



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4 990

Name Robert Sheppard Corps S. A.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1 Robert Sheppard
2. What is your full Address? 2 St. Leonards, St. John's, Bay
3. Are you a British Subject? 3 Yes
4. What is your age? 4 20 Years 0 Months
5. What is your Trade or Calling? 5 Fisherman
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 Yes
8. Are you willing to be vaccinated or re-vaccinated? 8 Yes
9. Are you willing to be enlisted for General Service? 9
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, Robert Sheppard 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.

H-5-18 Robert Sheppard SIGNATURE OF RECRUIT.
Joseph SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert Sheppard do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 11 day of May 1918.

Signature of Attesting Officer Spidichs 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:

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

Date May 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)

DESCRIPTIVE REPORT ON ENLISTMENT

1990

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

Name Bert Sheppard
Apparent age 20 years months. Height 5 feet 4 1/2 inches
Chest Measurement { Girth when fully expanded 35 inches
Range of expansion 4 1/2 inches
Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr John Sheppard
14 Leamington Rd B Relationship Father
Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether sister 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 E'pot	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 length of engagement reckons from <u>11-5-18</u>							
		Joined at <u>Wolves</u> on <u>11-19-18</u>							
		<u>Discharged July 11. 1919</u>							
		<u>Crewbacked Wolves to Colchester 22 78</u>							
		<u>Crewbacked for 13th 23 78</u>							
		<u>Joined Batter. 5 79</u>							
		<u>Significan from 22 79</u>							
		<u>to Rifle for demobilization 22-15-19</u>							
		<u>Order to inform 1-6-1919</u>							
		<u>Demobilization Wolves 11-7-1919</u>							
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-7-1919</u> (date of discharge) <u>1</u> years <u>62</u> days									
Pensions									

Draft No. 22.7.18 21Regl. No. 4990

Date of Enlistment

11 May 18Name SHEPPARD, Robert

Age on Enlistment

20Next of kin SHEPPARD, John Relationship Father

Married (Yes or No)

NoADDRESS Point Leamington, NDB., Nfld.

CASUALTIES				PROMOTIONS, REDUCTIONS, etc.					
Date Rec'd	Authority	Dated	Nature of	Whereabouts	Ref. No.	Authority	Date	Ran# etc.	
	B-103	23 11/18	Embarked United Kingdom		B-103				
	"	"	Disembarked France		"				
	"	5 1/19	Joined Batt. "		"				
30-4-19	OIC Rods.	22/4/19	Trans. from Rouen 22 4/19 arrived		421	SERVICE IN THE FIELD			
			2nd, Br. Winchester 23 4/19			Bn.	Draft No.	Date of embarkation	Expedition. Remarks
1.6.19		22/5/19	To Nfld. for demobilization per		456				Ery force
			S.S. Corsican from L'Pool 22 5/19						
18-6-19	DO's Hq.	1.6.19	Attached to strength.			56	23.11.18		B.E.F.
				HONOURS, AWARDS, etc.					
	Authority	Date	Action	Distinction					
				DISCHARGE					
	Authority	Date	Where	Cause					
	DO Hq 124	11.7.19	St. John's	Demobilization					
	17.7.19		Nfld.						

C.F 4990

December 16th 1919.

4990, Ex. Pte. R. Sheppard,
Point Leamington, N.D.B.

Dear Sir:-

Enclosed herewith is "Shooting Medal" awarded to you and your Squad as winners of the Bennett Challenge Cup, 1918, for the best shooting during the competition held at Winchester July, 1918, Congratulations.

Kindly sign the enclosed receipt and return to this Office, please.

Yours faithfully,

Lieut.

CASUALTY OFFICER.

C.R. 4990

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c ~~XXXXXX~~ records from noted date
11-7-19.

4990, Pte. Robert Sheppard.

C.R. 4990

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 27-6-19.

4990 Pte. Robt. Sheppard.

C.R. 4990

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

4990, Pte. R. Sheppard.

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

NZ "Corsican"

C.R. 4990

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

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19; embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hezeley Down Camp
23/4/19.

#4990 Pte. K. Sheppard.

C.R. 4990

Extract from Nominal Roll of Draft No. 86, from the 2nd.,
Battalion, Winchester to the 1st., Battalion, Royal
Newfoundland Regiment, which embarked Southampton 23/11/18.

#4990 Pte. R. Sheppard.

C.R. 4990

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

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

#4990 Pte. Robert Sheppard.

Extract from Daily Orders part 12, 2nd Unit The Royal Rifles.
Regt. St. John's, dated May 18, 1918.

#4990 Pte. R Sheppard.

Attended for General Service with the Royal Rifles Regt.
from 10.5.18 to report 24.5.18

R Sheppard

CR. 4990

PR 10

Medical Report on an Invalid.

Station Hoyley A CampDate 11 5 19

1. Unit Royal Newfd
 2. Regimental No. 4990
 3. Rank Pvt
 4. Name Sheppard R.
 5. Age last birthday 21
 6. Enlisted { on May 30 1918
 { at St Johns

7. Former Trade } Fisherman
 or Occupation }

7A. If with previous service in Army, state—

- (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He is plain & no disability

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

[Signature]

Major [Signature]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp*

Date *1. 9. 19*

Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Robert Sheppard*, Regl. No. *4990*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *Sixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3957</i>	<i>Father</i>	<i>John Sheppard</i>	<i>Rt Leamington N D B</i>	
				Total Allotment, \$ <i>6.00</i>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) *James Keitt*
 Officer Commanding
A. John B Company
May 17 1918

(S) *As Robert Sheppard*
 (Rank) *Private*
 Witness: *James Arthe*
9/sergt.

No. 4990 Name Sheppard R. Sqn., Batty., or Company D. Corp. Newfoundland Date of enlistment 7/5/18 O.C. 121 Service or Proficiency Pay 12-11
 Date of last entry in Company Conduct Sheet 1 No. and date of last drink 1 Period not reckoning towards freedom from extra fine 1 Sheet No. 1 Signature O.C. W. H. ... Company, etc. 121 Character Good

Army Form B 127.

Place	Date of offence	Rank	Calls 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>6-2-19</u>	<u>4/c</u>	<u>1</u>	<u>Drinking</u>	<u>C. M. ...</u>	<u>2 days C.P.</u>	<u>8-4-19</u>	<u>Capt. ...</u>	<u>(2)</u>
<u>11</u>	<u>8-4-19</u>	<u>1</u>	<u>1</u>	<u>Drinking</u>	<u>W. H. ...</u>	<u>Pay for leave</u>		<u>Major ...</u>	

11 D. ①
No. 12842/633

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

Chaque
18/12/18
5th December 1918

Subject: 4990, Pte. R. Sheppard

ANSWER.

With reference to the following telegram (10051) from the Hon. Minister of Militia, received

Pay to 4990 Sheppard £3:6:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

R. D. Bennett Maj.
Chief Paymaster & O. i/c Records.

3-1-1919

4990 Pte R. Sheppard

This man wishes this amount forwarded for payment here please.

*Received the sum of Pces. 94.75
equivalent of £3-6-0*

R. Sheppard

Sheppard, L

4990

Ray sept

July 12, 1919

#4990 Pts. Robert Sheppard,

Point Learning ton, N.D.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 the War Service Gratuity.

Yours truly

Captain.
Paymaster & U. S. Records

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 26th. 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... *Robert Sheppard* 2. Surname.....

3. Rank... *Private* 4. Regt. No. *4998*

5. Address in full to which future payments of gratuity are to be

P. Harrington, N. C. H. St. John's

P. Harrington City

6. Date of enlistment in the Regiment... *May 11th 1918*

7. Name of dependent, if any, to whom Separation Allowance is being

issued, or was being issued, immediately prior to your discharge.....

Not applicable

8. Relationship of such dependents..... *Not applicable*

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

Not applicable

10. Is said dependent, now, or was said dependent at any time in receipt

of Separation Allowance on account of another soldier..... *Not applicable*

11. Were you on active service only in field, if so, give dates and

particulars of such service..... *Overseas*

France Belgium & Germany

12. Give total length of time which you served on active service,

whether in field, or Overseas.....

May 11th 1918 to June 27/1919

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

Not applicable

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

No.

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

No.

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

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

Not applicable

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?

Not applicable

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge, (b) Reason for discharge.

No

13/6/19. Temporary Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium, Germany

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

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.

his
Robert T. Shepherd

Signature of Applicant:

Place of Residence:

W. Mark N.S.B.
Postquampton, N.S.B.
N. Jones, N.S.B.

Declared before me at:

This

13th

day of

June

19

19

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

John H. Crother
J.P.

POST DISCHARGE PAY.

Date paid	Sold	Sold	War Service	Net amount
	Soldier.	Dependent.	Clarity.	due
.....
.....
Certified correct.				paymaster

July, 18., 1919

#4990 Pte. Robert Sheppard,

Point Leamington, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate No. 2946.

Yours truly

Captain,
Paymaster & O.I/c records.

The Royal Wld. Regiment

DEMOBILIZATION

No. 4990 Rank

Name

Sheppard J

Warned for demobilization on

JUN 13 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.990 Rank Pvt. Name Sheppard Robt.
 Intended place of residence H. Leawington N.D.B.

2. Occupation Intermar
 Classification of soldier 2 Medical Category AI

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

Date JUN 13 1919 *for* H. Mous H.
 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 JUN 13 1919

Robt. Sheppard
 Signature of soldier
W. G. Reaton
 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

Robt. Sheppard
 Signature of soldier
W. G. Reaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-18..... No of days on Military
 Discharged from service 27-6-19 Plus 14 days Service 427..

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place

R. H. Lant Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date JUN 27 1919

CONFIRMATION OF DISCHARGE

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

Place A. Jones Med

Date July 11 1919

A. Jones
 Officer in Charge
 The Royal Newfoundland Regiment

29127079/2946

The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No 4990

Name Sheppard Rebt Rank Pte.

Address Point Leamington

Present Medical Category A1

Recommended for: — (a) Immediate discharge

(b) Standard Medical Board

Members of Board

TRH Capt Capt
O.C. Discharge Depot.

Spurgeon
Senior Medical Officer

DeWarden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1990 Rank Plt Name Sheppard, Robert
 Date of Enlistment 11.5.78 Address St. John's, Nfld. District St. John's
 Occupation Fisherman Classification for Discharge 17 Medical Category A.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	5
B 179	D 400E	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 St. John's Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action Robt Sheppard
max led by Hating

Date

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Am. Beloveston

Date 13-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *A11759* to his home
at *pt. Leamington* and Release Certificate No. *2692* issued.

Date

*13-6-19**J.A. 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 *11-7-19*

Date

*13-6-19**J. M. [unclear]*
Depot Paymaster.

Discharge approved for

27-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P[36]	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	<i>P</i> 400A	B 1915	do 2nd	" 3
B 179	<i>P</i> 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	HE 2		" 6
B 179c	B 120	M 93		

Date

*13-6-19**J.A. Knowlton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 27 1919

Date

R.H. [unclear]
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

Sheppard B.

Signature of Man.

Reg. No. *4990*

J. H. Snowcroft

Signature of the Vocational Officer or his Representative.

Place *St. John*

Date

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

MEDICAL HISTORY

Surname Sheppard OF Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace: Parish St Leonington 20th County Welf

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	14	May		191
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet	4 1/2	inches
Weight	127 lbs.			lbs
Chest Measure-ment	Girth when fully expanded		35	inches
	Range of Expansion		4 1/2	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Liam Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St Leonington</u>	at	
	on	11 day of May	on	day of 191
	Corps		Corps	
	Regt. No.		Regt. No.	
Joined on Enlistment	<u>The Royal Welford</u>			
	1990			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(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

Robert Sheppard

Regiment from which discharged

Royal Newfoundland

Regimental number

4990

Intended address

Point Leamington

Height on discharge

5 Feet *7*

Color of hair on discharge

Dark Brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

John

Christian name of Mother

—

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Leading Likies, Oct 16th, 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)

*Robert ^{Rank} Sheppard**Pte*

Station

ST. JOHN'S.

Date

Witness W. J. Mindesley (Rank)
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.

The Royal Newfoundland Regiment
HEADQUARTERS
ORDERLY ROOMS
Medical Officer in Charge Hospital,
Unit, or Command Depot.

Station

Date

Casualty Form - Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG

Rank Pte Surname Sheppard Christian Name CP

Religion S. Army Age on Enlistment 20 years — months

Enlisted (a) 11/5/18 Terms of Service (a) DURATION Service reckons from (a) 11/5/18

Date of promotion to present rank 17/5/18 Date of appointment to lance rank —

Extended (—) Re-engaged (—) Qualification (b) —

Occupation Fisherman or Corps Trade and Rate 17th Coy Cap Signature of Officer —

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked			
		Disembarked	<u>28 NOV 1918</u>		
		Joined Batt		<u>FAN 19</u>	
		<u>Arrived in UK</u>		<u>13/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sheeting-Smith, & Co (17501) Wt W 1867-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1954.)

Next of kin: Father: John Sheppard Port Lannington Notre-dame-Beale N. F. S. D.

Medical Report on an Invalid.

Station Hazelby Down.Date 1-5-19

1. Unit Royal Newfoundland 7. Former Trade or Occupation } Fisherman.
2. Regimental No. 4980
3. Rank Pte 7A. If with previous service in Army, state—
4. Name Shepherd P. (a) Former Unit ;
5. Age last birthday 21. (b) Regimental No. ;
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ May 30th 1918 (c) Date of Discharge ;
- S. J. Johns (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

NilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Nil
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). Nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. Nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

14. If the disability is an injury, was it caused—

na

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

na.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

M. J. J. J.
Major

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazeley Down*

Officer in charge of Hospital.

Date *1. 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.

† Delete this word if no exceptions are to be made.

1917-18

The Royal Newfoundland Regiment

To. 4990 Pte. R. Sheppard

June 3rd. Board while on Home Leave.

\$1.50

R-P.Attached

R. Sheppard

Handwritten initials

Paid Messing	
CH. NO. 2169	INITIALS
IND. LEDGER S	INITIALS
PAY LEDGER fm	INITIALS
GEN. LEDGER	INITIALS

OK.

W. H. H. H. Ass't Adjutant
 Depot The Royal Newfoundland Regiment
 13-7-18 - St. John's, Nfld.

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte, ~~June~~ 3 1918
Newfoundland

Att. Manager.

Mr Robert Shipman #4990

Dr. Manuel Hotel.

June

3 To Board and Lodging

~~50~~ 50

Motor Boat Hire

Cartage

Storage

Extras

Pro. Manuel
Rem. carried

C. No. 4990

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Date *Nov 18th 1919*

Place *Postal: Leamington*

Name *4990 Expte R Sheppard*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121.
30Number of Sheet ONERegiment of Royal NewfoundlandsSignature of O. C. Company W. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1990 Sheppard Wm.</u>	Age on	<u>20</u> years <u>0</u> months	<u>Julian</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's 11.5.18</u>	Religion	
Joined	Date	Period of	with Colours <u>6</u> years. with Reserve <u>3</u> years.	<u>Sa</u>	
Joined	Date			Place of Birth	<u>W. Seamington N.S.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>11</u>	<u>7</u>	<u>19</u>	

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

D-1990

DEMOBILIZATION OF

Reg. No. 1990 Rank Plt Name Sheppard, Robt
 Date of Enlistment 11-5-18 Address St. Learyville District St. John's
 Occupation Fisherman Classification for Discharge 17 Medical Category 1A1
 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 lat.	" "
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 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
 (b) Clothing Supplied _____

Date 13-6-19 O i/c. Re-clothing. _____

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. R.1759 to his home at pt. Bevington and Release Certificate No. 2692 issued.

Date 13-6-19

J.A. Snowball
Demobilization Officer

4. **Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-14

Date 13-6-19

J.A. Snowball
Depot Paymaster

Discharge approved for 27-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		" 6
B 179c	B 120	M 93		

Date 13-6-19

J.A. Snowball
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

JUN 27 1919

Date

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

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

Date July 28/19

J.A. Snowball
for O.C. Records

Reg. No. *4990* Rank *A1E* Name *Hepperson R*

Attested Address *H. Learning how*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Loislaw* Cause *Discharge.*

12.6.19
27.6.19

PASSED TO DEMOBILISATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.