



THE ROYAL NEWFOUNDLAND REGIMENT

N

ATTESTATION OF

No. 5311 Name Newton Short Corps Infantry

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Newton Short
- 2. What is your full Address? 2. Hawks Hill, N.B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 2 Months
- 5. What is your Trade or Calling? 5. Sherman
- 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, Newton Short 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

Newton Short SIGNATURE OF RECRUIT.

Sherman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Newton Short 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 22nd day of May 1915.

Signature of Attesting Officer C. B. Dickson 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 rank of Private

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

Date.....1915 }
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5311

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

Name Newton Short

Apparent age 19 years months. Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches
Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Israel Short

Hunts Hill T.B. | Relationship father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-5-18</u>									
Joined at <u>St Johns</u> on <u>May 22-1918</u>									
<u>Embarked August 8 1919</u>									
<u>Embarked St Johns S. I. to Antilla to Halifax N.S. 22-7-18.</u>									
<u>to 1st for demobilization 24-6-19</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St Johns 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge] <u>1</u> years <u>48</u> days									
Pensions " " " " " " " " " " " "									

C.R.

5311

Extract from Daily Orders part 11, from Unit The Royal
Hib. Regt. St. John's, ~~1918~~, dated July 25, 1918
The following man embarked for overseas on H.M.S.
"Columella" July 25, 1918

#5311 Pte. Newton Short.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 23, 1923

#5311 Pte. Newton Short.

Attested for General Service with the Royal Nfld. Regt.
from 22.5.18

C.R. 5311

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 18th 1919.

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

5311, Pte. N. Short.

C.R. 5311

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 15-1919

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

5311 Pte. N.Short.

CR 5311

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

5311 Pte. N.Short.

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

B. Short

C.R. 5311

1110

No. 3244/492.

From: NEWFOUNDLAND CONTINGENT

N.F.P./79.

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

28th February 1919

March 4th 1919

5311. Pte Short. N.

With reference to the following telegram from the Minister of Militia / / (52.)

"Pay to-5311. Short.

£4.2.0.

Cheque £ 4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. Hunt

Chief Paymaster & O. i/c Records.

Receipt hereunder.

L. Karst CHY
LIEUT. COLONEL,
COMMANDING OFFICER, 2ND BATTAL, ROYAL NEWFOUNDLAND REGT.

Royal N.F.S. Regt

Received the sum of Four pounds

Two shillings in respect of telegraphic remittance from the Minister of militia.

No 5311 Short

No. 5311 Rank Pte.

Witness *A. Karst*

No. 21642/2524/P&A

21642/2524

066-442
N.F.P. 1919

NEW FOUNDLAND CONTINGENT

From:

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

To:

~~Officer Commanding,
2/Bn. Royal Wild. Regt.,
Hazeley Down Camp,
Winchester.~~

30th December, 1918

2 - 1 - 1919

Subject 5311, Pte. N. Short,

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

"Pay to 5311 Short, £4. 2. 0.

Draft £ 4. 2. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

Cham
LIEUT. COLONEL,
OFFICER COMMANDING NEWFOUNDLAND REGT.
2ND BATTAL ROYAL WILDERNESS REGIMENT.

Received the sum of Four Pounds
two shillings on account of
cable remittance from Newfoundland.

N. Short
No. 5311 Rank Pte

Witness H. Maunders

J. H. Marshall
Chief Paymaster & O. i/c Records.

B

Short. h

5311

Ray sept.

August 8th 1919.

#5311, Pte.N.Short,
Hant's Hr.

Dear Sir:

Enclosed please find Discharge Certificate
3628.

Yours truly,

Capt.&

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 53.11. Rank Pte. Name Short, H.
 Intended place of residence St. John's

2. Occupation Fisherman
 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 11 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 JUL 11 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 11 1919
 Signature of soldier
 Signature of witness

10
30
31
8
79

STATEMENT OF SERVICE

7. Enlisted for service 22.5.18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 444

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, ST. JOHN'S
 Date JUL 25 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 8 1919
 Officer in Charge
 The Royal Newfoundland Regiment

2049/3028

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 *10.6.19*

Regimental No. *5311*

Name *S. Holt* *St. John's*

Address *Hants* *N.S.*

Present Medical Category *A-1*

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

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

Members of Board {

J.P. Peterson
Senior Medical Officer

Geo. Berdeen
M. O. Depot

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.

Signature of Man.

Reg. No. 5311

Signature of the Vocational Officer or his Representative.

Place

Date

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5311 Rank Plt Name Short J
 Date of Enlistment 27.5.18 Address St. John's District Trinity
 Occupation Technician Classification for Discharge 6 Medical Category 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10.7.19

O. C. 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.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2409 to his home at Hants H² and Release Certificate No. 3454 issued.

Date 11-7-19

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 8-8-19

Date 11-7-19

1 *H. Mrs H*
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

2 Form B

Date 11-7-19

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

Date JUL 25 1919

H.P. Cooper Capt.
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Short

Christian Name Newton

Table I.—GENERAL TABLE.

Birthplace:—Parish Stants No 15 County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22 nd	May	1918	191
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	4 1/2	inches
Weight	127			lbs.
Chest Measurement	36			inches
	4			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	/		/	
When Vaccinated	6/6		R.E.—V=	
Vision	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>Samuel Peterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at	Stants No 15	at	
	on	22 nd day of May	on	day of 191
Joined on Enlistment	Corps.	Royal Nfld. Regiment.	Corps	Regtl. No. 1211
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 Newfoundlands Coy.* Former Trade or Occupation } *Sergeant*
2. Regtl. No. *3311* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *West* *Newton* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *20*
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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

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

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.)

no complaint of no disability

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

Refabricated

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

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

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

Station *Hazleburyton*

Date *2/4/19*

* 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



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 *Newton Short*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5311*

Intended address *Stants No 1B*

Height on discharge *5 Feet 5*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks
Figure on discharge *medium*

Christian name of Father *Israel*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Stants No 1898 June 16th*

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) *Newton Short* witness *W. Carmichael* (Rank) *Plt*
mark

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.

Station

Date

August 18, 1919

Mr. Newton Short,
Hants Harbor, T.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 Gratuit .

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..... *Newton* 2. Surname..... *Short*

3. Rank..... *Pte* 4. Regtl. No..... *5311*

5. Address in full to which future payments of gratuity are to be forwarded..... *St. John's Str. V. B.*

6. Date of enlistment in the Regiment..... *May 22/18*

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

8. Relationship of such dependents.....
.....

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

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

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

12. Give total length of time which you served on active service, whether in field or overseas..... *From May 22/18 to July 11/19* 1 $\frac{3}{4}$

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?.....

19. Are you now serving in the Res?..... *No* If not give:- (a) Date of discharge *July 11/19* (b) Reason for discharge *Re-employment New Zealand*

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.....
..... *No*

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
-3- Newton X Short
mark

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11th

day of

July

1919

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

John J. Carthy
JW

POST DISCHARGE PAY.

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

.....
.....
.....

Certified correct.

Register

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

Newton Short

in respect of his service as No. 5311 Rank Pte.

Name N. Short Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received _____

Signature Newton Short

Date Oct. 21st /21.

Address Hants Harbor

Trinity Bay. [P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet 5
Signature of O. C. Company C. B. Duckshin

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>531</u>	Age on	<u>19</u> years	<u>Fisherman</u>		
	<u>Short Newton</u>		months	Religion		
Joined	Date	Place and Date of Enlistment		<u>Method</u>		
Joined	Date	Period of } with Colours <u>1⁴⁸/₃₆₅</u> years.	with Reserve <u>3⁶⁵/₃₆₅</u> years.	Place of Birth		
Joined	Date			<u>Hants Haler</u>		

Place	Date of Offence	Rank	Cause of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>John's</u>	<u>8</u>	<u>5</u>		<u>19</u>

To be carried over.

WAR VETERANS ALLOWANCE

Name: Newton, Short

No: 5311
B. 11577

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I

nfld, U.K.

IF CANADA } Date(s) disembarked in U.K.
AND } Date(s) S.O.S in U.K. for Canada
U.K. ONLY } Period(s) of desertion in U.K.

22 July 1918.
1 July 1919.

(3) World War II

Canada,

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

22 may 1918, St. Johns, nfld.
18 march 1941, Toronto, ont

3. Date of all discharges and reason:

8 aug 1919, Demob
15 Dec 1944 Physically unfit.

4. Date and place of birth as per attestation paper:

16 Jan 1898, Hants Harbour, nfld
16 Jan 1893, Hants Harbour, nfld.

5. Marital status: If married, name in full of wife:

single
married: Mrs Martha Short

6. Any other military service: 11th Field Battery R.C.A.(R)
3 weeks march 1941

7. Decorations, if any. nil

Clerk's Initials:

Hamilton
7/6/60

6/6/60

C.R.

5-311
Army Form B. 179a.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvii. or xviii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfound Corp.* Former Trade or Occupation } *Jesheoman*
2. Regtl. No. *5311* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Slack Newton* (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday... *20*.....
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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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? }

No complaint of no disability

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.)

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?

Repatriation

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

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

W.E. Proemier *Capt Rennie*

Station *Hogley Down*

Medical Officer in charge of case.

Date *2/4/19*

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5311 Rank Plt Name Short J.
 Date of Enlistment 22.5.18 Address Stants St District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 10.4.19 O. C. Discharge Depot J. M. News St

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 \$65.00
- (b) Clothing Supplied _____

Date 11-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B.2409*..... to his home at *Hants H²*..... and Release Certificate No. *3454*..... issued.

Date *11-7-19*..... *J.A. Snowless*
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 *5-3-19*.....

Date *11-7-19*..... *J.A. Snowless*
Depot Paymaster.

Discharge approved for *25-7-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	/	N.F. Med.	D.F. 1	/
E 178	W 3494	B 122		Board 1st.	" 2	/
B 178a	D 400A	B 1915	/	do 2nd.	" 3	<i>2 Form B</i>
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 *11-7-19*..... *J.A. Snowless*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 25 1919*..... *N.R. Cooper Capt.*
O. C. Discharge Depot.

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

Date *Aug 21 19*..... *W.H.*

Reg. No. *5311* Rank *16* Name *Shant U.*

Attested Address *Hants Str*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

117 19
257 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.