

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5627 Name Harvey Smith Corps Capt

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

1. What is your name? Harvey Smith of Royal
2. What is your full Address? St. John's
3. Are you a British Subject? Yes.
4. What is your age? 37 Years 0 Months
5. What is your Trade or Calling? Section Man
6. Are you Married? Married
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Yes 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? Yes

I, Harvey 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.

Harvey Smith SIGNATURE OF RECRUIT.

Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harvey 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 7 day of June 1915.

Signature of Attesting Officer Edwards 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         .

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

Date          1915 } Approving Officer.  
Place          }

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5627

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

Name Harvey Smith  
 Apparent age 22 years 0 months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Harvey Smith Mrs Harvey Smith  
Hearts Content | Relationship Wife  
 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) <u>Miss Anne Jones</u>	(b) <u>St John</u> <u>23rd April 1918</u>	(c) <u>Hearts Content</u> <u>J. Bay.</u>	(d) <u>DMJ</u>
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### 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>7-6-18</u>									
Joined at <u>St John's</u> on <u>June 7<sup>th</sup> 1918</u>									
<u>Purchased August 9/1919</u>									
<u>Embarked St John's S. C. Colombia to Halifax N.S. 22/8</u>									
<u>Life for Demobilization 24-6-1919</u>									
<u>Arrived Liverpool 1-7-1919</u>									
<u>Demobilization St John's 9/8/1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-8-1919 (date of discharge) 1 years 64 days  
 " " Pensions " [ " " ] " " "

Reg. No. 5627 Rank *Pvt* Name *Smith, H. H.* *Hay*

Attested *7-6-18* Address *Hearts Content*

Allotment *60* Allottee *Annie Smith* *wife*

Date of Allotment *1-5-18* Returned from Overseas

Embarked for Overseas **JUL 22 1918** Cause

*8 1/2 vac. 1st Dec 20 6/18. 2nd Dec 4-9-18 3rd Dec 11-7-18*

*H. L. 24 6/18 — 2 7/18*

*3.7.18 Reported from Home leave. Sick report duty*

*Application for Operation sent to Bywater.*



C.R. 5627

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Dated Aug. 20th 1919. Depot St. John's.

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

5627, Pte. Harvey Smith.

C.R. 5627

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

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

5627 Pte. H. Smith.

C.R. 5627

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

5627 Pte. H. Smith.

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



C.R.

5627

Extract from Daily Orders part II, from Unit The  
Royal Field. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbellia" July 22, 1918.

#5627 Pte. Harry Smith.

C.R. 5627

Extract from Daily Orders Part 2, from Unit, The Royal Rifle  
Regiment, St. John's, dated June 8th 1918.

5627, Pte. H. Smith.

Attested for General Service with The Royal Rifle Regt.,  
from 7/6/18.



Smith, H

C.R. 5627

P. & R. Co.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harvey Smith, Regl. No. 5627

hereby agree, until further notification by me, and in similar official form to make an Allotment of ..... Dollars and ..... Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4398	Wife	Annie Smith	Heart Content T. B.	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. A. James / PV  
Officer Commanding  
Company  
St. John's  
July 5<sup>th</sup> 1918

(Sig.) Harvey Smith  
(Rank) Pte.

1  
Smith, A

5627

Pay Dept.



Hearts Content  
Trinity Bay  
July 6, 1919

5819

Dear Sir

I thought I would  
a few words on account of my  
wifes seperation allowance as I  
enlisted on the 7<sup>th</sup> of June 1918  
And my wife never received  
my money untill Sept 9<sup>th</sup> she  
then received \$ 18 60 cents  
And Oct 4<sup>th</sup> she \$ 18 And Oct 18<sup>th</sup>  
she received \$ 40 And Nov 4<sup>th</sup> she  
received \$ 38 60 Dec 9<sup>th</sup> \$ 38 And  
Jan 8<sup>th</sup> \$ 38 Feb 7<sup>th</sup> \$ 38 March 8<sup>th</sup>  
\$ 38 60 April 7<sup>th</sup> \$ 38 60 May 8<sup>th</sup>  
\$ 38 June 8<sup>th</sup> \$ 38 60 And July 7<sup>th</sup>  
\$ 38 So from June untill September  
I think that there should be some  
money due to me some-where from  
pt Harvey Smith 5624  
My own allotment that I leaved her was 60 cent  
per day

His separation began as soon  
as his allotment was made  
in 1/8/18 The cheque she  
received on Oct 18<sup>th</sup> for  
\$ 40<sup>00</sup> was S. A. for Aug &  
Sept as far as I know  
there is nothing here.  
Albion

August 14, 1919

#5627 Pte. Harvey Smith,  
Hearts Content, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3667.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5627 Rank PT6 Name Smith H  
 Intended place of residence Heath-Coxford

2. Occupation Section Man  
 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 12 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 12 1919  
 Signature of soldier H. Smith  
 Signature of witness J. A. Knowles

## 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 of soldier H. Smith  
 Signature of witness James O'Sullivan SPT.

## STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 429

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S  
 Date JUL 26 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 9/1919  
 Officer in Records  
 The Royal Newfoundland Regiment

W. B. 2079/3667

24  
31  
9  
64

# The Royal Newfoundland Regiment

Class for Demobilization: —

*R.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 11/19*

Regimental No. *5627*

Name

*Smith Harry*

Address

*Heart's Content*

Present Medical Category

*Aj*

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

*H. Paterson*  
Senior Medical Officer

*D. W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 51271 Rank PLC Name Smith, A.  
 Date of Enlistment 7.6.18 Address St. John's District St. John's  
 Occupation Section Maint Classification for Discharge 6 Medical Category 1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date July 11/19 O. C. Discharge Depot. St. John's

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am.....in a position to resume civilian occupation.

*A. 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

*M. J. Christie*

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



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2431 to his home at Hearts Content and Release Certificate No. 3537 issued.

Date 12-7-19 *J. F. Snowcraft*  
Demobilization Officer

4. Pay and Allowances.

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

Date 12-7-19 *H. W. H.*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.	<i>Form B</i>
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 *J. F. Snowcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 26 1919 *H. R. Coober Capt.*  
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,

*H. Smith*

Signature of Man.

Reg. No. *3627*

*J. A. Chowcroft*

Signature of the Vocational Officer or his Representative.

Place *ST. JOHN'S.*

Date *12-7-19* 191

## 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,

*W. Smith*

Signature of Man.

Reg. No. 3627

*J. J. Chowcroft*

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 Smith OF Christian Name Harry

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	at	<u>7 June</u>	at	
Declared Age		<u>27</u> years		
Trade or Occupation		<u>Section Man</u>		
Height		<u>5</u> feet <u>9 1/2</u> inches		
Weight		<u>180</u> lbs.		
Chest Measurement	Girth when fully expanded	<u>37</u> inches		
	Range of Expansion	<u>3</u> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</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>Lemuel Peterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>St. John's</u>	at	
	on	<u>7</u> day of <u>June</u>	on	day of 191
		Corps		Regtl. No.
Joined on Enlistment		<u>Royal Nfld. Regiment.</u>		<u>5627</u>
Transferred to				
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

*Samy Smith*

Regiment from which discharged

**Royal Newfoundland**

Regimental number

*5627*

Intended address

*Halts Content*

Height on discharge

*5 Feet 10*

Color of hair on discharge

*Brown*

Complexion

*Fair*

Color of eyes

*Gray*

Descriptive Marks

—

Figure on discharge

*Medium*

Christian name of Father

*Henry*

Christian name of Mother

*Eliza*

Wife's maiden name in full

*Annie*

Date and place of marriage

*St. Johns*

Christian names of children

—

Place and date of soldier's birth

*Bishop Cove N-1 age 23-1897*

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)

*Harvey Smith*

(Rank) *Pte*

**ST. JOHN'S.**

Station

Date *July 7th 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





## 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

Regiment from which discharged **Royal Newfoundland**

Regimental number

Intended address

Height on discharge                      Feet

Color of hair on discharge

Complexion

Color of eyes

Descriptive Marks

Figure on discharge

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

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)

(Rank)

Station

Date

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 Grenadier Guards* Former Trade or Occupation } *Sectorn Man*
2. Regtl. No. *5629* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Smith Harry* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *23*
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 }<br>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?

*Refutation*

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. B. Provenier, Capt R.A.M.C.*  
Medical Officer in charge of case.

Station *Hogleydown*

Date *2/1/19*

\* 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 19, 1919

Mr. Harvey Smith,  
Hearts Content.

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 *Harvey* ..... 2. Surname *Smith* .....

3. Rank *Pte* ..... 4. Regtl. No. *5627* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Hearts Content* .....

6. Date of enlistment in the Regiment..... *June 7/18* .....

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

..... *Mrs Annie Smith* .....

8. Relationship of such dependents..... *wife* .....

9. Address in full of such dependents..... *Hearts Content* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no* .....

11. Were you on active service only in field, 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 field or Overseas..... *1 year* .....

..... 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.

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

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

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

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

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

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

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

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

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

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

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

19. Are you now serving in the Regt.?..... If not give: (a) date of discharge..... (b) Reason for discharge.....

..... *July 1919* ..... *Discharged* .....

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.



*H Smith*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*12*

day of

*July 19.....*

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

*William Carthy*

POST DISCHARGE PAY.

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

Certified correct.

Bymaster



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harvey Smith, Regt. No. 5627

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 August 1<sup>st</sup>/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4598	Wife	Annie Smith	Heart's Content J. B.	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. A. James  
 Officer Commanding  
St John's Company

(Sig.) Harvey Smith  
 (Rank) Pte.

July 5<sup>th</sup> 1918.

Sept. 25th. 1918.

Mrs. Annie Smith,  
Hearts Content,  
Trinity Bay.

Dear Madam:-

Application has been made by  
your husband Pte. Harvey Smith, #5627 to have  
Separation Allowance paid to you.

Will you kindly forward me your  
Marriage Certificate, to be recorded, at your  
earliest convenience and oblige,

Yours faithfully,

Capt. & Paymaster.



July 26, 1919

5627, Pte. Harvey Smith,  
Heart's Content,  
T.B.

With reference to your letter of July 16th. concerning your wife's Separation Allowance, I beg to advise you that Separation Allowance was paid to her from the date on which you declared an allotment to her in her favour.

I may state for your information that the regulations governing the payment of Separation Allowance, are that, it is necessary for a man to have an allotment in favour of his wife in order to receive Separation Allowance, and that accounts for your wife only receiving Separation Allowance from the date on which you declared an allotment in her favour.

Yours truly,

Capt.  
For Paymaster

C.R. 5627

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.

Date... *Nov 14<sup>th</sup>*  
Place... *Hearts content*  
Name... *Harvey Smith*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*The Royal Newfoundland*

Signature of O. C. Company

Number of Sheet *One*  
*C. A. Dicks / Lieut.*

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5677 Smith Harry</i>	Age on <i>22</i> years <i>0</i> months	<i>Secton man</i>		
Joined _____ Date _____		Place and Date of Enlistment } <i>St. John's</i>	Religion		
Joined _____ Date _____		of Enlistment } <i>7 26 18</i>	<i>C of E</i>		
Joined _____ Date _____		Period of } with Colours <i>1 64</i> years.	Place of Birth		
Joined _____ Date _____	with Reserve <i>36 5</i> years.	<i>St. John's</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>Hayley Barr Camp</i>	<i>1-10-18</i>	<i>Pte</i>		<i>Urinating on parade ground</i>	<i>Csq. Taylor</i>	<i>5 days CB.</i>	<i>24/10/18</i>	<i>Capt. P. H. H.</i>	<i>W.S.K.</i>
				<i>Demobilized</i>	<i>St. John's</i>	<i>9 8/19</i>			

To be carried over.



55627

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5627 Rank Private Name Smith A  
 Date of Enlistment 7.6.18 Address Beatsford District Leamy  
 Occupation Section Classification for Discharge 16 Medical Category AI  
 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
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 July 11/19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

[Signature: A. 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 A 60

(b) ~~Clothing Supplied~~ [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82431 to his home at Hearts Content and Release Certificate No. 35571 issued.

Date 12-7-19 J. A. Snowcraft  
Demobilization Officer

4. Pay and Allowances.

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

Date 12-7-19 J. A. Snowcraft  
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.....		

Date 12-7-19 J. A. Snowcraft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 26 1919 N. R. Cooper Capt.  
O. C. Discharge Depot.

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

Date Aug 7/19 J. A. Snowcraft

Reg. No. *5627* Rank *Pfc* Name *Smith H*

Attested ..... Address *Hearts Content*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

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

*127 19*  
*562 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**