

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5637 Name Aaron F Smith Corps Math

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Aaron F Smith</u> |
| 2. What is your full Address? | 2. <u>Apoey Brook Smith Sound TB</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>1</u> 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 |
| | 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, Aaron F Smith 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.

Aaron F Smith SIGNATURE OF RECRUIT.

8.6.18

Frank Gunn Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Aaron F Smith 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 8 day of June 1918

Signature of Attesting Officer As. Dix's Lieut.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 8

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

Date 8 June 1918

Place St John's

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5637.

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

Name Arthur Smith
 Apparent age 20 years — months. Height 5 feet 11 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 4 inches
 Distinctive marks Scar left side

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Thomas Smith
Apokey Brook | Relationship Father
Smith Street
T. B. 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>8-6-18</u>									
Joined at <u>St. John's</u> on <u>June 8-1918</u>									
Discharged August 11-1919									
Embarked <u>St. John's train to Halifax N.S.</u>									
Left for demobilization <u>24-6-19</u>									
Arrived <u>Keefpandlaan 1-7-1919</u>									
Demobilization <u>St. John's 18-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> [date of discharge]									
									1 years 65 days
Pensions									

Reg. No. 5637 Rank Pte Name Arin Smith

Attested 8-6-18 Address Apsey Brook, I.B.

Allotment Allottee

Date of Allotment Returned from Overseas

Embarked for Overseas 22-9-18 Cause

9/6	20-6-18 to 28-6-18 2nd, Proc 14-9-18
22/6/18	Admitted to Barracks Hosp.
23/6/18	Discharged from Barracks Hosp. 3 days off duty.
24/6/18	Discharged from Barracks Hospital 22-6-18
9/8	17-8-18 to 26-8-18 Retd 5/9/19.

C.R. 5637

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, July 16th, 1919

The Discharge of the undernoted on deombilization has
been APPROVED by O.C. Discharge Depot, woth effect from
28-7-19

5637 Pte. A. Smith.

C.R. 5637

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

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

5637 Pte. Aaron Smith.

P

C.R. 5637

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

5637 Pte. A. Smith.

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

C.R.

5637

Extract from Daily Orders sent by Major M.E. Sullivan, Com-
manding Antism. Hfld. Forestry Companies 26-11-18.

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

5637 Pte. A. Smith

C.R. 5637

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

5637 Pte. A.. Smith,

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

CR. 5637

Extract from Daily Order: part 11, from Unit The Royal
Hild. Regt. St. John's, dated June 22, 1918.

#5637 Pte. R. Smith.

Admitted to Barracks Hospital 21-6-18

C.R. 5637

Extra t from ~~54182222~~ Daily Orders part 11, from
Unit The Royal Nfld. Regt. St. John's, dated June 10, 1918

#5637 Pte. Aaron Smith.

Attested for General Service with the Royal Nfld. Regt. ~~2~~

~~2222~~ from 8.6.18

C.R. 5637

Extract from Recinal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "M".

5637 Pte. Smith Aaron.

Reg. No. 5637 Rank *Pte* Name *Smith Aaron*
Attested *8-1-18* Address *Smith Saml S. B.*
Allotment *70* Allottee *Mrs Elizabeth Smith Mother*
Date of Allotment *1-10-18* Returned from Overseas.....
Embarked for Overseas **SEP 22 1918** Cause.....

Vac 10-1-18. 1st Inc 14-9-18.
1st Leave 17-8-18 to 5-9-18. Reb 5-9-18.

Smith, A.

C.R. 5637

P. R. O.

Smith, A

5637

Ray Sept.

August 14, 1919

#5637 Pte. Aaron Smith,
Apsey Brook,
Smith's Sound, T. B.

Dear sir:-

Please find enclosed Discharge Certificate #3743.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5637 Rank Pte Name Smith a
 Intended place of residence Apsy Brook
 2. Occupation Inferman
 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 14 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 14 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 14 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-6-19 No. of days on Military
 Discharged from service 28-7-19 Plus 14 days Service 430

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 28 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place, ST. JOHN'S
 Date August 11/1919
 Officer in Charge
 The Royal Newfoundland Regiment

MSB 2049 913943

23
31
11
65

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12-7-19

Regimental No. 5637

Name Smith, A.

Address Trinity Bay

Present Medical Category A1

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

R. H. Hart MAJOR

O.C. Discharge Depot.

Members of Board

L. Paterson

Senior Medical Officer

military Service 430 days

F. W. Burden

M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 567 Rank Private Name Smith, A.
 Date of Enlistment 8-6-19 Address Trinity Bay District Trinity
 Occupation Fisherman Classification for Discharge F Medical Category A
 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.

James J. Smith

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable... A60

(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. R2405 to his home at Jimmy Bay and Release Certificate No. 3594 issued.

Date 14-7-19

[Signature]
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

[Signature]
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
F 178	W 3494	B 122	Board 1st	" 2
R 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		

[Handwritten] Form B

Date 14-7-19

[Signature]
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

[Signature]
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. J. O. Smith

Signature of Man.

Ambrose

Reg. No. 5637

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 Smith OF Christian Name Asen. C.

Table I.—GENERAL TABLE.

Birthplace:—Parish Smith Sound NB County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>5</u> day of <u>Sept</u> 191	on	day of	191
Declared Age	at <u>90</u> years	at	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>11 1/2</u> inches		feet	inches
Weight	<u>158</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>38 1/2</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/12</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Sam Patterson</u>			
(Rank)	<u>Sgt</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Sept</u>	at		
	on	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	<u>Royal New 5637</u>			
Transferred to	<u>Regiment</u>			
Became non-effective by	on	on	day of	191
(Signature)				
(Rank)				

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5637* 3. Rank. *Pvt*
4. Name *Smith* *Arthur E.*
 (Surname) (Christian Names)
5. Age last birthday *21*
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.
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 ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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 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.)

He complains of no

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

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

W.E. Procmier. / Capt Name
 Medical Officer in charge of case.

Station *Hazley Down*

Date *14/11/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Aaron Smith*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5637.*

Intended address *Trinity Bay*

Height on discharge *5* Feet *11 1/2*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Trinity Bay 27-11, age 21-1898*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Aaron Smith*

(Rank) *Private*

Station *St Johns*

Date *July 8th 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

August 16, 1919

Mr. Aaron Smith,
Essex Brook, T.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of War Service 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 *Johnson* 2. Surname *Smith*

3. Rank *R* 4. Regtl. No. *3637*

5. Address in full to which future payments of gratuity are to be forwarded. *Essey Brook, N.B.*

6. Date of enlistment in the Regiment. *June 8/18*

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

8. Relationship of such dependents.....

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

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

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

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *From June 8/18 to July 14/19*

..... 1.2

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?

No.

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

No.

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

No.

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

No.

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

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

July 14/19
Temporary

(b) Reason for discharge

Deus & Organization

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

No.

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

No.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

A. Smith

Signature of Applicant:

Place of Residence:

Declared before me at:

This 14th day of

Essex Brook N. H.
M. Doherty, N. H.
July 1919

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

John W. Carthy

POST DISCHARGE PAY.

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

Certified correct.

Register

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. D. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5634</i>	Age on	<i>20</i> years <i>7</i> months	<i>Soldier</i>		
<i>Samuel Aaron F</i>		Place and Date of Enlistment	<i>St John's 8.6.1914</i>	Religion	<i>Meth</i>	
Joined	Date	Period of	} with Colours <i>165</i> years. } with Reserve <i>365</i> years.	Place of Birth		
Joined	Date			<i>Apesey Brook N. T. B</i>		
Joined	Date					

Place	Date of Offence	Rank	Cheats of Dishonesty	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>11/19</i>				

To be carried over.

Army Form B. 121.

5637

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5637 Rank Private Name Smith, A

Date of Enlistment 8-6-19 Address Front Bay District Trinity

Occupation Husbandman Classification for Discharge F Medical Category H

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. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

[Signature: Jaron D. Smith]

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 [Signature]

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2405 to his home, at Franklin Bay and Release Certificate No. 3394 issued.

Date 14-7-19

[Signature]
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

[Signature]
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
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-7-19

[Signature]
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

[Signature]
O. C. Discharge Depot.

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

Date Aug 7 1919

[Signature]

Reg. No. 5637 Rank Y6 Name Smith R.

Attested Address Smith St. IB

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S.S. Cassandra Cause Discharge

14 7 19
28 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

5637

DEPARTMENT OF DEFENCE

Memorandum to Secretary for Public Health & Welfare.

Date Nov. 5, 1942.

*Remember to please
KMB*

The attached letter which has been briefly
acknowledged is forwarded for your attention, please.

W. J. Russell
Colonel,

Secretary for Defence.

B.

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* 7. Former Trade or Occupation } *Justice of Peace*
2. Regtl. No. *5639* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith* *Arnon* }
(Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *21*
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.
12. Place of origin of disability.
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
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 Complaints 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?

Repatriation

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

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

W. E. Proctor *Captn*

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/21/19*

* 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

November 12th. 1942

56 37

#5673. Pte. Aaron Smith, Royal Nfld. Regiment

THIS IS TO CERTIFY that the above
named enlisted in the Royal Newfoundland
Regiment on 8th. June 1918 and was discharged
at St. John's, Newfoundland on 11th. August
1919, having served 1 year and 65 days.

D. L. Butler,
Clerk, War Pensions.

DLB/SM

Please quote above reference
and date of this letter in
your reply.



Department of
Public Health and Welfare,
St. John's,
Newfoundland.

November 12th. 1942

Pte. Aaron F. Smith,
Det. 911th. Q. M. C.
Army Air Forces Technical School,
Madison, Wisconsin.

Dear Sir,

Enclosed please find a statement
of your services with the Royal Newfoundland
Regiment as requested in your letter of
October 23rd. 1942.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM