



# THE ROYAL NEWFOUNDLAND REGIMENT

No. 5894 Name Albert Sheffington Corps Infantry

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

1. What is your name? ..... 1. Albert Sheffington
2. What is your full Address? ..... 2. Remains the same
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 25 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, Albert Sheffington 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.

2-5-18

Albert Sheffington  
Signature of Recruit.

Signature of Witness.

Albert Sheffington  
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

Signature of Attesting Officer C. B. Dicks 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 compiled with. I accordingly approve, and appoint him to the .....

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

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

† 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

5894

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

Name Albert Steffington  
 Apparent age 20 years 0 months Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Eliza Elliott  
Newman Cove 188 Relationship Mother

### 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>2-8-18</u>										
Joined at <u>Mt. Vernon's</u> on <u>August 2, 1918</u>										
Discharged <u>August 11, 1919</u>										
Embarked <u>Mt. Vernon's</u> train to <u>Hatfield N.S.</u> <u>22, 9, 18</u>										
Left for demobilization <u>24, 9, 19</u>										
Arrived <u>Leamington</u> <u>10, 9, 19</u>										
Demobilization <u>11-8-19</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge)										
" " Pensions " " " " " " " " " " " "										

C.R. 5894

Extract from Daily Orders Part II Royal ~~Newfoundland~~ Newfoundland Regt.  
Depot St. John's dated Aug. 21st 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date 11-8-19.

5894, Pte. Albert Skeffington.

C.R. 5894

Extract of ~~Obey~~ Daily Orders Part 11 Unit The Royal ~~MLA~~.  
Regt. St. John's, ~~Unit~~ July 16th, 1919

The discharge of the undersigned on demobilisation has been  
APPROVED by C.C. Discharge Depot with effect from 23-7-19

5894 Pte. A. Skeffington

C.R. 5894

Extract from Daily Orders Royal Tank Unit The Royal Wfld.  
Regt. St. John's, July 5th, 1919.

5894 Pte. A. Skeffington.

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

C.R. 5894

Extract from Daily Orders issued by Major M.S. Sullivan, Commanding 2nd Bn. Royal Nfld. Regt. 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Nfld. Regt. is attached to the strength from this date and posted to "B" Company for rations.

5894 Pte. A. Skiffington

CR 5894

Extract from Daily Orders Part 11 Unit The Royal Mfld.  
Regt. St. John's, dated August 19th. 1918.

5894 Pte. A. G. Skiffington.

Granted leave from 17/8/18 to 26/8/18.

C.R. 5894

Extract from Nominal Roll Entrained St. John's for Overseas,  
Sept. 22, 1916. "1".

5894 Pte. Skeffington Albert.



C.R. 5894

Extract from Daily Orders part 11, from Unit, The Royal  
Nfld. Reg. St. John's, dated August 3, 1918.

#5894 Pte. Albert Skiffington.

Attested for General Service with the Royal Nfld. Regt.

2-8-18.

A Sheffington

C.R.

5894

©

~~1890~~

FORM K

No. 6730



## THE ROYAL NEWFOUNDLAND REGIMENT ALLOTMENTS

I, Albert Skiffington, Regl. No. 5894  
 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 <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins September 1<sup>st</sup> 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6730	Mother	<u>Mrs. Rose Elliot</u>	<u>Newman Cove B. B.</u>	60
Total Allotment, \$				<u>60</u>

ENTERED.  
 PAY LEAD RR 27/12/15  
 NUM.     
 ALLOT.     
 "     
 EXAMINED

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.) L. James Lt. Leut  
 Officer Commanding  
 7. Company  
St John's  
August 15<sup>th</sup> 1915

(Sig.) Albert G. Skiffington  
 (Rank) Pte

No. 2237/330.

From. NEWFOUNDLAND CONTINGENT

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

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

*P.D. 06716 10721 1919*  
10th February 1919

*Feb'y. 13/* 1919

5894. Pte Skeffington A.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 7 )

*Chambers*  
LIEUT. COLONEL,  
Officer Commandg 2<sup>nd</sup> Batt'n  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5894. Skeffington.

£6.0.0.

Received the sum of £6.0.0

Cheque £6.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Six Pounds in respect of telegraphic remittance from the Minister of Militia.

*A. J. Mercier Maj.*  
Chief Paymaster & O. i/c Records.

Albert G. Skeffington  
No 5894 Rank Pte

Witness Cpl. R. J. Mercier

Sheffington, A

5894

May & Sept.

August 14, 1919

5894 Pte. Albert Skeffington,  
Newman's Cove, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3752.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5894 Rank Pte Name Stephington, A  
 Intended place of residence Woman's Cove Bohemia

2. Occupation Freeman  
 Classification of soldier E Medical Category A 1

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 14 1919

[Signature]  
 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 14 1919

[Signature]  
 Signature of soldier

[Signature]  
 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 14 1919

[Signature]  
 Signature of soldier

[Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 2-8-18 No. of days on Military  
 Discharged from service JUL 28 1919 Plus 14 days Service 375

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty eight days from date.

Place, ST. JOHN'S

Date JUL 28 1919

[Signature]  
 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 11/1919

[Signature]  
 Officer i/c Records  
 The Royal Newfoundland Regiment

[Handwritten] 791 5952

# The Royal Newfoundland Regiment

Class for Demobilization:

*7/6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No.

*5894*

Name

*Steffington A*

Address

*Newmans Cove*

Present Medical Category

*A 1*

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

*H. R. Cooper Capt.*  
O.C. Discharge Depot.

*J. Peterson*  
Senior Medical Officer

*Geo. Burden*  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 2894 Rank Plr Name Skiffington  
 Date of Enlistment 2-8-18 Address Newmarket District Donawista  
 Occupation Fisherman Classification for Discharge T 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.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date..... 12-7-19 .....

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. \$60.00

(b) Clothing Supplied

Date..... 14-7-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2416 to his home  
 at Newmans Cove and Release Certificate No. 3573 issued.

Date 14-7-19 *Amle Austin*  
 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 11-8-19

Date 14-7-19 *Amle Austin*  
 Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

*2 Form B*

Date 14-7-19 *Amle Austin*  
 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 20 1919 *A.R. Cooper Cable*  
 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,

*a Steppiney*

Signature of Man.

*M. Blount*

Reg. No. 3894

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **14-7-19.** 191

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

MEDICAL HISTORY

Surname *Skiffington*

Christian Name *Albert*

Table I.—GENERAL TABLE

Birthplace :—Parish *Newmans Cove, B.B. County* *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>2</i> day of <i>August</i> 191 <i>8</i>		on day of 191	
	at <i>St. John's</i>		at	
Declared Age	<i>25</i> years days		years days	
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>5</i> inches		feet inches	
Weight	<i>125</i> lbs.		ll s.	
Chest Measurement	Girth when fully expanded <i>35 1/2</i> inches		inches	
	Range of Expansion <i>5 1/2</i> inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated	<i>6/18</i>			
Vision	R.E.—V= <i>6/18</i>		R.E.—V=	
	L.E.—V= <i>6/18</i>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)			
Approved by (Signature)	<i>Lancelot Paterson</i>			
(Rank)	<i>Major</i> Medical Officer		Medical Officer	
Enlisted	at <i>St. John's</i>		at	
	on <i>2nd</i> day of <i>August</i> 191 <i>8</i>		on day of 191	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal</i>	<i>5894</i>		
Transferred to	<i>7th L.D. Regt</i>			
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 *Albert Steffington*  
 Regiment from which discharged **Royal Newfoundland**  
 Regimental number *5894*  
 Intended address *Newmans Cove*  
 Height on discharge *5 Feet 6*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks *—*  
 Figure on discharge *Medium*  
 Christian name of Father *Sead*  
 Christian name of Mother *Eliza*  
 Wife's maiden name in full *—*  
 Date and place of marriage *—*  
 Christian names of children *—*

Place and date of soldier's birth *Pmhous Cove 2-7- age 26-1897*  
 Nature and locality of civil employment required

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

(Soldier's signature in full) *Albert Steffington* (Rank) *Pls*  
 Station *St. Johns* Date *July 8<sup>th</sup> 1919*

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

**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 Newfound Land Former Trade or Occupation } Disterner
2. Regt. No. 5894 3. Rank Private 7a. If the soldier claims previous service in Army, he should state
4. Name Shippington Albert (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday 25 (Christian Names)
6. Posted for duty on ..... at ..... in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | —                   | .....             |
| (ii.) Previous active service.. .. .                               | —                   | .....             |
| (iii.) Climate in pre-war service .. .. .                          | —                   | .....             |
| (iv.) Ordinary military service before the war .. .. .             | —                   | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | —                   | .....             |

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

In all cases such as facial injuries, eye, ear, nose and throat disabilities, 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?

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

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

*Repatriation*

*W. B. Parnham, Capt RMC*

Medical Officer in charge of case.

Station *Alzeley Down*

Date *10/14/19*

\* 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



August 16, 1919

Mr. Albert Skeffington,  
Newman's Cove, B.B.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due  
you on account of War Service Gratuity.

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *A* ..... 2. Surname..... *Scrimington*  
3. Rank..... *Pvt* ..... 4. Regtl. No..... *5894* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Newman's Cove. B.B.* .....  
6. Date of enlistment in the Regiment..... *July 1918* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no* .....  
8. Relationship of such dependents..... *-----* .....  
9. Address in full of such dependents..... *-----* .....  
10. Is said dependent, now, or was said dependant at any time in receipt of Separation Allowance on account of another soldier?..... *-----* .....  
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Twelve mos.* .....  
..... *1.* .....

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.

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

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the R.C.A.F.? If not give:- (a) Date of discharge. *July 28/19* (b) Reason for discharge.

*no*  
*Remob.*

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.

*Captain,*

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.

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.

Signature of Applicant: - *a Stefferson*  
 Place of Residence: *Newman's Cove, B.C.*  
 Declared before me at: *St Johns*  
 This *14* day of *July* 19*19*....

Signature of Barrister of the *John M. Clouston*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.		Net amount due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Registrar

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of *Royal Newfoundland*

Number of Sheet *One*  
Signature of O. C. Company *P. B. Dick Lieut.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.		Age on	years	months				
<i>5894</i>	<i>Albert Skiffington</i>		<i>25</i>		<i>Fisherman</i>			
Joined	Date	Place and Date of Enlistment			Religion			
Joined	Date	<i>St. Johns</i>			<i>Meth</i>			
Joined	Date	Period of	with Colours	years.	Place of Birth			
Joined	Date		with Reserve	<i>1 1/3</i>		<i>Newmans Cove B.B.</i>		

  

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hangley Down Camp</i>	<i>19.3.19</i>	<i>Pte</i>		<i>Absent from 3 P.M. Parade</i>	<i>b.s.m. Galagay</i>	<i>2 days l.B.</i>	<i>20.3.19</i>	<i>Lieut. Le Messurier</i>	<i>J.M.C.</i>
				<i>Demobilized St. John's</i>		<i>11 5/19</i>			

To be carried over.

C.R. 5894

Army Form B, 179a

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5894* 3. Rank. *Pvt*
4. Name *Spention* *Alant*  
(Surname) (Christian Names)
5. Age last birthday. *25*
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs when 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?

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

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

*Repatriation*

*W. B. Procmier. Capt Rame*  
Medical Officer in charge of case.

Station *Hayleydown*  
Date *10.14.19*

\* 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. 5894 Rank Pr. Name Skiffington, B.  
 Date of Enlistment 2-8-18 Address Newman's Bay District Bonaville  
 Occupation Fisherman Classification for Discharge F. Medical Category F.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.....	W
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

Date 12-7-19

h O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

a Skiffington

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) ~~Clothing Supplied~~.....

Date 14-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2416 to his home at Hewmansbove and Release Certificate No. 3573 issued.

Date 14-7-19 *Ambleton*  
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 11-8-19

Date 14-7-19 *Ambleton*  
Depot Paymaster.

Discharge approved for 28-7-19

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
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 14-7-19 *Ambleton*  
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 28 1919 *N.R. Cooper Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date Aug 7 1919 *Ambleton*

C.R. 5894

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.

Name *Albert Steffington*

Date *Nov. 12. 1919*

Place *Newmans Lane Bonnington Bury*