



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5284 Name Fredrick Small Corps Inf.

Questions to be put to the Recruit before Enlistment

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. What is your name? | 1. <u>Fredrick Small</u> |
| 2. What is your full Address? | 2. <u>Summerside N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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
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, Fredrick Small 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.

Fredrick Small SIGNATURE OF RECRUIT.

22/5/18 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Fredrick Small 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 Summerside on this 22 day of May 1918.

Signature of Attesting Officer W. D. ...

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 rank of Private.

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

Date May 22 1918

Place Summerside } 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)

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 23, 1918.

#5284 Pte. Frederick Small.

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

C.R. 5284

Extract from Daily Orders Part II Royal Newfoundland

Regiment Depot St. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 9-8-19.

5284, Pte. Chesley Small.

C.R. 5284

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

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 26-7-19.

5284 Pte. Fred. Small.

C.R. 5284

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5294 Pte. C. Small.

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

C.R. 5284

Extract from Daily Ord no part 21, from Unit The Royal 2214
Regt. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S
"XColubella" July 22, 1918.

#5284 Pte. Fred Small.

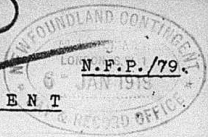
C. K. Small

C.R. 5284

PKO

No 21635/2518/P.&.A

21635/2518



NEWFOUNDLAND CONTINGENT

From:

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

To:

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

30th December, 1918

2 - 1 - 1919

Subject: 5284 Pte. C. Small,

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

Receipt hereunder.

Capt J. Charn
LIEUT. COLONEL,
COMMANDING 2ND Bn. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

"Pay to 5284 Small, £6.0.0.

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

Received the sum of Six
Pounds on account of
cable remittance from Newfoundland.

J. H. Marshall
Chief Paymaster & O. 1/c Records.

C. Small
No. 5284 Rank Pte

Witness R. Munn

B

Small, C. F.

5284

Ray Sept.

August 14, 1919

#5284 Pte. Chesley Small,
Lewisporte.

Dear Sir:-

Please find enclosed Discharge Certificate #5683.

Yours truly,

Captain & Raymondster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5284 Rank Pte Name Small J
 Intended place of residence Lunenburg

2. Occupation Dishman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 12 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 12 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 12 1919

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 22.5.18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 445

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, 14 days from date.

Place, ST. JOHN'S

Date JUL 26 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 9/1919

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

[Handwritten] 20791568 }

10
20
31
9
0



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *July 11th* 19 *19*

Regimental No. *0284*

Name *Small Fred*

Address *Lewisport*

Disease or Disability

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation *Is*

Category *A.F.*

Members
of
Board

R.H. Last Major

O. C. Depot

Watson

D. D. M. S.

W. Burden

M. O. Depot

The Royal Newfoundland Regiment

REMOBILIZATION OF

Reg. No. 5284 Rank Plt Name Small H
 Date of Enlistment 3-2-5-18 Address Liverpool District Liverpool
 Occupation Assherman Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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	u
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 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

H. Small

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 12-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2428 to his home at Lemsport and Release Certificate No. 3518 issued.

Date 12-7-19

J. H. Knowlton
Demobilization Officer

4. Pay and Allowances.

The herein-named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-8-19

Date 12-7-19

H. M. [unclear]
Depot Paymaster

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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 12-7-19

J. H. Knowlton
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 26 1919

A. R. Cooke C/O
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.

C. Fred Small

Signature of Man.

Reg. No. 5284

J. J. Knowlton
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date 12-7-19. 191

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

MEDICAL HISTORY

Surname Small

OF

Christian Name Fredrick

Table I.—GENERAL TABLE.

Birthplace:—Parish Newport N.D.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	22 nd day of May 1918	S. Johns		
Declared Age	23 years			
Trade or Occupation	Fisherman			
Height	5 feet 3 3/4 inches			
Weight	120 lbs.			
Chest Measurement	Girth when fully expanded	33 1/2 inches		
	Range of Expansion	4 1/2 inches		
Physical Development				

Vaccination Marks	Right	Left	Right	Left
	Arm	Number	Arm	Number

When Vaccinated				
Vision	R.E.—V= 6/6 L.E.—V= 6/6		R.E.—V=	L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lammert Stinson
(Rank) 2nd Lt Medical Officer.

Enlisted at S. Johns on 22 day of May 1918

Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>The Royal Nfld Regt</u>	<u>2284</u>		

Became non-effective by

(Signature) on day of 191 on day of 191

(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 *Small, Frederick*

Regiment from which discharged *Royal Newfoundland*

Regimental number *574*

Intended address *Lewisporte N.S.*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Dark.*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Robert*

Christian name of Mother *Amelia*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Lewisporte 19.1. 1896*

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) *Frederick Small* (Rank) *Pl*

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

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 } *Tradesman*
2. Regtl. No. *5284* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Small Frederick* (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *24*
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? }

The Complaint of the disability

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

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

Repatriation

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

W.S. Procter. Capt. R.A.M.C.

Station *Hazley Down*

Medical Officer in charge of case.

Date *7/4/19*

* 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.

August 22, 1919

Mr. Chesley Small,
Lewisporte.

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.

6415 B. J. Small

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..... *B. J. Small* 2. Surname.....

3. Rank..... *Pte* 4. Regtl. No..... *5284*

5. Address in full to which future payments of gratuity are to be forwarded..... *Terrence St*

6. Date of enlistment in the Regiment..... *May 20/18*

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..... *No*

9. Address in full of such dependents..... *No*

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..... *England only*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 yr 1 mo*

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.

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?

..... *No*

19. Are you now serving in the Reserve? If not give: (a) Date of discharge

..... *July 27/19* (b) Reason for discharge. *Disced*

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 England only*

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.

Fred Small

-3-

Signature of Applicant:

Place of Residence:

Declared before me at:

This

12

day of

July

19...19..

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

John W. Catty
J.W.

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependant.	Gratuity.	due

.....

.....

.....

Certified correct.

By

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

Chesley F. Small

in respect of his service as No. 5284 Rank Pte.

Name C.F. Small

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct: 24th /21

Signature Chesley F. Small

Date Oct: 28th /21

Address Leursport's nars.

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

C. A. Dickson

Regimental Number and Name	
No.	<i>5267 Small Pres</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>23</i> years / <i>0</i> months
Place and Date of Enlistment	<i>St. John's 22.5.17</i>
Period of	with Colours <i>180</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Fisherman</i>
Religion	<i>Methodist</i>
Place of Birth	<i>Sewisport N.F.</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St. John's</i>	<i>9 5/19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5284 Rank Plt Name Small J
 Date of Enlistment 22-5-18 Address Lewisporte District St. John's
 Occupation Postman Classification for Discharge F1 Medical Category H1
 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 11-7-19 h O. C. Discharge/Depot. *J. Small*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Small

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 12-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.2.2.2 to his home at Linnaport and Release Certificate No. 3515 issued.

Date 12-7-19 J. H. Shawcroft
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 12-7-19.

Date 12-7-19 J. H. Shawcroft
Depot Paymaster.

Discharge approved for 26-7-19

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	2 Form 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 12-7-19 J. H. Shawcroft
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 26 1919 K. R. Cooper Capt
O. C. Discharge Depot.

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

Date Aug 7/19 [Signature]

Reg. No. *5284* Rank *Y6* Name *Small Fred*
Attested Address *Levesport*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas.....
Returned on S.S. *Cassandra* Cause *Discharge 1919*

1 19
263 19
PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

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 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 Artillery* Former Trade or Occupation *Johnson*
2. Regt. No. *1258* 3. Rank. *Sgt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regt. Nos.
4. Name *Small Fredrick*
(Surname) (Christian Names)
5. Age last birthday. *24*
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, &c., 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?

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

Reparation

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

W. E. Proemer *Capt Ram. C*

Station *1st Camp*

Medical Officer in charge of case.

Date *1/4/19*

* 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.