



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5046 Name William Snygar Corps C/8

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. William Snygar
2. What is your full Address? ..... 2. Sea to Coast Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fireman
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, William Snygar do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

W. Snygar SIGNATURE OF RECRUIT.  
J. Raymond Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Snygar 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 Rights 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 is voluntarily offered and signed, and the said recruit has made and signed the declaration and taken the oath before me on this 13 day of May 1915.

W. Snygar Signature of Attesting Officer

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to ..... if enlisted by special authority, such will be attached to the original attestation.

Date May 13 1915 } Approving Officer.  
W. Snygar 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, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5046 Name William Sinyard Corps Cof B

### Questions to be put to the Recruit before Enlistment.

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>William Sinyard</u>       |
| 2. What is your full Address? .....  | 2. <u>Stants Cottent V. Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                   |
| 4. What is your age? .....   | 4. <u>19</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>             |
| 6. Are you Married? .....  | 6. <u>no</u>                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>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. <u>yes</u>                  |

I, William Sinyard 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.

William Sinyard SIGNATURE OF RECRUIT.  
W. Sinyard Signature of Witness.

William Sinyard OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Sinyard 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 15 day of May 1915.

Signature of Attesting Officer Geo. Learty Major

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 May 15 1915  
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) .....



C.R. 5046

Extract from Daily Orders part 14, Unit the Royal 421st  
Regiment dated July 5th. 1919.

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

#5046 Pte. WM. STANWARD.

C.R. 5046

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. Depot, St. John's, June 9th, 1919

The discharge of the undernoted on demobilisation has been  
APPROVED <sup>2</sup> by the C.O. Discharge Depot with effect from  
18-6-19.

5046 Pte. Wm. Sinyard.

C.R. 5046

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 7th, 1919

5046 Pte. Wm. Sinyard

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

EX "Corsican"

C.R. 5746

Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_ Militia Department

Line Number	Recd	By	Sent	by	Check

Dated May 31, 1919  
 J. Nathan Sinyard  
 Hearts Content

Noon to-day Corsican stopped in ~~for~~ one hundred thirty miles east St John's Sinyard will return home immediately on arrival.

Chief Staff Officer.





# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

C.R. 5046

Line No. 29 Sent by AH Rec'd by \_\_\_\_\_ Check 4/4

Place from Heart's Content 30.

To J. R. Bennett  
Min Militia



Please despatch son  
5046 Singard  
immediately Corsican  
arrives leaving Sunday  
straits.  
Jonathan Singard

C.R. 5046

Extract from Nominal Roll 1st. Battalion  
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  
Hazeley Down Camp 23/4/19.

5046 Pte. W. Snyard.

C.R. 5046

Extract from Daily Orders Part II Unit the Royal Hfld. Regt  
Issued By Lt. Col. T.G. Mathias, D.S.O., Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

5046 Pte. W. Sinyard.

D Coy.

C.R. 5-046

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkestone  
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.N.F.

5046 Pte. Sinyard, W.

MP

CR 5046

Extract from Daily Orders part 11, from Unit The Royal  
WFLM. Regt. St. John's, dated June 14th 1918

#5046 Pte. W. Sinyard.

Embarked with for Overseas with draft June 11th, 1918.

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 16, 1918.

#5046 Pte. W. Sinyard.

Attested for General Service with the Royal Nfld. Regt.  
from 15.5.18

W. Sinyard

C.R. 5046

1110

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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 for 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. Regal Newfoundland } Former Trade } Fisherman  
or Occupation }
2. Regt. No. 1916 3. Rank. Pte. 7a. If the soldier claims previous service in Army, he should state—
4. Name Singard William (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday. 20
6. Posted for duty on May 15/18 at St. Johns in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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



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

In all cases such as "social 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.)*

*Decompensation pro disability*

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*  
*Sp. W. E. ...*  
*na*  
*Capt. P. A. M. B.*

Station *James D. Camp*  
 Date *28-4-1917*

Medical Officer in charge of case.

Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause





To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
5046	Lt	Simard W	\$250	W Simard

I have the honour to be, Sir,  
Your obedient Servant.

Date

July 7/18

W Simard

Singard, D<sup>ca</sup>

5046

Ray sept.

July 2, 1919

#5046 Pte. William Sinyard,  
Hearts Content

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 2278."

Yours truly

Captain,  
Quartermaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5046 Rank Plt Name Seyard  
 Intended place of residence Home - same Family

2. Occupation Fisher  
 Classification of soldier E Medical Category A L

3. The above named man is discharged in consequence of... **DEMOBILIZATION**.....

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S  
 Date JUN 4 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 and date ST. JOHN'S  
JUN 4 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 and Date ST. JOHN'S  
4-6-19  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No of days on Military  
 Discharged from service 18-6-19 plus 1 day Service 414

### 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  
JUN 18 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 Nfld  
July 2/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

A.F. B2079/2278

# The Royal Newfoundland Regiment

Class for Demobilization: —

1  
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 4-5-19.....

Regimental No. ... 5046 .....

Name ..... Singard, William ..... Pte

Address ..... Hearts Content .....

Present Medical Category ..... A1 .....

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

Members of Board {

RH Lat Carr  
O.C. Discharge Depot.

Waterman  
Senior Medical Officer

J. Burden  
M. O. Depot



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

## MEDICAL HISTORY

OF

Surname *Simpard*Christian Name *William*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Heart Content* County *Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	10 <sup>th</sup> day of May	<i>S. Jones</i>	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	<i>Fisherman.</i>			
Height	5 feet 3 $\frac{1}{2}$ inches		feet	inches
Weight	127 lbs.			lbs
Chest Measurement	Girth when fully expanded	34 $\frac{1}{2}$ inches		inches
	Range of Expansion	3 $\frac{1}{2}$ inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>James B. Jones</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>S. Jones</i>	at		
	on	on	day of	191
	Corps	Corps		Regtl. No.
Joined on Enlistment	<i>The Royal Nfld</i>			
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by	on	on	day of	191
(Signature)				
(Rank)				



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5046 Rank PLC Name Sergeant Wm  
 Date of Enlistment 15.5.18 Address West End District St. John's  
 Occupation Fisherman Classification for Discharge 76 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 1916	/	do 2nd	" 3.	3
B 179	D 400B	Form L		do 3rd	" 4.	
B 179a	/ D 400C	Form K		do 4th	" 5.	
B 179b	/ B 103	ME 2		" 6.	" 6.	
B 179c	B 120	M 93				

Date 4.6.19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am William Singard 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 Drawn Cash

Date 4-6-19

O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant of *R. 1392*  
*Grant Contract* 2254 ..... to his home  
 at ..... and Release Certificate ..... issued.

Date *4-6-19**J.A. Grant Capt.*  
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 *7-7-19*

Date *4-6-19**J.A. Grant Capt.*  
Depot Paymaster.Discharge approved for *19-6-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	2
B 178a	D 400A	B 1915	do 2nd	" 3	2 forms B
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 *6-4-19**J.A. Grant Capt.*  
Demobilization Officer.

## APPROVED.

Documents as above forwarded to—

Officer in Charge  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

*R.H. Grant Capt.*Date *JUN 18 1919*

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

Signature of Map.

Reg. No. *H. Sengard*

*J. H. Shaw Capt.*  
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *4-6-19*

191 *1919*

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

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

1. Unit and Corps. *Royal Newfoundlands* 7. Former Trade or Occupation } *Tradesman*
2. Regt. No. *5046* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smyard* *William* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday... *20*.....
6. Posted for duty on *May 15/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

na.  
na.

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

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 -

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

16. Was an operation performed ? If so, when and what was its nature ?

na.

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

na.

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

na.

Rehabilitation

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. Procmier. Capt R. R. Mc

Station Hazelley Barron

Medical Officer in charge of case.

Date 27/7/69

\* 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 *Wm Singard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5046*

Intended address *St. John's*

Height on discharge *5 Feet 4"*

Color of hair on discharge *Light*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's 1900*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *W. Singard.*

(Rank) *AME*

Station *St. John's*

Date *4-6-19*

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.

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

Station

Date



July 2, 1919

#5066 Pte. William Singard,

Hearts Content, 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 the War Service Gratuity.

Yours truly

Paymaster & Officer i/c Captain  
Records.

471

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. 1918.

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.

1. Christian name... *William* ..... 2. Surname... *Senyard* .....
3. Rank... *Private* ..... 4. Regt. No... *50461* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Hearts Content* .....
6. Date of enlistment in the Regiment... *15/5/18* .....
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... *no other* *was Jonathan Senyard* .....
9. Address in full of such dependents... *was Jonathan Senyard &*  
*Hearts Content* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *no* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Yueclus months* .....

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.

*only clothing... Gratuity... money*

15. Have you been issued with a War Service Badge? *no.*

16. Have you, during the present war, served in the Imperial Forces? *yes no.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no.*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt.? *no.* If not give - (a) Date of discharge. *4/6/19.* (b) Reason for discharge. *Being demobilized.*

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. *yes*

*In Belgium... October 1915.*

*then transferred to 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.





Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

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Fold Here



Sir 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

Wm. Sinyard

in respect of his service as No. 5046 Rank Pte.

Name William Sinyard Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

The accompanying V. Medal

Signature

William Sinyard

Date

October 10/21

Address

Hearts Content.

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
50.Number of Sheet OneRegiment of Royal NewfoundlandSignature of O. C. Company C. S. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5046 Simpson Wm</u>	Age on	<u>19</u> years <u>0</u> months	<u>Fisherman</u>		
Joined	Here	Place and Date of Enlistment	<u>St John's</u>	Religion		
Joined	Date	Period of } with Colours } <u>11.5.18</u> with Reserve } <u>11<sup>9</sup>/<sub>365</sub></u> years.		<u>Colt.</u>		
Joined	Date		Place of Birth	<u>Hearts Content TN</u>		
Joined	Date					

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>2 7/19</u>			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

D 5046

## DEMOBILIZATION OF

Reg. No. 5046 Rank Plt Name Sergeant Wm  
 Date of Enlistment 15.5.18 Address Heart's Content District St. John's  
 Occupation Fisherman Classification for Discharge 1/6 Medical Category AH  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. F36	B 288	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 4.6.19 O. C. Discharge Depot. H. M. S. H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am William Singard 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 none

Date 4-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *N. 1372* to his home at *Leapt, Convent* and Release Certificate No. *2254* issued.

Date *4-6-19*

*J.A. Brown Capt.*  
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 *1-7-19*

Date *4-6-19*

*H.M. [unclear]*  
Depot Paymaster.

Discharge approved for *18-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. F36	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 *6-4-19*

*J.A. Brown Capt.*  
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 *JUN 18 1919*

*R.H. [unclear]*  
O. C. Discharge Depot.

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

Date *June 19 19*

*[Redacted Signature]*  
O.C. Records

Reg. No. 5046 Rank 46 Name Amey, Wm  
Attested ..... Address Beals Court  
Allotment ..... Allottee ..  
Date of Allotment ..... Returned from Overseas 1-6-19  
Returned on S S Corisau Cause Discharge

4-6-19  
18-6-19

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILIZATION**