embarked by
S.S.Corsican, Feb.1st, 1919.

8059 Seymour.

C.R. 8059

Extract of Preliminary Report of a Medical Board
held on Thursday Evening ~~the~~ March 27th/19. The
following was the finding.

RECOMMENDED DISCHARGE FROM THE ARMY.

#8059 Pte. J. Seymour.

C.R. 8059

Extract from Daily Orders Part II Newfoundland Forestry
Companies Dated April 25th 1919. Depot St. John's.

.....

The discharge of the undernoted on demobilisation has been
APPROVED by C.C. Discharge Depot from noted date.

22/4/19.

8059, Pte. John Seymour.

C.R. 8059

Extract from Daily Orders part II, Depot at John's dated 11-2-19.

The undernoted returned from Overseas and reported at Depot 7-2-19.

#8059 Pte. John Seymour.

C.R. 8059

Extract from Daily Orders part I^A, Depot
of the Newfoundland Forestry Corps, St. John's
dated May 9th. 1919

The discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records on noted
date.

8059 Pte. John Seymour.

6-5-19.

1278
C.R. 8059

Extract of Nominal Roll "Forestry" embarked for Overseas
Aug. 4th, 1917.

8059 Pte. J. Seymour.

Squadron, Troop, Battery and Company Conduct Sheet.

Forms
R 121,
29.

Regiment of Newfoundland Forestry Company Signature of _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>John Seymour.</u>	Age on	<u>20</u> years <u>3</u> months	<u>Sunderman</u>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	<u>23/11/17</u>	<u>C. of E.</u>		Place of Birth
Joined		Date	Period of	with Colours _____ years.		
Joined		Date	with Reserve <u>2 1/2</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By who
				<u>Demobilized St John's 9⁵/₁₉</u>				

To be carried over

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet *Total*
Signature of O. C. Company *A.A. Ross Capt.*

Regiment of *Newfoundland Forestry Company*

Sentinal Number and Name <i>John Seymour.</i>		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
		Age on <i>20</i> years <i>3</i> months		Religion			
		Place and Date of Enlistment } <i>H. G. Palmer</i> <i>28/11/17</i>		Place of Birth			
Period of { with Colours <i>2</i> years. with Reserve <i>2 1/2</i> years.							

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
			<p style="font-size: 1.5em;"><i>Demobilized St John's 9⁵/19</i></p>					

To be carried over

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
Seaman

J. Seymour
Signature of Man.

Reg. No. 8059

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

Place **ST. JOHN'S.**

Date **APR 21** 1919 191

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8059 Rank PL Name Seymour John
 Intended place of residence Leading Ticker

2. Occupation Lumberman
 Classification of soldier B Medical Category F

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 APR. 22 1919
 for H. Mess. Lt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
22-4-19
J. Seymour
 Signature of soldier
W. Johnston Lt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
22-4-19
J. Seymour
 Signature of soldier
James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-4-17 No of days on Military
 Discharged from service 22-4-19 Plus 14 days Service 738

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
APR 22 1919
R. H. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld
 Date May 6/1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

A.F.B. 2079/2177

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2059 Rank Private Name Seymour John
 Date of Enlistment 29-4-17 Address Reading Terrace District St. John's
 Occupation humberman Classification for Discharge B Medical Category 1
 Recommendation S.M.B. permanently unfit Disability Rating 10% (6 months)

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.....	<u>206-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 29-3-19 J. M. W. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J. Seymour

Particulars passed to Vocational Officer for information and action.

Date 29-3-19 Edwards

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) ~~Clothing~~ Supplied Millbourn St

Date 29-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.1334 9.517* his home at *Amsterville* and Release Certificate No. *2178* issued.

Date *22-4-19* *J.A. Lawrence*
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 *8-1-5-19*

Date *12-4-19* *H. Mans*
Depot Paymaster.

Discharge approved for *22-4-19*

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
B 179c	B 120	M 93		

Date *22-4-19* *J.A. Lawrence*
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

APR 22 1919

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

I received the above noted documents from O. C. Discharge Depot.

Date *22/4/19* *H. Mans*
for officer i/c records

May 6th., 1919

#8059 Pte. John Seymour,

Leading Tickers, N.D.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2177."

Yours truly

Captain,
Paymaster & O.i/e Records



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

John Seymour

Regiment from which discharged

Royal Newfoundland

Regimental number

8059

Intended address

Leading Sickles

Height on discharge

5 Feet 6

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

William

Christian name of Mother

Lizzie

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Gander Bay, Feb 14th, 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)

John Seymour

P. t.

(Rank)

Station

ST. JOHN'S.

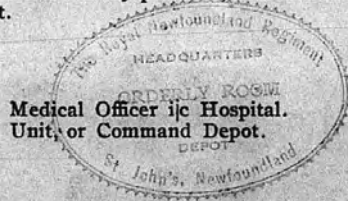
Date

24.3.19

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



Demobilisation Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. ... 8059 ... Rank ... Pte ... Name ... Seymour, John

Intended place of residence Leading Tickers

2. Occupation Lumberman

Classification of soldier B Medical Category E

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.** (sgnd) H. Mews, Lt.

Date **APR 22 1919** for 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 **ST. JOHN'S.** (sgnd) J. Seymour
Signature of soldier

..... **APR 22 1919** " A. M. Clouston, Lt.
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 (sgnd) J. Seymour
Signature of soldier

..... **ST. JOHN'S.** " James Newman, Sgt.
APR 22 1919 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-4-17 No of days on Military

Discharged from service 22-4-19 plus 14 days Service 738

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.**
Officer Commanding Discharge Depot

Date **APR 22 1919**
The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place

Date
Officer i/c Records
The Royal Newfoundland Regiment



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.

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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 **JOHN SEYMOUR**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8059**

Intended address **LEADING TICKLES.**

Height on discharge **5Feet 6**

Color of hair on discharge **LIGHT**

Complexion **FAIR**

Color of eyes **BLUE**

Descriptive Marks -----

Figure on discharge **MEDIUM**

Christian name of Father **WILLIAM**

Christian name of Mother **LIZZIE**

Wife's maiden name in full -----

Date and place of marriage -----

Christian names of children -----

Place and date of soldier's birth **GANDER BAY. FEB 14TH. 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) **JOHN SEYMOUR.**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **24/3/19.**

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.

Station

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8059 Rank Pvt. Name Seymour J. J.
 Date of Enlistment 29.11.17 Address Leaside, Dublin District Wellgate
 Occupation Limberman Classification for Discharge B Medical Category EP
 Recommendation S.M.B. permanent Disability Rating 10% 6 months
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	cu
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	206-1		" 6	
B 179c	B 120	M 93				

Date 29-3-19 O. C. Discharge Depot H. News H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J. Seymour

Particulars passed to Vocational Officer for information and action.

Date 29.3.19 Post Duke's Camp

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6.00

(b) Clothing Supplied Millbourne St.

Date 29-3-19

O i/c. Re-clothing.

3: Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P1334 9517* to his home at *Massachusetts* and Release Certificate No. *2178* issued.

Date *22-4-19*

J.A. [Signature]
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 *8-6-5-19*

Date *22-4-19*

H. [Signature]
Depot Paymaster.

Discharge approved for *22-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.	B 268.	B 121.	N.F. Med.	D.F. 1.
F 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.	<i>Scl.</i>	" 6.
B 179c.	B 120.	M 93.		

Date *22-4-19*

J.A. [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 22 1919*

R.H. [Signature]
O. C. Discharge Depot.

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

Date